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Successfully transitioning executives during times of multidimensional change: a Delphi study examining organizational practices in large hospital systems

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SUCCESSFULLY TRANSITIONING EXECUTIVES DURING TIMES OF MULTIDIMENSIONAL

CHANGE: A DELPHI STUDY EXAMINING ORGANIZATIONAL PRACTICES IN LARGE

HOSPITAL SYSTEMS

A dissertation submitted in partial satisfaction

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Doctor of Philosophy in Global Leadership and Change

by

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This dissertation, written by

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VITA

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ABSTRACT

Healthcare is the fastest growing industry in the United States and globally. Economists forecast that as the population grows and life expectancy increases, the healthcare sector will continue expanding to meet consumer needs domestically and globally. Population aging and the emergence of global pandemics has substantially increased the demand for healthcare services and has created volatile, complex, uncertain, and ambiguous conditions that ignite social, economic, and workforce shifts within and outside the organization. While these factors require growth and agility within healthcare organizations, high turnover in the healthcare workforce threatens these organizations' ability to effectively fulfill their mission. The high rate of chief executive turnover within large hospital systems poses particularly significant threats to the industry and national health. Therefore, this study identified strategies and organizational practices for chief executive officer transitions at large hospital systems during times of significant multidimensional change. The present study used a qualitative Delphi method. Thirty chief human resources officers from large hospital systems were recruited for the panel using a purposive sampling strategy. The initial survey was created based on a review of extant literature on chief executive transition. Panelists were asked to rate the identified organizational practices on a scale 1 (not at all important) to 7 (critically important). Items were rated iteratively until consensus and stability have been achieved or the three rounds have been completed.

Keywords: chief executive officer transitions, large hospital systems, multidimensionality, multidimensional change, organizational practices

Chapter 1: Introduction

This chapter offers an introduction to the present study. The chapter begins by discussing the problem background, followed by a presentation of the study purpose and research questions. A discussion of the theoretical frameworks of social constructionism and appreciative inquiry are then outlined. Thereafter, the study's significance, assumptions, and limitations are acknowledged. Finally, key terms are defined.

Background and Historical Context

Healthcare is the fastest growing industry in the United States and globally (Bureau of Labor Statistics, 2022). Economists forecast that as the population grows and life expectancy increases, the healthcare sector will continue expanding to meet consumer needs domestically and globally (Bureau of Labor Statistics, 2022). Aging populations will lead to increased demand for healthcare services, which is a key factor that will contribute to growth in the sector (Swanson, 2022).

In 2021, the global healthcare industry was worth $12 trillion. In the United States, the healthcare sector reached $4.1 trillion, as reported by the American Medical Association (2023). The spending accounted for 20% of the U.S. GDP in this time period. Healthcare is a complex massive industry that accounts for 20% of the United States' gross domestic product in 2020 (Insider intelligence, 2023). Industry projections suggest that the healthcare market will reach $6.2 trillion by 2028 (American Medical Association, 2023; Gebreyes et al., 2021).

Healthcare is economically important to the U.S., given the annual wages for clinician occupations (surgeons, physicians, or registered nurses) exceed $75,000, which is higher than the median annual wage of $45,760 for all occupations in the economy (Bureau of Labor Statistics, 2021, 2022). Consideration of the supply of healthcare professionals to fill the jobs is a gap that needs to be addressed by chief executives. Leading organizational change for sustainable growth and vitality is critical, especially during time of tumultuous business volatility, economic uncertainties, and unprecedented complexities (Austin & Gilmore, 1993; Chadi, 2009;

Kotter et al., 2021). At a time when the availability of the labor pool to fill openings is widening, organizational leadership is confronted with creating alignment of the company's strengths in ways that deescalate the relevance of a system's weaknesses (Drucker, 1993).

According to the Bureau of Labor Statistics (2022), employment in the healthcare sector will grow by 16% between 2020 and 2030. The growth projection will add 2.7 million new jobs, making healthcare the fastest growing occupation than the average of all occupations combined (Insider Intelligence, 2023). Simultaneously, staff shortages remain a top priority on the list of concerns for chief executives, combined with operational challenges requiring change while striving to maintain profitable growth to support the organization's mission. Between 2000 and 2030 the U.S. confronts a shortage of clinicians: up to 122,000 physicians, 500,000 registered nurses, and more doctors near retirement age of 65 in the next decade (Bureau of Labor Statistics, 2022).

A stabilized workforce is a primary focus of hospital chief executive officers (CEOs), with 94% citing staffing shortages and the lack of RNs as the predominant concern (Advisory Board, 2022). The American Hospital Association (2021) reported approximately 1.7 million people resigned from their healthcare positions which is an estimated loss of 20% of its workforce and 30% of nurses (AHA, 2021; Gazelle, 2022). Few industries have experienced the magnitude of a mass exodus of workers as healthcare which is important because of the industry's impact on occupations and the health of the nation. Employment shortages in the field remain at 80,000 jobs, a figure that has persisted since February 2020 (AHA, 2021).

Problem Background

As significant and problematic general turnover is in the healthcare workforce, executive-level resignations pose an even more serious threat to the industry. Research by Challenger, Gray & Christmas, Inc. (2022) indicates that 97 hospital CEOs left their roles in 2022. CEO turnover increased by 53% in the largest publicly traded corporations between 1995 and 2001

as CEO tenure declined from 9.7 years to 7.3 years during the same period of time (Lucier et al., 2002).

Furthermore, succession planning appears to be neglected in the industry. Studies indicate that 79% of U.S. hospitals do not routinely conduct succession planning for senior-level positions (ACHE, 2011b; Garman & Tyler, 2007) and 25% of hospitals took 6 months to 1 year to replace a departed CEO (ACHE, 2011a; Khaliq et al., 2006). In addition, the study illuminates the effect of CEO turnover on hospital administration when the position is vacant. Most significantly, more than 5% needed more than a year to name a CEO which served as a trigger event for other key staff members' consideration of leaving the organization (Khaliq et al., 2006). Challenger, Gray & Christmas, Inc. (2022) found that CEO turnover specifically in large hospital systems increased from 18 in 2018 to 32 in 2022 (see Figure 1).

Figure 1

Large Hospital Executive Turnover: 2018-2022
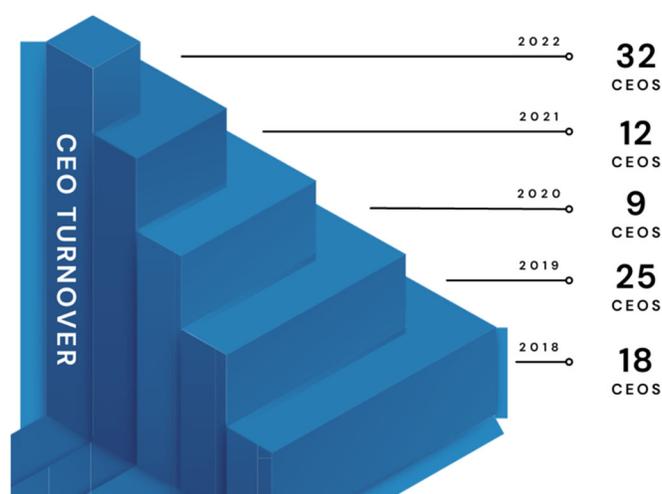
Note. Original figure created based on *June 2022 CEO Turnover Report: Exits Fall Slightly in June, But YTD Up 20%*, by Challenger, Gray & Christmas, Inc., 2022, CEO Turnover Report (https://www.challengergray.com/blog/june-2022-ceo-turnover-report-exits-fall-slightly-in-june-but-ytd-up-20/).

A 2012 study of internally promoted and externally placed CEOs show the majority felt the board of directors should have more involvement in the transition process. Even when an

abandoned CEO position is filled, only one in five CEOs hired externally are evaluated as a high

performer by the end of their first year of employment, and close to half of the newly hired

executives leave within the first 18 months of being hired (Shen & Cannella, 2002). Challenger,

Gray & Christmas, Inc. (2022) reported that the leading reasons for CEO departures include

retirements, pursuit of new opportunities, transition into other C-suite roles, and step-downs

(see Figure 2). Other research has revealed that the intense pressure CEOs experience around

the clock, their inability to take time off from work, and renewed personal clarity since the

pandemic also factor into CEOs' decisions to leave (Advisory Board, 2022). These various

pressures have reduced the median time they spend in position, increased the rate of chief

executive exits, and shifted the reasons for their departures (Probert, 2015).

Figure 2

Reasons for Healthcare Executive Departure
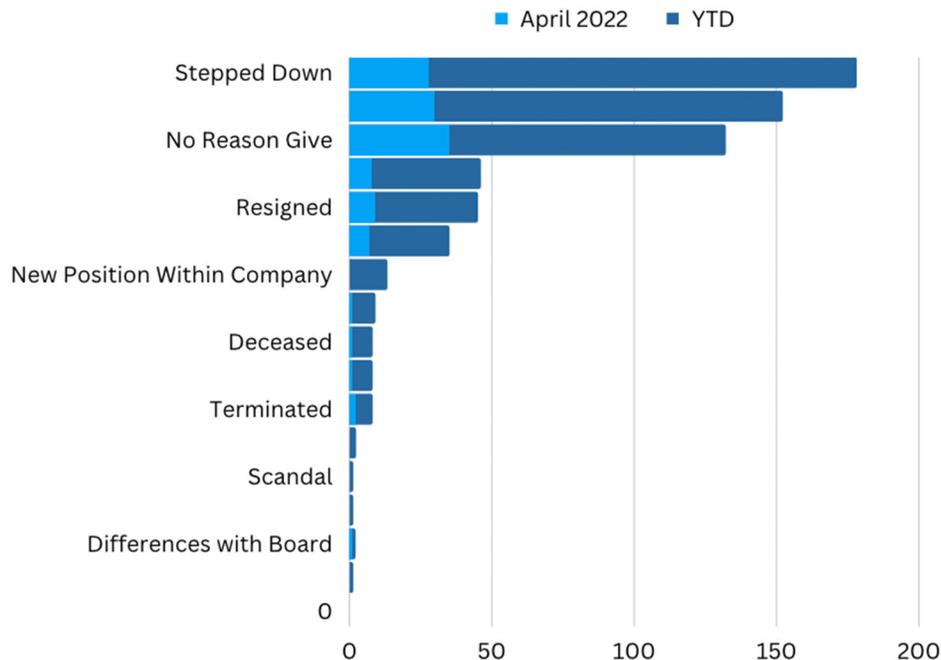
Note. Original figure created based on *June 2022 CEO Turnover Report: Exits Fall Slightly in June, But YTD Up 20%*, by Challenger, Gray & Christmas, Inc., 2022, CEO Turnover Report (https://www.challengergray.com/blog/june-2022-ceo-turnover-report-exits-fall-slightly-in-june-but-ytd-up-20/).

Additionally, leader engagement declines are problematic among those CEOs who stay in their roles. Research by the Advisory Board (Johnson, 2016) found that over the period from 2012 to 2014, engagement declined 3.9% for managers, 4.2% for directors, and 4.4% executives. In comparison, engagement declined for frontline staff only 0.4%, indicating that leader engagement is declining 10 times more than that of frontline staff. Lack of executive team engagement could undermine their ability to execute the strategy on a daily basis and translate action into purpose for frontline staff, ultimately leading to organizational failure (Advisory Board, 2022).

Researchers have acknowledged the significant effect that CEOs have on their organizations (Finkelstein et al., 2009; Hutzschenreuter et al., 2012). Leadership disengagement and instability has negative consequences for their organizations and for national health (ACHE, 2022a; Venkataramani et al., 2020). Empirical evidence of the impact of hospital CEO turnover is limited with perilous implications for impacted systems (Khaliq et al., 2006). The powerful nationwide impact of healthcare executive turnover and disengagement indicates the need to examine the phenomenon of transitions and what could be done to improve their success.

Purpose Statement

The purpose of this study is to identify strategies and organizational practices for CEO transitions at large hospital systems during times of significant multidimensional change. In this study, a large hospital system is defined as a multi-hospital, multi-region institution that employs more than 25,000 individuals. Multidimensional change is defined as volatile, complex, uncertain, and ambiguous conditions that ignite social, economic, and workforce shifts within and outside the organization. More broadly, the study's aim is to offer insights to organizations that wish to improve the success of CEO transitions, especially during times of multidimensional change.

Research Questions

      The following research questions were addressed in this study:

- RQ1: What are the most important organizational practices for CEO transition in large hospital systems during times of multidimensional change?

- RQ2: Is there a broader framework for CEO transition in large hospital systems during times of multidimensional change that could be arrived at by further reduction of the data?

Theoretical Framework of Constructivist and Appreciative Inquiry

      Leadership is a social construct comprised of multiple models and paradigms (Swanmick & McKimm, 2011). Executive transitions are concurrently driven by and bound by the organizational context in which it takes place (Royer & Latz, 2015). In other words, executives in transition need to be cognizant of the organizational history, context, values and mission while successfully navigating change. Boggs (2011) suggests the criticality of considering the myriad ways executive transitions influence the overall health and future sustainability of an organization (Bolman & Deal, 2013; 2017).

      Theoretical frameworks related to this study are constructivist principles and appreciative inquiry. Constructivist theory principles relate to this study based on the notion that it suggests that what is known about an organization and its destiny is interwoven with multiple perceptions, realities and shared understandings by its members (Burr, 2015; Gergen, 1999; "Social Constructionism," 2013). Mead (1930) created the concept of "symbolic interactionism," which postulates that people construct their identities and the identities of others through their daily encounters with each other. In the seminal work, *Mind, Self, and Society*, Mead (1930) outlines the foundational aspects of the sociological construct of social constructionism by positing that the self is created through people's social interactions. Berger and Luckmann (1966) advanced and formally hypothesized the introduction of social constructionism into the sociological

vocabulary. In the pivotal seminal writing, *The Social Construction of Reality,* Berger and Luckmann (1966) contend that social phenomena are created and sustained through three processes: externalization, objectivation and internalization. People's thoughts on the world are externalized through writing or fashioning a story about an idea which creates a practice or artifacts. As other people adopt the idea, engage in sharing the story, or embrace the artifacts, the idea becomes an objective truth. Objectivation of the idea turns it in to an objective truth. As it is internalized in the consciousness of society, future generation's adoption of the idea, practice or artifact occurs based on its preexistence (Berger & Luckman, 1966; Burr, 2015; Schneider, 2018). Berger and Luckmann (1966) theorizes how social practices are constructed by people and become artifacts of factual truths. Flaskas (1993) asserts that social constructionism provides a comprehensive framework for social behavior and the constructed worlds that people reside (Gergen & Gergen, 2012).

Social constructionist theorizes that people and their individual differences are created or constructed through social processes (e.g., political, religious, and economic) rather than an innate quality within the individual (Gergen, 1999). A primary differentiation of social constructionism is that knowledge is sustained by the existence of social processes (Young & Collin, 2004). Gasper (1999) contends that social constructionism is knowledge that is derived as a product of social practices and institutions that are manifested through relevant interactions between social groups. The principle ideates that a social system creates or determines its own reality (Cooperrider et al., 2003). No one reality or truth exists. Instead, truth is grounded in the multiple and contextually determined realities of peoples' perceptions, dialogues, and shared understandings (Cooperrider et al., 2003).

Social constructionism theory heavily influenced the creation of the Appreciative Inquiry framework. The intersection of social constructionism and appreciative inquiry inherently serves as the theoretical framework that foundationally operates from the principle of positive context.

Positive context operates from a premise that "people control their destiny by envisioning what they want and developing actions to move toward it" (Cooperrider et al., 2003 p. 13).

Further, the constructionist principle implies that human knowledge organizational change is implicit with the first questions asked, which becomes the fodder for how the future is conceived and constructed (Cooperrider et al., 2003; Gergen, 1999). Cooperrider et al. (2003) argue that human knowledge and organizational destiny are interwoven constructs. Executives' effectiveness is contingent on organizations being understood through human constructs. In other words, being "adept in the art of reading, understanding, and analyzing organizations as living, human constructions" (Cooperrider et al., 2003, p. 8).

Organizational leadership is tasked with creating an alignment of strengths in ways that make a system's weaknesses irrelevant (Drucker, 1993). Organizations that are defined by rote habitual styles of thought constrain imagination for the future and define the way the organization operates. Along these lines, change requires sizeable volumes of positivity of social connection of members in co-creating hope and mutual inspiration. Hence, organizations as human constructions are primarily affirmative systems which respond to positivity in knowledge and thoughts (Cooperrider & Whitney, 1999; Cooperrider et al., 2003). Bushe and Coetzer (1995) contend that more positive questions are used in a change endeavor create lasting and effective outcomes. As such, the premise is people move toward their inquiries.

The second framework of this study examines executive transitions through the prism of appreciative inquiry. Appreciative Inquiry methodology is based on the principle that positive organizational futures can be attained through people's collective affirmative involvement (Cooperrider et al., 2008). The theoretical framework of appreciative inquiry is rooted in social constructionist that links ways of studying and understanding organizations (Royer & Latz, 2015). Appreciative inquiry is a philosophical model of change devised as a methodology that applies a set of tools that can be instrumental in facilitating executive transitions. The framework

establishes a way of being for organizations experiencing multidimensional change and executive transitions (Keefe & Pesut, 2004; Simons & Havert, 2012).

Principles of appreciative inquiry have epistemological grounding in constructionism. Crotty (1998) postulates, "In the constructionist view, as the word suggests, meaning is not discovered but constructed" (p. 42). Cockell and McArthur-Blair (2012) assert that the epistemological approach of appreciative inquiry solidifies approaches to bring people together as learners in collegial communities where cultures are constructed based on common realities and shared meanings. In studying practices that increase the success of executive transitions, appreciative inquiry offers a theoretical framework that Cooperrider and Whitney (1999) explained as "Rather than explaining yesterday's world, it articulates tomorrow's possibilities" (p. 15).

Social knowledge and organizational change intersect in the constructionist principle. Appreciative inquiry framework offers a cadre of tools and techniques that inform how an organization moves toward a collective destiny through four prisms: discovery, dream, design, and destiny, referred to as the four D's (Cooperrider et al., 2008).

Appreciative inquiry is an iterative cycle that flows through the 4Ds:

- Discovery: this stage entails introspection and discussion about what is in an organization. Participants delve into the organization to unearth and value the exceptional best of what gives life to the organization's existence. During the discovery stage all stakeholders are engaged in articulating the strengths and organizational practices to result in uncovering the best of the past and that of the future.
- Dream: solicits participants to consider the possibilities for the organization to change by crystalizing the vision in results orientation from discovery.

- Design: participants migrate ideas from the dream phase to construct practical structures to bring reality to the possibilities in articulating the organization design that magnifies the positive.

- Destiny: creation of a vision that inspires the implementation of the designs into the constructs of the organization. In this stage the outcome is to strengthen the affirmative capabilities of the organization in a manner that cultivates optimism and positive change toward attaining performance goals (Barrett, 2020).

Appreciative inquiry four D principles are an iterative process with encouragement to continue the process to achieve improvements (Cooperrider & Whitney, 1999), illustrated in Figure 3.

Figure 3

Appreciative Inquiry Four-D Model
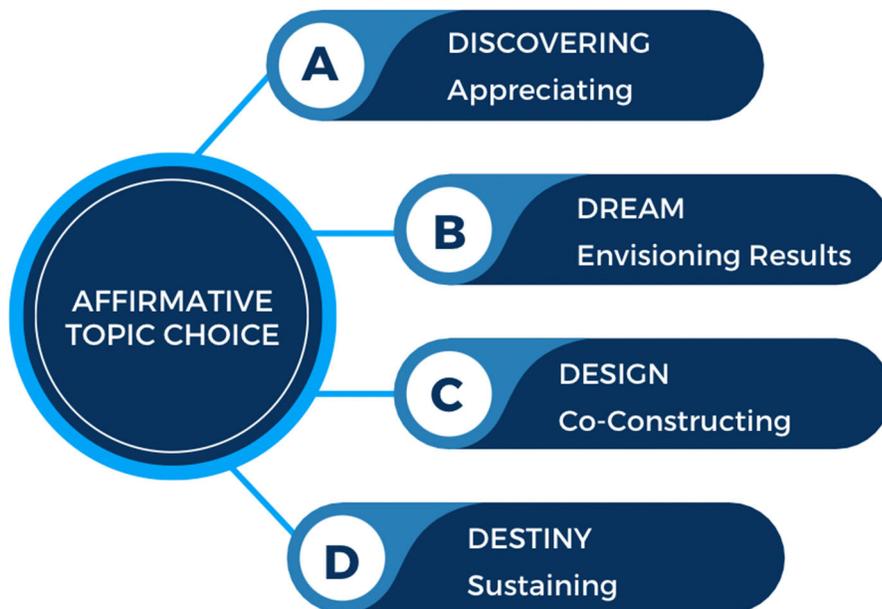
Note. Original figure created based on *How the 4-D Process Works,* by Corporation for Positive Change, n.d., How the 4-D Process Works (https://positivechange.org/how-the-4-d-process-works/).

Royer and Latz (2015) research on appreciative inquiry in the context of executive transitions suggests there is a significant role that is addressed by understanding the needs of

the varied participants during the transition process begins with discovery. First, participants of the transition are exiting chief executives who have a vast array of institutional knowledge to share through the appreciative inquiry methodology. In the discovery stage the chief executive transitioning into the organization gains insights and appreciation of the organizational context to develop the organizational culture. Third, using appreciative inquiry assuages uncertainty of the members of the organization and chief through the duration of the transition (Bennis, 2002; Bolman & Deal, 2013). Discovery fosters an approach that encourages full participation of all organizational members to establish an atmosphere of trust (Yoder, 2004). Transitions built on trust are critical elements in transferring knowledge to a next generation of leaders (Lustig & Ringland, 2010; Mather & Hess, 2013; Royer & Latz, 2015).

The nature and elements of the theoretical framework of appreciative inquiry discover, dream, design, and destiny allay cooperative constructs future while at the same time encouraging individual participation. The phenomena of executive transitions are inextricably linked with organizational effectiveness and leadership effectiveness. In the context of chief executive transitions, a unique inflection point provides an opportunity for organizational self-analysis and growth, particularly at times of multidimensionality when the organization requires repositioning for its future needs (Bolman & Deal, 2017; Bushe & Coetzer, 1995; Cooperrider et al., 2008).

Significance of the Study

This study is anticipated to produce needed insights about how to effectively navigate CEO transitions. An examination of CEO transitions during times of multidimensional change resembles some facets of organizational and culture change that occur during merger and acquisition (M&A) transactions. Fernandes et al. (2010) research suggests that M&A's duality presents opportunities and challenges for executive teams who are responsible for the success of the transaction and leading their organizations during times of ambiguous uncertainty.

Activities before, during and after M&A deals generate significant change that create complex situations that chief executives must navigate people through the transition.

Research highlights the reality that the majority of mergers do not live up to expectations and many fail entirely (Fernandes et al., 2010). Getting the human capital aspects of the transition right increases the likelihood that the deal will meet its objectives (Fernandes et al., 2010). Lessons to learn from mergers and acquisition transactions are applicable to an executive transitioning during multidimensional change. Research indicates that people experience a variety of workplace uncertainty throughout the merger and acquisition transaction (see Figure 4). Behaviors people experience reflect the challenges and pressures along the continuum of the deal. For that reason, some researchers and practitioners compare the change process to that of the grief process (see Figure 5). Knowles and Vickers (2010) highlight mitigation actions instrumental to chief executives' role as champions in leading successfully transitions. Paramount to the mitigation actions is the mind shift required by chief executives to embrace a vision for success of the organization in the future over inwardly focusing on themselves.

Figure 4

Typical Behaviors Experienced During M&A Transitions
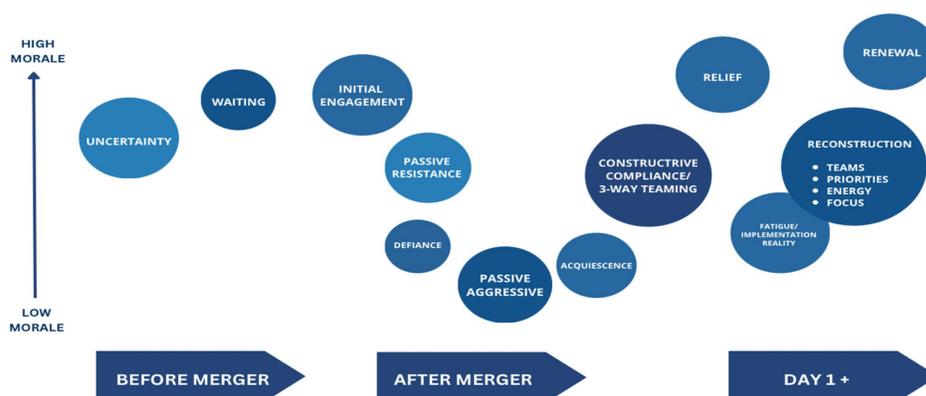
Note. Original figure created based on *Leading Through Transition: Perspectives on the People Side of Merger and Acquisition*, by E. Fernandes, J. Fiore, and K. Knowles (Eds.), 2010, Deloitte M&A Institute (https://www2.deloitte.com/content/dam/Deloitte/us/Documents/mergers-acqisitions/us-ma-consulting-leading-through-transition-022315.pdf).

Researchers' examination of organizational change as a result of transitions juxtaposes the phenomenon against a backdrop of Kübler-Ross' (1969) change curve model (Leybourne, 2016). The model outlines behavioral motivations or performance people experience as they traverse through a range of stages. Surprise about an experience leads to denial of the existence of the situation that manifests into frustration. A period when people experience low energy or minimal motivation is described as the valley of despair. As time progress from the initiation of the change, people move to experiment, adapting and learning how to work with new conditions and ultimately to integrate the change (see Figure 5).

Figure 5

Kübler-Ross Change Curve Model: Valley of Despair
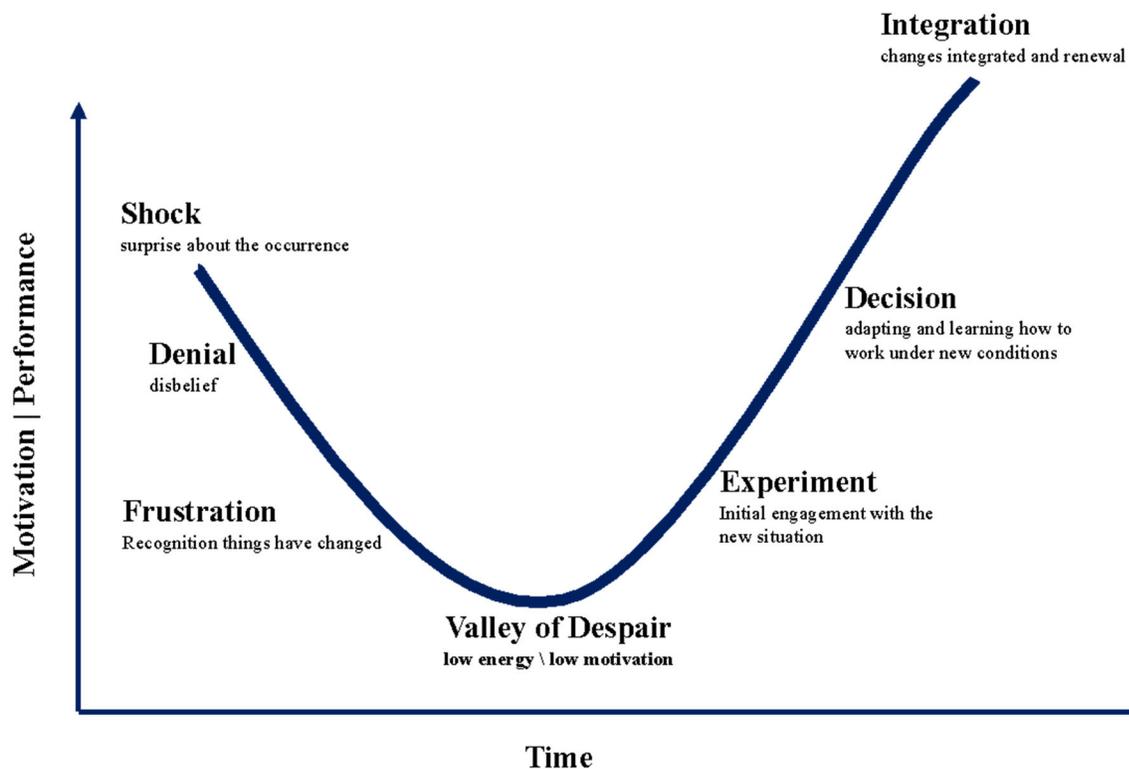
Note. Original figure created based on *Kübler-Ross Change Curve®,* by EKR Family Limited Partnership, 2023, Elisabeth Kübler-Ross Foundation (https://www.ekrfoundation.org/5-stages-of-grief/change-curve/).

Fernandes (2010) amplifies unintended consequences of leadership transitions during a merger and acquisition deals that have significance to this study. For example, a shift in power, leaders' opportunity to influence is downgraded and decisions made by the new boss are among the triggers that signal change and send tremors of uncertainty across the organization (Fernandes et al., 2010). Similar to merger and acquisition transactions, CEO transitions raise uncertainties that impact business operations as speculation and opining replace performance productivity, which reinforces the stance that leadership transitions are stressful and full of uncertainties for members of an organization (Fernandes, 2010).

Leadership is the essential element to successful implementation of organizational change (W. Burke, 2017, 2008; Ford et al., 2021; Kotter, 1996; Kotter & Schlesinger, 2008; Nadler & Tushman, 1990). Healthcare is myriad with complexity built on systems that involve large numbers of people (Swanmick & McKimm, 2011). Leaders capable of generating constructive organizational change to navigate between the group's ability to unlock imaginative competence is essential. Healthcare executives report that many of the strategic changes they attempt to advance within their organizations fail (Johnson, 2017).

Data from the Advisory Board (Johnson, 2017) data suggests that two out of every three change imperatives in healthcare fail largely attributed to the majority of employees that do not change the way they work to reflect the strategic initiatives. When these transitions are done well, organizations prepare a new leader with a change agenda, and the leader is better equipped to turn it into power dynamics on how the culture influences a strategy shift or what cultural changes will be necessary to support the strategic imperatives (Ciampa, 2016; Dotlich, 2016; Watkins, 2003). Further, successful transition pathways establish foundations for productive relationships between key stakeholders, the CEO, and board members (Ciampa, 2016).

Assumptions

The primary assumption of the present study is that the participants have relevant perspectives related to the characteristics of successful CEO transition in large hospital systems, especially during times of multidimensional change. Additionally, the researcher assumed that study participants would freely offer their viewpoints in the various stages of research. Consistent with Pepperdine University Institutional Review Board guidelines, participants are assumed to have given informed consent and that appropriate measures were applied to protect their privacy and wellbeing.

Limitations

This study is limited to 30 individuals who are parties to CEO transition in large hospital systems. The opinions of these participants should not be considered to be generalizable to all CEO transitions, even those within large hospital systems. Moreover, to reduce any bias from any one viewpoint, care was taken to recruit a diverse sample in terms of tenure, ethnicities, and geography. Furthermore, the multidimensional change affecting most organizations during the study timeframe was the coronavirus pandemic. Future experiences of multidimensional change facing the organization may have different impacts, requiring different elements to support successful CEO transition. The present study also was conducted within the context of the Pepperdine University Institutional Review Board (see Appendix A), which imposes restrictions on the design and execution of the study.

Definition of Terms

Academic Medical Center: a tertiary care hospital that is organizationally and administratively integrated academically with a university's medical school (Joint Commission International, 2022). Academic hospitals provide the principal site to educate postgraduate medical trainees and medical students. Under approved protocols involving human subjects, academic medical centers conduct academic, commercial or medical human subjects' research.

Appreciative inquiry: a conceptual framework used to construct change management through joint exploration for the best in people, the organization and the environment that surrounds them which is achieved by systematic discovery to identify what works well, analysis why it works well and then applying focus on doing more of what is working. Used for organizational analysis, managerial problem solving and as a change management approach (Cooperrider et al., 2008)

Board of directors, board of trustees: independent members with fiduciary responsibility to provide governance, oversight of strategy, evaluate the financial performance, hiring and termination decisions of chief executive officer or the executive cabinet.

Chief executive roles: chief executive officer (CEO), chief operating officer (COO), chief human resources officer (CHRO), chief financial officer (CFO); chief medical officer (CMO), chief information officer (CIO), chief nurse executive (CNE).

Chief executive transition: the process of a chief executive officer leaving the organization to be replaced by a new chief executive officer (Allison, 2002; Wiggins, 2019).

Culture: a collective set of shared attitudes, goals, behaviors and values that shape hospitals outcomes and future growth (Schein, 2010).

Large hospital system: a multi-hospital, multi-region institution that employs more than 20,000 individuals with annual net revenue in excess of $5 billion (American Hospital Association, 2021).

Multidimensional change: volatile, complex, uncertain, and ambiguous conditions that ignite social, economic, and workforce shifts within and outside the organization (Nelson & Pilot, 2015).

Multidimensionality: is defined as "the quality of a construct that cannot be adequately described by measuring a single trait or attribute" ("Multidimensionality," 2023).

Organizational culture: the beliefs, values, attitudes, and actions of the people in the organization and how these factors influence the member's behavior (Schein, 2010).

Registered nurse (RN): a clinically trained nurse who has matriculated and graduated from a formal program of nursing with a degree and has attained licensing from the governing authority of the state (American Nurses Association, 2023).

Social constructionism: a theory that knowledge is existential to the reality that people give to various aspects of the world through social agreement (Gergen, 1999).

Succession management and planning: a systematic framework to identify, select, and develop key individuals to plan for the ascension into critical roles that aids the organization to be prepared for the future. An endeavor to ensure leadership continuity, protect intellectual capital and preserve institutional knowledge for the future viability of an organization (Hassan & Nasibollah, 2016).

Teaching hospital: a hospital that improves healthcare through learning and research in partnership with nursing schools, medical schools, research centers and education programs (Duffy, 2011; Iglehart, 1993; Ludmerer, 1983; Neely & McInturff, 1998).

Tripartite mission: defines the role of academic health centers to educate health care workforce, conduct clinical and biomedical research that is innovative, and provide high caliber care to patients (AHA, 2022; Aron, 2023; Blumenthal et al., 1997; Grover et al., 2014; Smitherman et al., 2019).

Chapter Summary

Healthcare is the fastest growing industry in the United States and globally (Bureau of Labor Statistics, 2022). Economists forecast that as the population grows and life expectancy increases, the healthcare sector will continue expanding to meet consumer needs domestically and globally (Bureau of Labor Statistics, 2022). Population aging and the emergence of global pandemics has substantially increased the demand for healthcare services and has created volatile, complex, uncertain, and ambiguous conditions that ignite social, economic, and workforce shifts within and outside the organization (Billiones, 2019). While these factors require

growth and agility within healthcare organizations, high turnover in the healthcare workforce threatens these organizations' ability to effectively fulfill their mission.

Healthcare organizations face significant challenges that will require executive attention to break down existing organizational barriers to achieve different outcomes (Swanson, 2022). The high rate of chief executive turnover within large hospital systems poses particularly significant threats to the industry and national health (AHA, 2021). As discussed in this chapter, criticality of considering the myriad ways executive transitions influence the overall health and future sustainability of an organization is an important phenomenon (Boggs. 2011; Bolman & Deal, 2013, 2017). Therefore, this study identified strategies deemed as organizational practices for chief executive officer transitions at large hospital systems during times of significant multidimensional change.

Theoretical frameworks related to this study are constructivist principles and appreciative inquiry. Swanwick and McKimm (2011) expound on the importance of clinical leadership in healthcare. Each framework contributes to the significance of the study in a cogent approach to addressing transitions of CEOs during multidimensionality. Multidimensional change in business is a constant and is a relevant topic that appears to be a dynamic for chief executives, board of directors and CEOs whether in large health systems, academic medicine teaching hospitals and in general. Associated with multidimensionality factors, CEO transitions are on the rise as time in position is declining. Therefore, an examination of the strategies deemed successful has significance to identify the most important practices for CEO transition in large hospital systems during times of multidimensional change. In addition, exploring if there is a broader framework for CEO transition in large hospital systems during times of multidimensional change brings significance to the study given the critical role of healthcare in the U.S. and globally.

This study is anticipated to produce needed insights about how to effectively navigate CEO transitions. An examination of CEO transitions during times of multidimensional change resembles some facets of organizational and culture change that occur during merger and acquisition transactions. Fernandes et al. (2010) research suggests that merger and acquisition's duality presents opportunities and challenges for executive teams who are responsible for the success of the transaction and leading their organizations during times of ambiguous uncertainty. Chief executive officer transitions and post merger and acquisition deal activities have symbiotic resemblance as they both generate significant change that create complexity for CEOs, chief executives, board of directors and members' of the organization to navigate people through the transition.

This chapter provided an introduction to the present study, including a discussion of the problem background and presentation of the study purpose and research questions. A discussion of the theoretical frameworks of social constructionism and appreciative inquiry were outlined. The study's significance, assumptions, and limitations were acknowledged. Finally, key terms were defined.

Chapter 2: Literature Review

The purpose of this study is to improve the success of CEO transitions in large hospital systems, especially during times of multidimensional change. This chapter provides a review of germane literature. Studies on large hospital systems are examined first, including a discussion of the history of these systems, and categorizations of institutions. Industry trends and threats are reviewed, and a discussion of leadership cultures and trends within healthcare is provided. Research on chief executive transition is outlined next, including a history of the study and practice of CEO transition, as well as a discussion of the process and roles in the transition. Success and failure rates of executive transition are reviewed and consideration is given to the effect of executives transitions and what factors contribute to transition outcomes. Special considerations for executive transition in hospital systems are then outlined. The effect of multidimensional change on executive transition in hospital systems is then discussed. The present chapter concludes with a synthesis of the literature. The chapter outline is diagrammed in Figure 6.

Figure 6

Chapter 2 Outline

Large Hospital Systems

The present study focuses on the healthcare industry and specifically focuses on teaching hospitals associated with universities or academic medical centers. In the U.S., there are 5,534 registered hospitals (American Hospital Association [AHA], 2022). The sector of the healthcare industry is comprised of several types of institutions, including teaching hospitals, academic medical centers, large hospitals, and large academic hospital systems.

Teaching hospitals are established in various forms (see Figure 7) and are affiliated with universities, colleges, medical schools, or nursing schools and have been the cornerstone of healthcare delivery for over a century (Duffy, 2011; Iglehart, 1993; Ludmerer, 1983). The U.S. has more than 1,000 teaching hospitals whose mission is to provide healthcare services to their communities while training future healthcare providers (i.e., students, interns, fellows) under the supervision of licensed physicians, faculty, department chairs, and other medical staff. Teaching hospitals are a sector within the healthcare industry that operate under the auspices of research, education and patient care in a unified and comprehensive institutional construct (Blumenthal et al., 1997; Neely & McInturff, 1998).

Collectively, 2.7 million people are employed with these institutions which places the category among the largest employers within their communities. Top teaching hospitals are found near major cities or in densely populated states. Many are located in the northeast and midwestern United States. A differentiation of teaching hospitals from regional hospitals is their access to specialists and cutting-edge equipment usually not available in other community-based facilities.

Figure 7

Categories of Teaching Hospitals
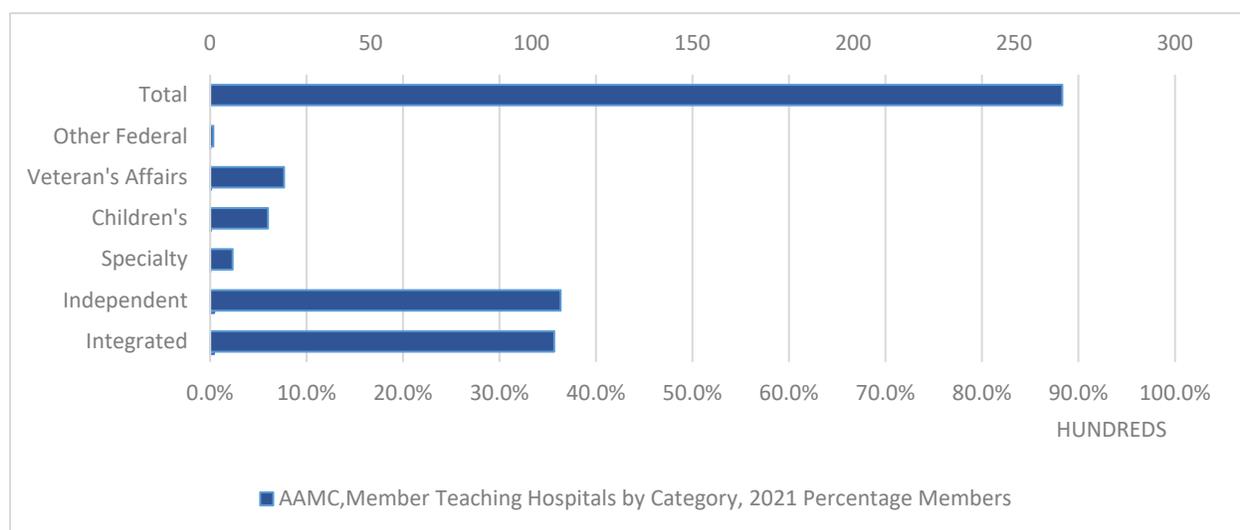
Note. Original figure created based on *Policy Priorities to Improve the Nation's Health: From America's Medical Schools and Teaching Hospitals*, by D. G. Kirch, 2016, AAMC (www.aamc.org/system/files/c/2/472838-policy-priorities-improve-nations-health.pdf).

Academic medical centers are teaching hospitals with a tripartite mission of conducting advanced research in search of medical breakthroughs, educating future clinicians, and delivering medical care to patients. In particular, academic medical centers fulfill a crucial social mission in caring for the uninsured and impoverished and specializing in clinical care for the most severely ill or injured patients (AHA, 2022; Aron, 2023; Blumenthal et al., 1997; Grover et al., 2014; Smitherman et al., 2019). Each objective has distinctive value and, collectively, the tripartite mission has been a foundational segment of healthcare for over a century (Duffy, 2011; Iglehart, 1993; Ludmerer, 1983; Rothman et al., 2015). Academic medical centers comprise only 6% of American hospitals (Association of American Medical Colleges [AAMC], 2021).

The AHA (2022) notes that large hospitals are distinguished by the number of patient beds, services, locations, and employees. Large academic hospital systems have the following characteristics: 10 or more hospitals; 700 or more patient beds; 20,000 or more employees; net annual revenue of US$5 billion or more; inclusion in Top Hospitals lists from *U.S. News and*

World Report, Healthgrades, and Thomson Reuters; availability of licensed hospital beds; and affiliation with a university or school of medicine. Large medical centers are characterized by multiple hospital affiliations, populations of 20,000 or more employed people, number of hospital beds greater than 1,000 and annual net revenue in excess of $5 billion.

Origins of Hospital Systems

The origins of the hospital as an institution chronicles back to 4th century Rome (Cilliers & Retief, 2002). The inception of the hospital as an institution is closely related to religions and wars. For example, the first military hospital appeared in Rome due to war to treat the sick and injured soldiers (Piercey et al., 2020). During the Middle Ages, religion remained a dominant influence in establishing hospitals, with more than 2,000 founded as monastic institutions (Piercey et al., 2020). The institution's growth accelerated care for disease and pestilence. Countries trendsetting occurred in Europe, Baghdad, and Damascus by admitting patients regardless of religious affiliation, social order, or race. In France, the Hospital of the Holy Ghost was founded in 1145 and later became one of Europe's most important centers for training doctors (Piercey et al., 2020). Arguably, the Hospital of the Holy Ghost was a conceptual foundation for teaching hospitals in the future.

During the 16th century, hospitals gradually spread from Europe to North America (de Micheli, 2005) with the primary purpose of almshouses to care for the poor. In the United States, the first hospital was established in 1663 to care for soldiers on Manhattan Island, followed by William Penn incorporating Pennsylvania Hospital in Philadelphia in 1713 (Piercey et al., 2020). Conflicting recounts are in the literature on the first teaching hospital in America. Burbridge (1957) purports that the first school of medicine in the United States opened in 1765 and later became the first teaching hospital associated with a Pennsylvania University, established in 1874 (Kanter, 2010).

Two decades after the first teaching hospital and school of medicine affiliation, there were many failed attempts to improve the quality of clinical instruction (Ludmerer, 1983).

Learning by doing is a principle used in scientific laboratories that was not applicable with the clinical curriculum by medical schools. Without access to adequate hospital facilities or the ability to appoint hospital staff to freely teach and research, medical schools lacked control to educate future clinicians. Instead, medical schools were relegated to teaching clinicians by illustrated lecturing of groups, rendering them as passive observers versus the practice of learning by doing (Ludmerer, 1983).

In the early 1900's the introduction of clerkships at Johns Hopkins School of Medicine improved pedagogic advancements, but not holistically across other institutions given the absence of the hospital for teaching application of medicine. The Flexner Report (Flexner, 1910) was the seminal critique of medical training that transformed the nature and process of medical education with the introduction of the gold standard of science-based training that notably elevated the U.S. as a recognized global leader in medical research and medical education (Duffy, 2011; Flexner, 1960). The importance of bi-directional crosstalk between patient, clinician and learners creates the dialogue that incites medical discoveries and breakthroughs (Duffy, 2011). This was a significant development in the rise of the teaching hospital (Barlow, 1909; Ludmerer, 1983). Following the Flexner Report, medical schools acquired relationships with teaching hospitals to incorporate education and research to expand the purpose of academic medicine. With the manifestation of teaching hospitals in the nineteenth century, homogeneity in the quality of instruction not only increased the advancement of medicine, but also paved a pathway for academic medicine.

While the history of hospitals is well chronicled, there is a dearth of information in the literature about the history of academic medicine (Kanter, 2010). Following World War II, federal subsidies helped the U.S. government build and expand hospitals (Gerber, 1995). With the addition of modern technology and medical research, institutions grew in complexity (Piercey et al., 2020). Academic medical centers are affiliated with universities that teach medical students at an affiliated hospital, called a teaching hospital, to provide pedagogic experiential learning

experience to advance students' education and patient care (Liu & Kelz, 2018). As of 2019,

teaching hospitals associated with academic medical centers trained 19% of graduate students

and 28% of residents as seen in Figure 8.

Figure 8

Role of Teaching Hospitals
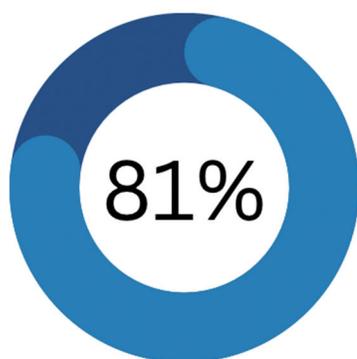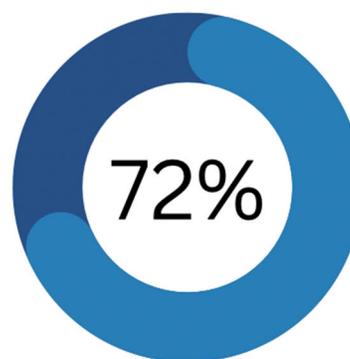
Note. Original figure created based on *Economic Impact of AAMC Medical Schools and Teaching Hospitals*, by S. Nienow, E. Brown, M. Hogan, D. Smith, J. Woollacott, and B. Depro, 2022. Association of American Medical Colleges. (https://www.aamc.org/data-reports/teaching-hospitals/interactive-data/economic-impact-aamc-medical-schools-and-teaching-hospitals). In the public domain.

Hospital System Categorization

Hospital systems have been categorized as community hospitals, federal government or

nonfederal care. According to the American Hospital Association, the majority of U.S. hospitals

are classified as community based (*n* = 5,139, 84%), compared to nonfederal psychiatric

institutions (*n* = 635, 10%), federal government hospitals (*n* = 207, 3%). Two-thirds of

community hospitals are located in large cities (AHA, 2022). Some community hospitals focus

on certain conditions or diseases. For example, specialty orthopedic care or cancer treatment

centers. While others provide general care or have concentrated expertise in a specific medical

area. Community hospitals range in size from six beds to greater than 500 beds (AHA, 2022) and can also be classified as major, minor or nonteaching facilities. Nonteaching community-based hospitals focus on providing essential care for patients by medically trained clinicians and professional staff, but do not provide medical training and research.

Patients with mental health afflictions that require acute hospital care to treat austere cases of depression or substance abuse exist in the private sector. There are more than 400 psychiatric care nonfederal hospitals in the United States. Patients that no longer require acute care but have extreme illness are often cared for at a long-term care hospital. These nonfederal facilities provide rehabilitative care and medical assistance over protracted periods. Other private hospitals also are considered to be part of the nonfederal category. The federal government operates 200 hospitals to provide care for routine medical or surgical conditions for military personnel. These institutions are governed by the Department of Defense, the Department of Health and Human Services, or Veterans Health Administration.

In addition to the three classifications described above, teaching hospitals are delineated as major and minor. As previously discussed, major teaching hospitals are academic medical centers with an affiliation with a medical school with extensive research projects or clinical trials to identify care solutions for patients with complex or rare medical conditions. In contrast, minor teaching hospitals do not have medical schools. Table 1 presents the AAMC categorization of teaching hospitals.

Table 1

Categorization of Teaching Hospitals

AAMC-Member Teaching Hospitals by Category, 2021		
AAMC-Member Teaching Hospital Category	**Number of Members**	**Percentage**
Integrated	107	40.4%
Independent	109	41.1%
Specialty	7	2.6%
Children's	18	6.8%
Veteran's Affairs	23	8.7%
Other Federal (NIH)	1	0.4%
Total	**265**	**100.0%**

Note. Original table created based on *Economic Impact of AAMC Medical Schools and Teaching Hospitals*, by S. Nienow, E. Brown, M. Hogan, D. Smith, J. Woollacott, and B. Depro, 2022, Association of American Medical Colleges (https://www.aamc.org/data-reports/teaching-hospitals/interactive-data/economic-impact-aamc-medical-schools-and-teaching-hospitals).

Industry Trends

Academic medical centers are anticipated to hold a lasting, central, and unique position in the healthcare ecosystem. Throughout history, major medical breakthroughs are attributed to researchers at academic medical centers who initiated groundbreaking cures like Ebola and polio vaccines. Without academic medical centers, the medical research community would experience a tremendous void and lack the infrastructure that provides exposure and enables clinicians to experience a variety of conditions for healing. Research shows that patients receiving care at major teaching hospitals have survival odds of 20% higher than in nonteaching hospitals (L. Burke et al., 2017).

As the pandemic thrust complexities in delivering care, academic medical centers demonstrated value as a critical institution responding to a public health crisis (Rudoy et al., 2021). Hospitals augment and extend efficacy within the rest of the health system (World Health Organization, 2023). More than half of the National Institutes of Health funding awarded to American scientists are allocated to researchers at academic medical centers (Kirch, 2016). The

discoveries have been estimated to have saved 2.4 million people's lives since 1991. Further,

academic medical centers partner with communities and community-based programs to tackle

concerns about the lack of access to healthful food, safe housing, and transportation, all of

which contribute to health equity related to the social determinants of health (Flaubert et al.,

2021). Academic medicine plays a pivotal role in U.S. healthcare and globally.

The entire health care industry is experiencing disruption, signs of which were present

even prior to the pandemic (Retchin & Clark, 2005; Stark, 1999). As the pandemic accelerates

transformation, chief executives demonstrated the viability of academic medical center's

tripartite mission (Kenton, 2022). However, the pace of change and impact on the workforce has

worsened due to the pandemic (Gebreyes et al., 2021). Throughout the pandemic, research

discoveries and innovative care for acute patient conditions intersected with training as an

essential role in the nation's health and economy (AAMC, 2021; AHA, 2021).

The pandemic is accelerating transformation of large primary teaching hospitals'

tripartite mission of research, education and clinical care. As the U.S. population ages and

workforce shortages in physicians and registered nurses widen, chief executives are faced with

current health system operations and building the foundation to weather unknown future

disruptions in teaching and research that improves the health of the nation (AHA, 2022).

Historically, the uniqueness of academic medical centers provided insulation during industry

disruptions to sustain economic stability for the institution (Rudoy et al., 2021). Nonetheless, the

unprecedented convergence of challenging business conditions is applying pressure to maintain

buoyancy in current operations and future projected growth (Nauck et al., 2021).

Academic medical centers are large complex operations that are ill-equipped to pivot to

deploy change strategies agilely (AAMC, 2021; Barta et al., 2019; Swanson, 2022). Despite

academic medical centers centrality to the healthcare system, they face significant challenges in

maintaining status quo operations, especially as emerging disruptors encroach on the sector

(Gebreyes et al., 2021; Swanson, 2022). Disruptions amplify the need for leaders who bring

profound change leadership practices to effectuate the future of academic medical centers and the industry. Transformational opportunities unveiled as a result of seismic change in hospital operations, like the COVID-19 crisis, burgeoning labor challenges and uncertainties driven by multidimensionality, facilitate opportunities for leaders to learn and change (Rudoy et al., 2021). In a study of academic medical center CEOs, Rudoy et al. (2021) synthesized the 30 hours of discussion into three categories: being at the cusp of industry and institutional transformation, capitalizing on the opportunities created by the pandemic, and recognizing the need to modernize operations.

Labor shortages top the list of short-term future concerns facing academic medical centers and chief healthcare executives (Swanson, 2022). People are core to everything that hospital systems do and are the lever or anchor to the tripartite mission of the emerging workforce (Kenton, 2022). Hospital systems are facing acute labor shortages projected as a current and future threat to their services and the offerings they can provide patients (Advisory Board, 2022; Swanson, 2022). Future estimates of the U.S. healthcare workforce project shortages by 2025. In an independent study commissioned by the AAMC, a shortage of between 61,700 and 97,000 physicians is projected by 2025, primarily driven by the growth in the aging population and retirements impending of older physicians (AAMC, 2021; Kirch, 2016).

Hospitals cannot function without skilled nurses (Flaubert et al., 2021). Nursing shortages have been highlighted by the pandemic. As such, the importance of registered nurses has increased in awareness. Registered nurses are important to hospital operations as preceptors for newly minted resident nurses at teaching hospitals. Registered nurses are among the highest jobs in demand in the U.S. with projected shortages in excess of 1.2 million by 2030 (Auerbach et al., 2016; Bean, 2020; Bureau of Labor Statistics, 2020; Irvine, 2021).

Over time, there has been an evident trend in the complexity of leading an academic medical center, wherein such leadership extends beyond mere strategies to a focus on achieving the tripartite mission of operating within highly matrixed organizational constructs

(Khaliq et al., 2006). An organizational structure is a system that frames the way certain activities are directed to achieve its goals, remain efficient and stay focused (Bolman & Deal, 2008; Kenton, 2022; Schein, 1985). Contemporary organizational structures are synonymous with matrix management. Drucker (1993), a management theorist, referred to matrix organizations as system structures that require clear goals, maximized self-discipline throughout the structure and senior leaders that take personal responsibility for building relationships and communications.

The nature of tripartite missions is designed around matrix organizational structures as a means to achieve goals and render outcomes. Within academic medical centers, CEOs will have matrixed relationships with academic deans, board of directors, and hospital operators to create concentric support to homogenize each mission independently and collectively (Guzick & Wilson, 2018). A solo academic medical center executive has matrixed oversight by a president of the university and the board of directors. Guzick and Wilson (2018) purported that the right executive in position can be transformational just as the wrong person can be disastrous. For example, a dean of a medical school and CEO of a hospital can be successful partners as chief leaders that share common values, goals and leadership styles. Conversely, executives who are matrixed that are at odds are subject to tension between the two leaders, the functions and can lead to both entities underperforming.

Academic medical center executives are facing the need to undergo significant large-scale changes if they are to remain competitive or survive in the current market. Change is particularly complicated in balancing clinical care imperatives with the academic mission (Evangelides et al., 2015). A new model of leading academic medicine expands the tripartite mission to embed opportunities for creative inquiry and pioneering. In a world in which pandemics, injustices, concerns of well-being, epidemics and health disparities require new and differentiated responses, chief executives in academic medicine are positioned to lead organizational change (Roberts, 2021).

Industry Threats

Hospitals provide services that most people will need at some point in life (World Health Organization, 2023). The oath made by academic medical centers to keep people healthy, to provide research innovations that advance health and lifesaving care are unwavering even in the face of daunting challenges such as the public health crises (AHA, 2022). Health systems affect people's lives and livelihoods which focuses paramount importance on the way they are designed, lead, and financed. The difference between a well-performing health system and one that is failing can be measured in death, disability, impoverishment, humiliation, and despair (World Health Organization, 2023).

However, many health systems have increasingly difficult headwinds to manage the aftershocks of the most significant crisis in a century (Bardin, 2022). Threats to financial viability are occurring against the backdrop of inflation, broken links in the supply chain, and historic workforce shortages that have increased the cost of providing care and educating the next generation of medical practitioners (American Hospital Association [AHA], 2022; Swanson, 2022,). Stating the obvious, to achieve the tripartite mission of patient care, research, and educating the next generation of clinicians, academic medical centers must remain financially viable (Swanson, 2022).

Financial Crises. Hospitals are cornerstones of the community and the U.S. economy. However, the razor-thin margins characteristic of hospital systems mean that these systems have become even more strained as the pandemic increased operating expenses (Gebreyes et al., 2021). For example, dramatic increases in expenses are evident when comparing operating costs for drugs, labor, and supplies when examining the period from 2019 to 2021. Hospital expenses and rising inflation are manifesting into financial challenges coupled with the enormous strain that is placed on the health care workforce (AHA, 2022; Swanson, 2022). Moreover, acute financial losses during the pandemic are compounded and continue with inflationary rising expenses, supply chain issues and staffing shortages (AHA, 2022). The

increased expenses and reduced operating margins evident within recent years are not

sustainable.

Prior to the turbulent disruptions academic medical centers currently face, the centers

had a historic trajectory of redefining their position in healthcare delivery as the marketplace

radically transformed (Retchin & Clark, 2005; Stark, 1999). Furthermore, the pandemic has

significantly taxed health care workers in the two years since the outset of the outbreak (AHA,

2022; Ng et al., 2021). Notably, three categories have driven hospital expenses between 2019

and 2021, drug costs, labor and supplies, as illustrated in Figure 9.

Figure 9

Percent Increase in Per-Patient Hospital Expenses: 2019 to 2021
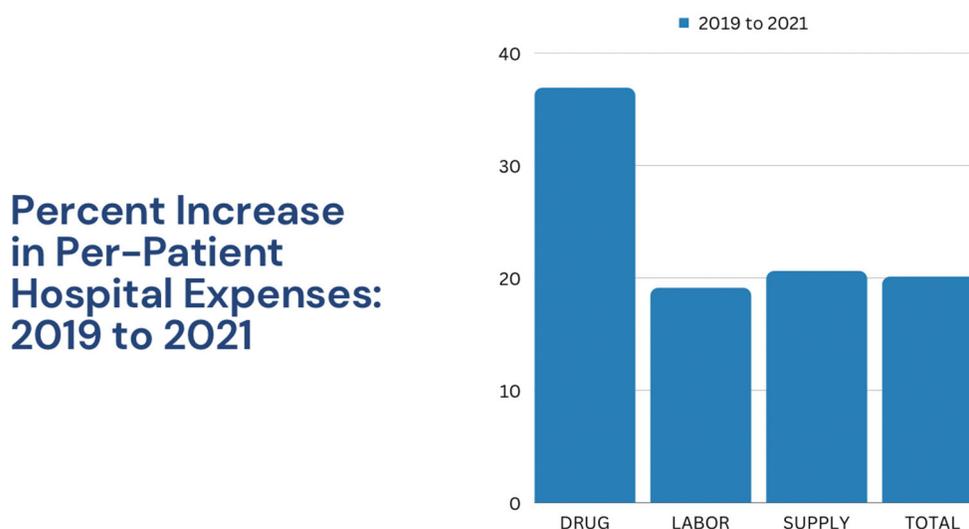
Note. Original figure created based on *National Hospital Flash Report: January 2022*, by E. Swanson, January 2022, Kaufman Hall. (https://www.kaufmanhall.com/insights/research-report/national-hospital-flash-report-january-2022). In the public domain.

Labor Shortages and Disengagement. By far, the most pervasive challenge facing

health system leaders are workforce shortages and employee discontent (AHA, 2021; Figueroa

et al., 2019; Greiner & Knebel, 2003; Nienow et al., 2022). Health consumers are experiencing

limited accessibility woes in obtaining accessibility to physicians with the credentials and

medical outcomes desired (Figueroa et al., 2019). Instead, consumers seeking physician reviews turn to unsubstantiated online reviews to ascertain uninformed assistance with traits like wait times, staff relations. While benefits of the platform's accessibility are evident, a missing element is the ability to evaluate a physician's skill level to care for health needs. A recent study by the AAMC (2021) projects physician shortfalls up to 139,000 physicians by 2033. The AAMC study points out that the number of physicians reaching retirement age is growing which will contribute to the shortage. For example, two out of five actively employed physicians will reach 65 or older over the next decade. Each physician retirement potentially impacts healthcare.

Labor costs account for more than half of hospitals' total operating costs (AHA, 2021, 2022; Morse, 2022). Hospitals are experiencing nurse shortages now and are forecasted to continue in the future (Buerhaus, 2021; Bureau of Labor Statistics, 2022). Staffing shortages have pushed hospitals labor cost up due to expensive contract staff that are hired to augment less full time staff. Contract labor across U.S. hospitals is close to 500% higher than the expense before the pandemic (American Hospital Association, 2022; Swanson, 2022). Evidence of the staffing dilemma is in the increase of job postings for contact or travel nurses. Contact or travel nurses over a three-year period, between January 2019 to January 2022 affected the increase in job postings by 120%. Expenses for workforce pay, overtime due to worker shortages, and contracted temporary registered nurses increase the strain on financial and human resources (Morse, 2022).

Clinician and health care provider shortages are not emerging concerns. Nursing shortages that currently exists have been forecasted since the early 2000s. Buerhaus et al. (2000) forecasted a nurse shortage of 400,000 by 2020 further suggesting the inadequate supply of labor to meet the clinical demand to provide care for patients. Predictions of more than 500,000 nurse shortages by 2030 were a concern before the pandemic (Zhang et al., 2018). A contributing factor in the projected nurse supply and demand gap is the aging population of the nurse workforce. In 2000, the average age of employed RNs was 43.3 (Spratley et al., 2002).

More RNs and physicians are over 50 and 55 respectively (U.S. Department of Health and Human Services, 2019).

The RN shortage is exacerbated by reduced numbers of new recruits and nurse preceptors available to train new entrants into the profession. Accelerated retirements or industry exits are contributory factors to the burgeoning labor supply of RNs. A leadership imperative is imminent for healthcare systems to adopt to the multidimensional impact to recruit and retain generationally diverse workers who may not value or tolerate the organizational culture and tactics of the past and insist on schedule flexibility (Dickson, 2015). Conversely, the shift suggests healthcare organizations find it necessary to adapt existing practices to compete with professions outside the industry. These practices would include increasing pay, improving benefits, focusing on belongingness as a differentiator, or offering greater flexibility in work schedules (Subramanian & Washington, 2022).

Pandemic aftershocks are a contributing factor to recruitment, staffing and retention of people in the healthcare profession. A report from the Office of Inspector General U.S. Department of Health and Human Services (2021) suggests people belief that future conditions will worsen. In addition, the report showed that hospitals expressed concern that new clinical graduate providers, such as nurses, may not have gained sufficient experience in care for things other than COVID-19. More optimistically, evidence of improvement is in the stark increase in the number of applicants applying to medical schools in 2020 and 2021, as reported by the AAMC (2021). As a comparison, applicants increased by 17% in 2021 versus typical increases of 2-3% in 2019. Similarly, the percentage of student acceptances increased by 1.8% and 2.6% in 2020 and 2021, respectively (AAMC, 2021). Also, among the 22,000-plus students who began medical school this fall, those self-identified as Black or African American rose by 21.0% from 2020-21, followed by increases of 8.3% among Asian students and 7.1% among those of Hispanic, Latino, or Spanish origin (Boyle, 2021).

Shortages of skilled clinicians together with an overworked staff, personnel placed in unfamiliar roles or teams, or lack of staff heightens many types of risks (Derse & Bateman, 2021). When staffing levels of clinicians drop, hospitals experience an increase in workplace injuries that result in downtime from workers' compensation claims. Another factor of lower staffing levels is the increase in medical errors, some resulting in liability assertions. As staffing shortages prevail there is an association with increased workplace violence and wage and hour legalities.

Changes made to adapt to staff shortages create other risk for executives to mitigate (Insider Intelligence, 2023). Digital adaptations in healthcare pose solutions as well as risks robotics, artificial intelligence, tele-medicine, cyberattacks, data breaches, wearables or smartphones are among the emerging digital elements that either advance or amplify risk to health systems (Donald, 2019a). These advancements risk can impact patients and health systems. Using artificial intelligence to inform leadership decision-making has complexities that risk poor outcomes or myopic decisions. Novel digital advancements will require leaders to identify and implement risk mitigation strategies and tactics (Derse & Bateman, 2021; Donald, 2019a; Insider Intelligence, 2023).

Leadership Cultures and Trends

In the literature, leadership is conceptualized as a process of influence that elicits the context to achieve goals through a shared vision (Senge, 1995). Leadership styles and culture are widely characterized in the literature with a plethora of research or empirical studies of leading businesses. However, most theories of leadership originated from a business context and were later applied to healthcare (Al-Sawai, 2013). Within healthcare, there is a dearth of recent literature on what characterizes leadership styles and organizational culture in large hospital systems. Leadership research specifically related to the healthcare industry is limited with minimal information available about chief executives' values, experiences, or leadership styles (Janssen, 2004).

Common Leadership Styles and Cultures in Large Hospital Systems

Modern medical systems are one of the most complex organizations on the globe (Cosgrove, 2016). Healthcare chief executive challenges are unique to the industry in that they must direct their workforce's efforts to benefit patients, communities, and the organization (Hargett et al., 2017). Al-Sawai (2013) suggests the need for adaptation of leadership approaches to optimize effectiveness in large healthcare systems. While there is limited research that exists on the characteristics of chief executives leading large hospital systems, there is congruence that a prime characteristic of hospital CEOs is the important role they play in setting the vision, determining the strategic goals, and providing executive oversight of executing change that promotes positive experiences for patients and employees (Al-Sawai, 2013; Cosgrove, 2016; Galstian et al., 2018; Goodall, 2011).

Galstian et al. (2018) researched whether gender, education, or tenure within the organization were characteristics of hospital CEOs. If so, the researchers examined aspects associated with positive patient experience scores. The findings indicated that hospitals that employ longer-tenured CEOs or female CEOs were attributed to positive patient experience scores.

Studies in a healthcare setting have also shown that inclusive leadership practices have lessened the effect of role-based status on psychological safety (Nembhard & Edmondson, 2006). Inclusive leadership is characterized as an essential factor in ensuring diverse thinking and voices are solicited, respected, listened to, and incorporated in getting people on board with new ideas and different ways of doing things (Roberson & Perry, 2022). In a thematic analysis of leaders' responses to questions regarding their perceptions and demonstration of inclusive leadership, conceptualization themes emerged relating to valuing, understanding, the utilization of differences to encourage collaboration and shared identity.

Further, research findings highlight the importance of inclusivity in leadership to garner creativity and generate trust between team members (Roberson & Perry, 2022). Creativity is

critically important in every sector of an economy considering the seminal role that employees play in the success of an organization's performance, including healthcare systems (Ahmad et al., 2022; Fu et al., 2022; Imran et al., 2018; Scarmozzino & Corvello, 2016). Employees' creativity primarily hinges on inclusive leadership and different styles drive workplace behaviors (Bannay et al., 2020; Deng et al., 2022). Yet, the role of inclusive leadership in the healthcare sector is an understudied area (Fu et al., 2022).

Edmondson (2018) describes psychological safety at work as an environment where people are allowed to ask questions and innovate without fear of retribution, embarrassment, retaliation, or negative career-limiting consequences. It is researchers' shared belief that psychological safe spaces induce feelings that people can take interpersonal risks to express themselves without negative consequences of embarrassment, ridicule, or shame (Carmeli & Gittell, 2009; Kessel et al., 2012; Rathert et al., 2009; Wanless, 2016; Wetzel et al., 2012). Juxtaposed with anxiety filled environments, psychologically safe workplaces enable people to engage, learn, connect with others and change to focus on activating and accomplishing goals, regardless of the inevitability of discomfort that comes with new experiences or expressing new ideas (Edmondson & Lei, 2014; English & Stengel, 2010; Wanless, 2016). Pronounced hierarchical constructs are less conducive to fostering environments that cultivate spaces for people who are lower in the hierarchy to feel safe to engage in the group (Kahn, 1990; Netzley & Rath, 2012; Wanless, 2016). Hence the importance of having the leader of an organization or group convey and demonstrate the importance of everyone's contribution to facilitating greater engagement and psychological safety (Huo et al., 2010; Nembhard & Edmonson, 2006).

Psychological safe spaces are essential in teaching hospitals because they afford students, residents and every person to learn and innovate (Hardie et al., 2022). Knowing that CEOs set the stage for organizations, highlights the need for them to visibly demonstrate inclusive leadership (O'Donovan & McAuliffe, 2020). Inclusive leadership efforts foster psychological safety within hospital settings, providing the opportunity for role modeling

behaviors to cultivate the phenomenon across teams and the healthcare system (Kessel et al., 2012; O'Leary, 2016; Weiss et al., 2018).

Culture is the collective set of shared attitudes, goals, behaviors and values that shape hospitals outcomes and future growth. Culture is determined by three primary factors: leaders, values and the environment (Deal & Kennedy, 1982; Kouzes & Posner, 1995; Schein, 2010). Schein (2010) describes culture as a pattern of basic assumptions that a group learns and that is taught to new members so that they know the proper way to perceive, think, and feel.

Organizational culture is characterized by researchers as the shared assumptions that guide the member's behaviors in ways that affect how people and groups interact with each other, key constituent stakeholders, clients, and customers (Ravasi & Schultz, 2006). In the healthcare setting, culture begins with leadership. As Denison (1990) posits, culture is a key predictor of organizational effectiveness through leadership.

Common Backgrounds and Qualifications of C-Suite Healthcare Leaders

Hospital CEOs come from varied backgrounds that are different in levels of advanced education, breadth of knowledge that demonstrates a commitment to the profession, and relevant healthcare management certifications. One popular example of certification distinctions for hospital CEOs is Fellow of the American College of Healthcare Executives. The Bureau of Labor Statistics (2022) amplifies communication, decision-making, leadership capabilities, time management and problem-solving among the key skills that are most important for top executives. Goodall's (2011) research elucidated that hospitals run by physician CEOs scored 25% higher in quality of care outcomes and patient satisfaction. At the time of the study, of the 6,500 U.S. hospitals, 235 were led by physicians. The research advocates that physician practitioners make the best leaders. However, evidence suggests there is a formidable gap between physician leaders possessing the expertise to leadership success (Blumenthal et al., 2012; Bohmer, 2012).

Healthcare Leaders' Role in Addressing Industry Challenges

Health care systems face major challenges that require CEOs to be prepared for reform (Greiner & Knebel, 2003). Crisis management over the decades has taken different shapes and complexities. For example, attention on quality in health care as a crisis requiring leaders is well recognized as a concern (Aiken et al., 2002; Chassin, 1998; Chassin & Galvin, 1998). During a summit of health care leaders, a rally call to health professionals to establish themselves as leaders to bring about change to improve health care systems quality, workforce and education was solicited (Shine, 2002). Health leaders are at the core of the redesign of health care systems (ACHE, 2022a; Figueroa et al., 2019).

Hospital leaders play a critical role in recovering from crises while addressing immediate patient care imperatives. Accordingly, healthcare executives are looking toward the future to position their organizations for success. Succession planning and a focus on developing a pipeline of leaders equipped to address the challenges of tomorrow are inclusive of executives' focus (Collins & Collins, 2007). Research indicates that an entire industry can experience the impact of decisions when one major organization's leadership establishes policy or practice changes (Derenoncourt et al., 2021; National Bureau of Economic Research, 2021). Hospital systems are facing indelible paradigm shifts in doing things differently from the way they have done for years. Shifts in the economy and the workforce continue to add complexities to leadership challenges in leading academic hospital systems (Lantz, 2008; Weintraub & McKee, 2019; Wheatley, 2010). As turnover among healthcare executives continues to reach new levels, the dilemma of continued disruption will exacerbate within the industry and hinder hospitals' organizational performance (Wheatley, 2010).

Berwick (2003) underscored the importance of the need to bring about change in healthcare systems' quality, clinical education and acknowledged the difficulties in bringing about change in clinical education to improve the health status and functions of the U.S.

population. Berwick (2003) argues this imperative is the true north for the industry. Two decades later, the industry is at the precipice of change.

Chief Executive Transition

There is a paucity of organizational research on managing chief executive transitions in healthcare. Definitions of leadership transitions are explained in various ways (Allison, 2002; Wiggins, 2019). Common explanations for what constitute an executive transition are studied generically through the lens of leader transitions, which are grouped into several categories. Turning to several scholars' fundamental definitions of transitions is instrumental in examining the phenomenon.

Multiple scholars speak of transitions as a continuous process of change (Anderson et al., 2021; Sivapregasam et al., 2019; Wiggins, 2019). Levinson (1986) describes transitions as a period between two periods of stability. Bridges' (2009) work distinctly differentiates between change, an external occurrence, versus transition, an emotional process leaders experience as a result of a change. A study on internal promotion into leadership has defined leader transitions as the vertical ascension to a more senior role within an existing organization (Terblanche et al., 2018).

Reupert (2020) posited that unprecedented forces shape people's lives bringing tumultuous transitions to navigate between chaos and complexity. In the organizational context, researchers suggest significant transitions are defined by leaders assuming new roles in the occurrence of mergers and acquisitions, divestitures, compensation, or restructures (Chinyamurindi, 2012; Manderscheid & Ardichvili, 2008). Emerging research presupposes that leader transitions will be dramatically impacted over the next decades that are characterized by increasing complexities of shifts in population, change in cultural diversity, and the ways that people work, are all elements of the backdrop of executive transitions (Fouad, 2019; Gerstorf et al., 2020).

Transitions are also defined as a period between leadership roles (Watkins, 2003). Additional definitions of transition in the literature are described by the time from the promotional move or entry into the organization through the first 18 months in the chief role (Chandran, 2015; Chandran et al., 2015; Wiggins, 2019). Variations in the length of transitions range from six months to up to three years (Downey, 2002; Gabarro, 2007; Gilmore, 1988; Manderscheid & Ardichvili, 2008; Watkins, 2003). Successful transitions are denoted by how aligned objectives are to garner support and deployment of the organization's resources during the CEO's tenure (Chandran, 2015).

In addition to the physical change and timeframe of transitions, the literature also defines the psychological processes leaders undergo. Bridges (2019) asserts that a continuous psychological process exists that requires learning new perspectives and adopting behaviors in concert with the leadership transition. Transition happens simultaneously with the psychological process and the leaders' experiences of anxiety, stress, or alienation. The psychological demands that leaders experience in adapting to more senior levels in the organization are part of the transition process (Gill, 2017). Conversely, if sufficient psychological conditions exist that constitute a transition experience, it is argued that a physical change is not required (Ashforth, 2001).

CEOs are positioned at the pinnacle of the organization. Chief executive transitions are unique because of the critical success factors associated with the position in organizations (Wiggins, 2019). Managing the departure of one leader and finding the next is latent with risks to the organization's stability. Hiring the wrong leader is the most salient risk that causes a threat to the viability of the organization (Nazemian, 2021). The literature highlights the challenges of leadership transitions and the associated costs of failure (Charan et al., 2011; Watkins, 2013). As chief executives in the baby boomer generation age over the next decade, many will step away from their positions which will open opportunities for the next generation of CEOs (Byrnes & Taylor, 2015). The likelihood of chief executives adjusting theory perceptions, interpretations

and understanding of the role, themselves in the role over time makes transitions unique in the experience of reconstructing their beliefs and actions of their current interactions and experiences that contribute to organizational change (Tsoukas & Chia, 2002).

History of the Study and Practice of Executive Transition

Evidence-based studies on chief executive transitions related to this study is limited in the literature. Instead, practitioner opinions, models, commentaries, and quantitative reporting on chief executives' movement dominates the literature with a broader tilt to leadership transitions. Khaliq et al. (2006) describe executive appointments as a traumatic event for hospitals that impacts staff, patients and communities (Weil, 2006).

Healthcare is lagging behind other industries and corporations in succession planning and retaining senior leadership talent (Blouin et al., 2006; Collins & Collins, 2007). Succession management as a business strategy in healthcare began gaining momentum from the escalation of the supply and demand concerns escalated for knowledge workers and nursing (Carriere et al., 2009; Collins & Collins, 2007). A lack of consistent workforce planning by hospital systems has resulted in a dearth of successful succession planning frameworks and strategies for executives as well as mid-level leaders in the healthcare industry (Carriere et al., 2009).

Succession planning and management is a systematic endeavor to ensure leadership continuity, protect intellectual capital and preserve institutional knowledge for the future viability of an organization (Hassan & Nasibollah, 2016). Research shows that 97 hospital CEOs changes in 2022 with reasons varying between retirement, termination, pursuit of new opportunities or stepping down to take on other high level roles within the same organization (Baxter, 2022; Bean, 2020; Challenger, Gray & Christmas, Inc., 2022). Garman and Tyler (2004) research showed that only 15% of independent hospitals had a succession plan for the sitting CEO. This highlights the ongoing reticence of some boards and incumbent CEOs to plan for executive transition. Kovner (1988) argues against external successors based on the

premise that the success of a CEO at one organization is not a predictor of success at another primarily because the other organization may be facing fundamentally different business challenges.

Rothwell (2015) states that absence of succession, organizations will face problems such as: critical positions going unfilled, lack of provisions for replacing potential leader exits, capability gaps among the successors in the organization and diminished retention of talent in the organization. Failure to have a multi-tiered transition process potentially has adverse consequences with other key members departing the organization. An examination of CEO turnover over a 20-year period shows attrition ranging from 14 to 20% in 2002 and remaining at a steady rate through 2022 (ACHE, 2022b; Challenger, Gray & Christmas, Inc., 2022; Healthcare Executive, 2003; Khaliq et al., 2006).

Taking into consideration the turnover of CEOs, research indicates chief level transitions ensue with changes made at the top of the pyramid. Khaliq et al. (2006) research amplified the point that CEO transitions may trigger other chief executive level leader exits. The categories of chief executives and support functions included: chief operating officer, chief human resource officer, chief financial officer, chief nursing officer, chief medical staff officer, chief information officer, vice president, associate administrator, and assistant administrator. The data from respondents is shown in Figure 10, indicating that 97% indicated that within one year after the CEO left the organization vice presidents departure as well. Similarly, the CEO participants of the survey reported 77% of the chief medical staff officers, 42% of chief financial officers, 52% of the chief operating officers, 37% of chief human resources officers, 26% of the chief nursing officers, and 14% of the chief information officers occurred within one year of the CEO turnover.

Figure 10

Senior Executive Team Influence of Chief Executive Departure

Senior Executive Team Departures
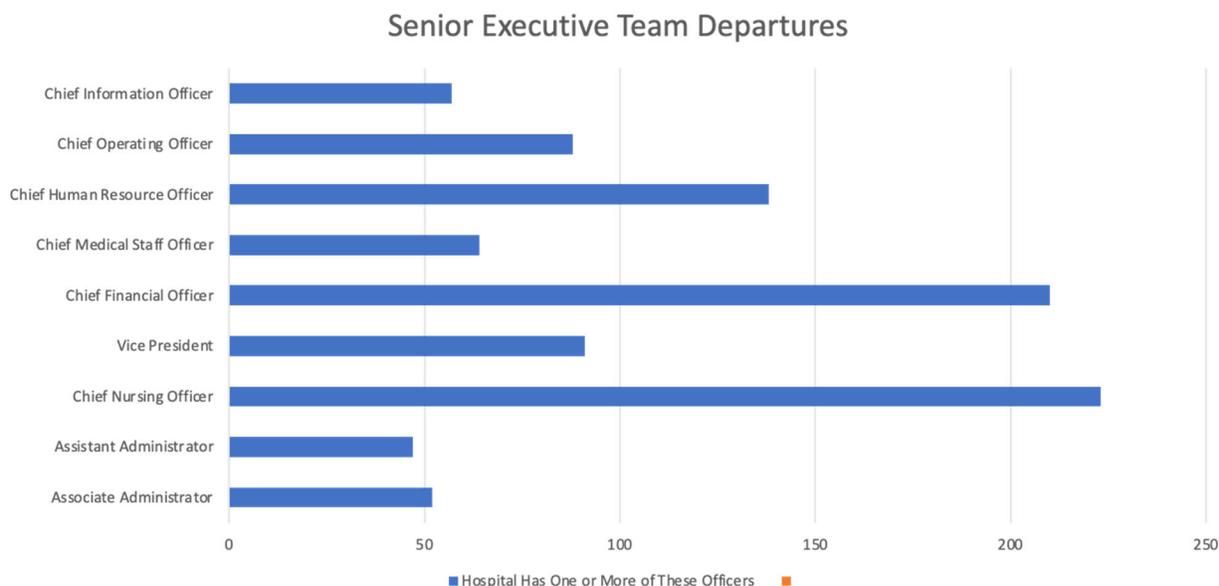
Note. Original figure created based on *The Impact of Hospital CEO Turnover in U.S. Hospitals: Final Report*, by A. A. Khaliq, D. M. Thompson, and S. L. Walston, 2006. Department of Health Administration and Policy, University of Oklahoma. (https://www.ache.org/-/media/ache/learning-c enter/research/hospital_ceo_turnover_06.pdf). In the public domain.

While the escalated turnover for healthcare CEOs is stabilizing, hospitals remain the epicenter of challenges. The multifactorial factors of change place extraordinary strain on leading through uncertainty. Staffing needs and demand shortages, inflationary operating pressure, geopolitical unrest, and legislation on adoption are amongst the pressing factors in consideration for transitioning executives.

The Executive Transition Process

Bridges' (2009, 2019) distinction between change and transition is applicable to this study. The phenomena are differentiated as change becomes the circumstance that affects the person and transition reflects the process of cognition and psychological sensemaking ignited by the change (Bridges, 2003). In contrast, Ashforth (2001) argues that a physical change in roles is not a requirement when the changes in the psychological conditions sufficiently constitute the experience of a transition. Transitions are referred to as an integration and further

explained as the way a leader builds awareness and understanding of the organization's purpose, strategic goals, and preferred performance expectations (Bond & Naughton, 2011).

A key factor of the distinction is that changes are experienced as an event that is defined by its outcome-driven to reach a goal. Transitions begin with letting go of elements that no longer serve a person's situation or inadequately provide for the current stage of work or life they are experiencing. The premise outlined suggests unless transition happens, change will not work, because it does not stick. A transition is explained as an event that disrupts the roles, relationships and routines of the people experiencing the transition (Chickering & Schlossberg, 2002).

Every transition begins with an ending as a process that occurs over time (Schlossberg, 2011). Bridges (2019) purports that transitions mark the turning points on a pathway of growth as a natural progression of disorientation and reorientation. The model of change outlines transition over three stages that incite individual and psychological changes: ending, neutral zone, and new beginnings (see Figure 11). Letting go resemble grieving of what people have to let go of before incorporating new ways of being, ending, neutral and new beginnings. As Bridges (2003) describes, ending is letting go of what will no longer exist and managing the loss. During the neutral time, psychological realignment happens to shift from old to new realities. The third stage is new beginnings where new identities and values emerge and the momentum of energy returns. While we are cognitively aware that a change is occurring, we are less attuned to our emotional response to the phenomenon (Bridges, 2003, 2019). Paying careful attention to emotional responses of transitions through each stage increases the likelihood that positive changes will have a lasting effect and that difficult changes will give way to the possibility of healing and growth (Bridges, 2003; Shy & Mills, 2010).

Figure 11

Bridges' Transition Model
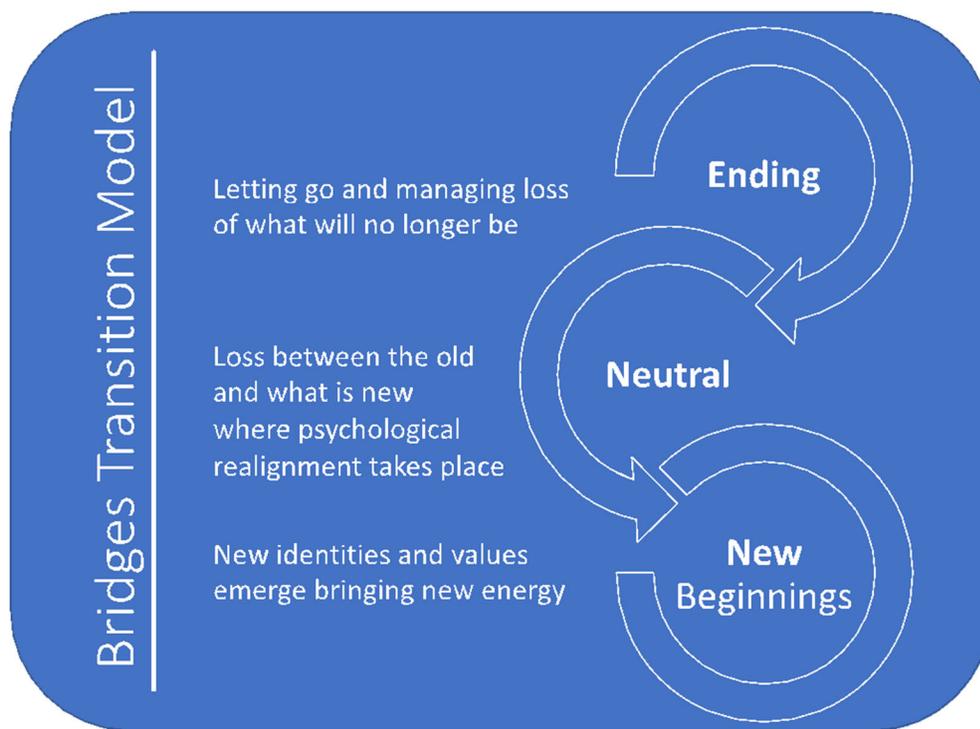
Note. Original figure based on *Transitions: Making Sense of Life's Changes*, by W. Bridges, 1996, Nicholas Brealey. Copyright 1996 by W. Bridges.

Schlossberg (1981, 2006, 2011) defines transition as "any event, or non-event, [which] results in changed relationships, routines, assumptions, and roles" (Anderson et al., 2012, p. 33). This definition embodies the thought that a transition only exists if the person experiencing it considers it to be a transition. Change occurrences may not be considered a transition if the individual does not place much meaning or significance on the change. Schlossberg's Transition Model (2011) theorizes four domains (4Ss) as diagrammed in Figure 12: (a) situation at the time of the transition (p. 45); (b) support from people that encourage and the assets that strengthen the transition; (c) self, the identity of a person related to the level of optimism and dealing with ambiguity wherein personal demographic factors like age, social economic status, health, wellness, gender, culture and psychological elements like resiliency, optimism, and spiritual

outlook are concurrently taken into consideration; and (d) strategies that present ways and functions of coping (Anderson et al., 2021).

Figure 12

Schlossberg's Transition Model
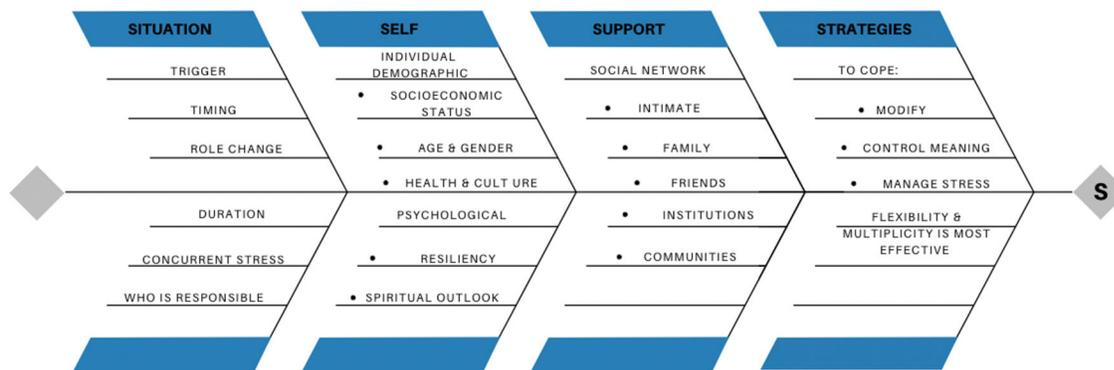
Note. Original figure based on *Counseling Adults in Transition*: *Linking Schlossberg's Theory with Practice in a Diverse World* (5th ed.), by M. Anderson, J. Goodman, and *N*. Schlossberg, 2021, Springer. Copyright 2021 by M. Anderson, J. Goodman, and N. Schlossberg.

Succession planning and transition planning outline various phases of leader transfers that require attention to each phase and stage of the processes (O'Kelley, 2018). If a succession plan exists it is a pathway of starting a chief executive transition. To make succession work, a proactive business strategy is essential to ensure qualified, internal people are identified to assume the next level up leadership positions as vacancies occur (Bonczek & Woodward, 2006; Carriere et al., 2009; Schmalzried & Fallon, 2007).

Transition planning encompasses candidate selection decisions and steps associated with the transference of the role from the incumbent CEO to the new CEO. The steps of successful transition planning engage the organization's key stakeholders. Concerted efforts are required to keep the top leadership focused on the business, on value creation for the organization and routinely identify potential areas of stress so that it is proactively alleviated (O'Kelley, 2018).

Executive transitions are commonly characterized as high-stakes and high-tension (Dierickx, 2018). Success in a chief executive transition is denoted in several ways. Time in

position is one success measure that is quantitatively highlighted in the literature. According to the literature, across industries, two to three years is the span of time that is commonly allotted for new CEOs to demonstrate progress in the financial performance and culture (Ciampa & Dotlich, 2015; Ciampa & Watkins, 1999; Dworkin & Goldstein, 2014). The notation that new leaders have 100 days to make the transition is purported as a myth (Gaines-Ross, 2002). This myth is demystified in Figure 13 presenting a case that transitions both internally placed CEOs and external hires take longer than 90 days to make a mark on the organization which is in contrast to Watkins (2003) work entitled *The First 90 Days*. To achieve success, new leaders need sufficient time to develop their vision, gain the support of followers, build or rebuild the team's capabilities, earn credibility and reinvigorate how the organization does business (see Figure 14).

Figure 13

Time Needed for Chief Executives to Become Productive
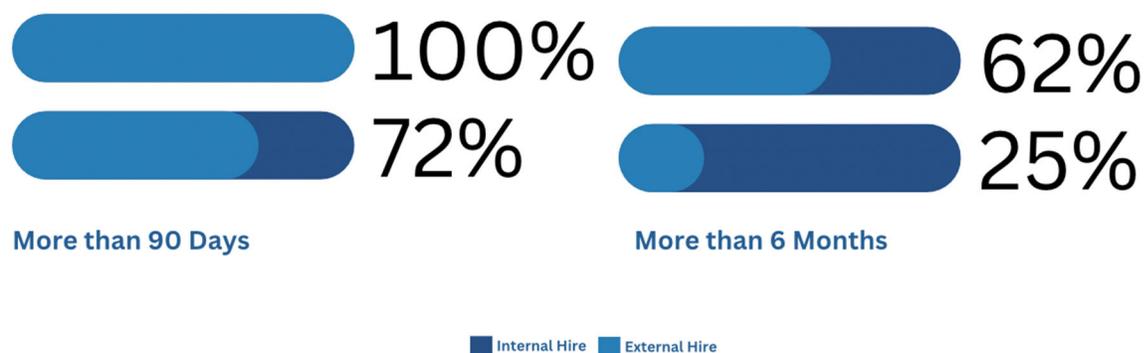
Note. Original figure created based on *CEO Capital: A Guide to Building CEO Reputation and Company Success*, by L. Gaines-Ross, 2002, Wiley. Copyright 2002 by L. Gaines-Ross.

Figure 14

Time that Chief Executives Needs for Specific Tasks

Note. Original figure created based on *CEO Capital: A Guide to Building CEO Reputation and Company Success*, by L. Gaines-Ross, 2002, Wiley. Copyright 2002 by L. Gaines-Ross.

The duration of CEO transition varies across industries and sectors. Research across multiple industries is estimated to range between six and nine months (Ciampa & Watkins, 1999; Gabarro, 2007; Gilmore, 1988; Watkins, 2003). While further research studies suggest transitions may range from 18 months and extend up to three years (Downey, 2002; Levin, 2010; Manderscheid & Ardichvili, 2008). Some researchers opine that the transition period starts on the first day of the executive's new role (Gabarro, 1987; Gilmore, 1988; Watkins, 2003).

Conversely, other researchers suggest that the transition period begins from the offer and acceptance stage, happening well in advance of the leader stepping into the new role (Petrock, 1990). Wiggins (2019) highlights the notion that as soon as a decision is made for an executive transition, preparations happen for the organization and the leader, which is a combination of physical and psychological. While arguments exist on when transitions actual begin, it is undisputed that there is a need to identify elements of how to increase the success criterion given the high stake of turnover in failed transitions (Dierickx, 2018; Dierickx & McGill, 2007).

Multiple practitioners and authors suggest transition steps for executive transitions. Once it is determined that a role transition will happen, steps are in order to begin the process which many authors characterize as stages or phases. Watkins (2003), Watkins (2003) refers to three phases: preselection, pre-entry, and taking charge. Transition begins at the moment the leader realizes they are being considered for a new role. The pre-entry phase happens once the leader has been selected and the official start date launches the taking charge phase (Watkins, 2003). Gabarro's (2007) research examined what happens when leaders take on larger new jobs.

The 3-year longitudinal study charted two sets of ten historical case studies of leader succession. Leaders who assume the role of leadership of large organizations must traverse through predictable stages to achieve mastery of the job. Specifically, Gabarro's (1987, 2007) findings outlined: leaders' ability to get up to speed took considerably longer than predicted; successful transitions tracked predictable stages which include two sit-back-and-watch periods of immersion and refinement; outsiders take longer to take charge than industry insiders; and a high quality working relationship with a boss dramatically increased the leaders' likelihood of success. Most importantly, the research findings showed that transitions take a long time.

Roles in the Transition

Birshan et al. (2016) reported as many as 74% percent of U.S. leaders think they are unprepared for their new CEO roles (Paese & Wellins, 2015). Over 402 CEOs from 11 different countries were surveyed admitted they were not fully prepared for the personal and interpersonal aspects of the transition and the role (Najipoor-Schutte & Patton, 2018). In the study, 29% of the CEOs reported that their organization appropriately supports new leaders.

Several key constituents are involved in the process of transitioning chief executives. The process of transition takes on a triangulation approach that includes multiple actors: the board of directors, the chief human resources officer (CHRO), the incumbent CEO, and the new CEO on behalf of themselves. Boards are the primary actors based on their fiduciary responsibility of selecting the chief executive. Most leadership transitions the board pays attention to are

narrowly focused exclusively on the search process (Valtas Group, 2019). However, the board must shepherd the process of the successor's transition which begins with preparation, followed by serving as a sounding board and providing feedback and advice (Tuomala & Yeh, 2018). During preparation, boards seek to understand the requirements for success that will lead to a clear path on resources and constraints that will need to be navigated for an effective leadership transition (Najipoor-Schuette & Patton, 2018).

Dierickx and McGill (2007) asserted that the board of directors, senior leaders, incumbent CEO and the chief human resources officer all play pivotal roles in executive transition. Whereas the board needs to hold incumbent CEOs accountable to performance and offer the right amount of oversight and guidance, senior managers must prepare the organization for the new leader and help the organization's employees, structure, and processes adapt to the new leader's vision. The chief human resources officer is responsible for coordinating the process and acting as an internal advisor to the process. Finally, the new leader holds the ultimate responsibility for directing the transition process and achieving success.

Chief human resources officers play a significant role in ensuring CEO transitions (Ciampa, 2015). Several areas in which the chief human resources officer can help senior transitions include serving as an internal advisor to the outgoing and incoming CEO; managing administrative aspects of the change; facilitating communication between the board and the senior managers and being instrumental in assisting the new CEO to strengthen ways the senior team works well together (Ciampa, 2015; Meinert, 2015). There is a gap in the literature on the instrumental role chief human resources officers play in transitioning CEOs in concert with the role of the board of directors and the incoming CEO.

The tertiary responsibility of transitioning is the role that the chief executives themselves play in their transition. In the study of CEOs across 11 countries, 79% agreed with the statement that they needed to transform themselves as well as the organization. Transitions at the top are

repeatedly reported to fail when major players are unprepared, ignore, or underestimate the critical complexities of the process. Ciampa and Dotlich (2015) explain the confluence of two factors that contribute to transition complexity: (a) adjustments required by the key constituents and interactions between them: the sitting CEO, the board, senior leaders, and the CHRO and (b) systemic organizational adjustments associated with the transition: cultural, political, operational and strategical.

Circumstantially, the outgoing CEO and other key constituents would be involved in the transition of the new CEO. Transition management teams provide a crucial role in the overarching health of the organization during a time of significant change (Ciampa & Dotlich, 2022). Included in this group are representations from multiple stakeholders that include perspectives from patients, community partners, frontline leaders, and different dimensional diverse voices from within the organization's workforce (Nazemian, 2022; Carriere et al., 2009). Transition management teams play a crucial role in sustaining the organizational health during times when there is flux and a need of strong strategies, as well as high talent engagement.

Success and Failure Rates

Research suggests that, in general industry, the first 18 months of the tenure of a new CEO are a critical period in the transition of a newly appointed chief executive (Nazemian, 2021; Watkins, 2013; Wiggins, 2019). Ciampa (2005) suggests that approximately 40% of new CEOs are dismissed within this time. Success is measured by the company's success (Birshan et al., 2016). Studies showed nine out of ten leaders who had a successful transition lead their teams to meet their three-year performance metrics. Indicative of successful transition is longer tenure or time in position for the CEO. Benefits of successful transitions are baseline productivity levels that are achieved in a shorter time and the importance of new leaders managing attrition risk (Nazemian, 2022; L. Wheeler, 2009; S. Wheeler, 2013).

Several researchers noted that the failure rate for executive transition has remained at 40% for more than 15 years (Ciampa & Dotlich, 2015; Fisher, 2012), while Wright et al. (2018)

estimated the success rate as ranging between 54% and 73%. Although these statistics have remained relatively consistent over the last several years, average tenure of CEOs across all industries has continued to decline. The more rapid turnover may be the result of the increasing difficulty of leadership roles due to complex, competitive and resource-constrained environments (Paese, 2012; Wiggins, 2019).

Participants in the research consisted of 22 board of directors who combined served on a total of 135 boards that ranged an average of 6.1 per interviewee with active involvement in 97 CEO successions. Of the 97 CEOs, the board member characterized the success rate as 67% which represented a successful CEO succession decision by the board. On the other hand, 28% of CEO succession decisions failed with another 6% tilting toward failure (Wright et al., 2018). Research conducted by Development Dimensions International (Paese, 2021) concluded based on a meta-analysis of transition studies that external executive hires have a lower success rate (53%) compared to executives promoted internally (65%).

The Effect of Executive Transitions

CEO transitions have been described as trigger events that ignite other organizational or individual changes (Bridges, 1996; Schlossberg, 2011). Successful executive transitions resulted in lower risk of attrition, higher discretionary contribution to the work, greater revenue, and profit. Results achieved within the first 18 months is one measure of success. Ciampa (2021) points out that success is demonstrated through a substantial critical mass of followers who have accepted the leader. Additionally, the future career trajectory of the CEO with the likelihood of being considered for greater promotions externally after the completion of one or more successful transitions (Nazemian, 2019).

In contrast, CEO transition failure has far-reaching implications that adversely affect hospitals and their communities, such as compromised community outreach programs, development of new services, physician recruitment, and maintenance of clinical care provider relations (Khaliq et al., 2006). Further, failed CEO transitions thwarted strategic planning,

negatively impacted hospital culture, and diminished employee morale (Murphy & Zimmerman, 1993). However, there are opposing positions that CEO turnover has a positive impact on financial performance, staff engagement, and board relations (Khaliq et al., 2006; Murphy & Zimmerman, 1993; Wilson et al., 2000). Unsuccessful transitions also can give competitors the opportunity to seize a recruiting advantage of people unsettled by the circumstances. Competitors frequently sought to recruit the hospitals' physicians, attract its patients, and recruit its key employees between 39 to 45% of the time when a chief executive transition occurred (Khaliq et al., 2006; Nazemian, 2021). Bharucha and Dial (2013) found in their research on executive transition that direct reports were more likely to leave the organization or be disengaged following executive transition.

Chief executive transition also tends to create a ripple effect through the rest of the executive team. Khaliq et al. (2006) found in their study of more than 2,100 hospital CEOs that executive team turnover was elevated within one year of the chief executive transition, with 77% of chief medical officers, 52% of chief operating officers, and more than one third of chief executives in finance, human resource, and information systems leaving the organization. Multiple transitions at the chief executive level ignite downstream complexities of business operations, additional leader exits or leader disengagement that transcends to the workforce (Khaliq et al., 2006). The Conference Board's (2012) study magnifies impact of a decline in productivity of a struggling executive transition, reporting a statistically significant difference among direct reports that work with a high-performing and well transitioned executive. The findings suggested that organizations that experienced struggling transitioning executives performed, on average, 15% lower than organizations with successful executive transitions.

Contributors to Transition Outcomes

Wright et al. (2018) researched the phenomenon of factors that affect CEO succession. Paese (2021) presupposed that the underlying factors of chief executives' transition failure are not a new phenomenon. Complexity is inherent in a leadership transition because it is not a

singular transition. The process is multifaceted with various moving parts that exist through interdependent steps with one-third of the senior executives leaving their positions within 18 months of the appointment (Ciampa & Dotlich, 2015; Williams, 2010).

A second perspective is that executives are unaware of the undermining factors that impact failed transitions. Boards have forced CEO departures at the rate of 46% which impacts the organization's financial and human capital costs (Dierickx & McGill, 2007; Fatemi, 2016; Tonello et al., 2009). The board, chief executive team members, and the CEO themselves are surprised by the failed transition (Paese, 2021). Nazemian (2022) asserted that the new leader's demeanor during onboarding is crucial, as people watch what the new leader pays attention to as employees seek understanding about what the new leader values.

Examination of external versus internal executive transitions provides additional insights about the causes of transition failure. Externally recruited executives face greater challenges in transitioning into the chief role primarily due to the lack of understanding of the organization's culture and need to establish critical relationships (Charan et al., 2011; Ciampa & Watkins,1999; Dai et al., 2011; Dutton, 2010; Manderscheid & Harrower, 2016; Watkins, 2009; Wiggins, 2019; Zhang, 2008). Nazemian (2021) grouped the top contributing factors for executive transition failure into three categories: politics, people, and culture. Regarding politics, new executives may fail to properly read nuanced political situations that enable building alliances and essential relationships. Regarding people, incoming executives may fail to build collaborative teamwork with staff and peers and further may miscalculate the willingness or the capacity of the people they inherit to abandon deep-rooted habits and behaviors. Regarding culture, new executives may fail to understand and modify the cultural norms and practices or fail to realize the cultural changes their strategic and operational agendas require.

Schein (2010) asserts that organizational culture is a substantial feature of any company that emerges and is reinforced by long-term social learning about the environment, needed behaviors, and the purposes of the organization (Gilmore, 2003; Schein, 1985, 2010; Tierney,

1986). Accordingly, culture tends to be resistant to leaders' intentional manipulation to establish a particular climate. Moreover, the boards of directors that select and install new chief executives tend to underestimate the role of culture in strategy execution and the time that is needed for any culture change (Carucci, 2017; Nazemian, 2021). Nazemian (2021) advised that it can take two to three years to realize the impact of the new CEO's decisions on financial results. He further asserted that culture is one of the most crucial elements of successful organizations and that researchers should examine culture as an overarching cause of executive transition failure.

Internal executive transitions as a result of a promotion share some of the same critical success factors as the external hire. However, there are some elements that are uniquely and distinctively different in the internal promotion. Managing previous colleagues who were laterally equivalent on the organizational hierarchical ladder and have not subscribed to the newly minted leader's ascension (Charan et al., 2011). There is data that purports that it is more challenging for an internal promotion to manage existing relationships (Charan et al., 2011; Wiggins, 2019).

Successful transitions at the executive level would create substantial benefits to any organization (Dai et al., 2011; Watkins, 2019). Therefore, increasing success factors and mitigation or minimization of obstacles is an important focus for all key stakeholders in the transition process. People's perspective of who or what is responsible for the transition affects their appraisal of themselves, the environment and the overarching. Individuals' attributions about the situation and about self are elements of consideration when assessing transitions success (Anderson et al., 2021).

A concept that predicts how a person will negotiate transitions is self-efficacy. Bandura (1977, 1986, 1997) coined the term self-efficacy to describe a belief that people own their life and have an impact on their environment. The theory goes further to suggest that it is an individual's belief they have the capacity to implement behaviors necessary to generate specific

performance attainments. Self-efficacy reflects a person's confidence in their ability to exert control over their behavior, motivation and social environment (Bandura, 1977). In other words, self-efficacy in the context of transitions provides an individual with confidence and the capacity to fix their own actions. Outcome expectations is another theory addressed by Bandura (1986) that is defined as anticipated consequences, either positive or negative, as a result of engaging in self-directed career and organizational behaviors to accomplish goals (Anderson et al., 2021; Bandura, 1986, 2001; Fasbender, 2019; Lent, 2013; Lopez et al., 2015). Self-efficacy proposes a construct to explain behaviors in the face of obstacles (Anderson et al., 2021).

Self-awareness is another dimensionality of the considerations of successful transition outcomes. Silvia & O'Brien (2004) describe self-awareness as an individual's ability to self-evaluate by turning attention on self in a focused way. Research shows that self-awareness in leadership roles is a critical key factor of high performance as well as an indicator of a duration of career success (Church, 1997; Sala, 2003). A growing body of empirical research postulates an association between self-awareness and successful leadership (Ashley et al., 2012).

Higgs and Rowland (2010) researched reasons change fails in organizations. The research focused on illuminating the broad contextual factors affiliated with the change process. A key consideration on change implementation hinges on the leaders' understanding and recognition that they act within the complexity of organizational systems (Higgs & Rowland, 2010). Interviews with leaders from 33 organizations in a leadership role that were involved in organizational change framed the researchers' premises on self-awareness associated with success or failure of a change imperative. Leaders' lack of knowledge of systemic issues, consciously or unconsciously, reinforces nuanced behaviors and patterns that impaired the implementation of change or reinforce systemic attributes that sideline progress (Goodwin, 1978; Higgs & Rowland, 2010; Higgs & Rowland, 2005; Rowland & Higgs, 2008). Analyses of the data indicated two divergent outcomes. Leaders' that focused more on their individual needs were blind to organizational systems resulting in limited success of change interventions.

Conversely, leaders who exhibited behaviors that amplified high degrees of self-awareness, ability to be present in the moment and sustain relatedness to the overarching purpose of the change, were involved in successful change efforts. The research supports the complex view of change that requires an understanding of the underlying systemic structures (Higgs & Rowland, 2010; Senge, 1990; Weick, 1995).

Special Considerations in Hospital Systems

Every organization experience leadership changes that may be planned or unplanned. The pace of CEO transitions at large U.S. hospitals shows an uptick from previously recorded annual exits that range between 13% to 18% per year, with average hospital CEO tenure of five years and annual turnover statistics averaging 17% since 2012 (ACHE, 2022b). Top executive turnover has major implications for any organization; yet, the circumstances and impacts of hospital CEO transitions have not been fully investigated as a catalytic change for the organization (Khaliq et al., 2006). This is a significant omission in research, as large hospital system CEOs play a unique role of leading the mission, organizational culture of a highly specialized workforce.

While organizations are known to have layers of complexity that must be considered in CEO transitions (Watkins, 2009), large teaching hospital systems' tripartite mission makes executive transitions unique because of the revolution that is underway that is fundamentally changing how academic medical centers operate as well as how they are being led (Enders & Conroy, 2014). CEOs of large health systems will transition during a time of industry disruption, financial constraints, changing economic dynamics, marketplace consolidation, and a keen focus on lower cost structures while improving patient quality require chief executives to consider new operating models for academic medicine (AAMC, 2021). Every aspect of academic medical centers are undergoing transformation: how care is delivered, new ways of educating students and residents in new modalities, how the research enterprise is organized

and funded, and how the tripartite missions come together in a new way that adds value to the system (Enders & Conroy, 2014).

Physicians' and clinical teams' dissatisfaction with the way they are managed lies in the misalignment of their individual orientation of how they were trained which contrast with the current demands of healthcare systems (Edwards et al, 2002). Hospital CEOs who are not from a clinical background or are not medically qualified are more prevalent in running large health systems creating the potential for discord with medical practitioners who need to be involved in the functioning of a hospital (Chadi, 2009). An omnipresent duality prevails between clinical practitioners and CEOs: physicians do not want to engage with CEOs who are not understanding of their reality of patient care (Chadi, 2009; Clark & Morgan, 2007; Dowton, 2004).

Literature on leadership transitions has increased over the last decade, with most publications coming from search firms or consulting organizations (Manderscheid & Harrower, 2016). Levin (2010) highlighted that the reality of leader transitions in practice outpaced research that is qualitatively based on empirical findings to define critical factors that differentiate between success and failure. The dearth of research on chief executive transitions in large complex systems indicates the need to better understand how the success of these pivotal events may be enhanced within healthcare organizations. In particular, the growing complexity of large hospital systems' environments and accelerating pace of change within the healthcare industry indicate that additional research is required. The next section examines research on the complex environments hospital systems are facing. Namely, their environments are marked by multidimensional change that exerts specific pressures on these organizations and their leaders.

Multidimensional Change and Executive Transition in Hospital Systems

Multidimensionality is a relevant description of the confluence of aspects that leaders are addressing. Multidimensionality is defined as "the quality of a construct that cannot be

adequately described by measuring a single trait or attribute" ("Multidimensionality," 2023). The adjective multidimensional describes anything with many different parts, dimensions or aspects. Multifactorial aspects of change are occurring in healthcare concurrently with executive transitions: clinical and workforce challenges, supply chain availability and financial buoyancy, as aforementioned. Transitions and organizational change are constant dimensions for healthcare systems. The literature postulates strategies for managing successful change as environmental factors continue imposing volatility on businesses (Nelson & Pilot, 2015). For the purpose of this study, multidimensionality was examined in the context of organizational culture and change during executive transitioning. Research indicates that an entire industry can experience the impact of decisions when one major organization's leadership establishes policy or practice changes (Derenoncourt et al., 2021, 2022; National Bureau of Economic Research, 2021).

Large hospitals are facing significant pressures that create workforce and organizational challenges leading to various types of multidimensional change (Derse & Bateman, 2021). A survey of 85 US healthcare leaders predicted the outlook of the healthcare workplace in 2023. Of the respondents 66% worked in the C-suite or on the Board of Directors, 22% were senior Vice Presidents and 12% were Vice Presidents. Findings from the survey showed that 52% predict labor and workforce issues will be their biggest challenge over the next 12 months. In addition, 24% of respondents are considering layoffs in the next 12 months with 13% currently in the process of workforce reductions (Bean, 2020). The literature highlights the environment in which healthcare is operating is rapidly changing (Bean, 2020; Swanson, 2022). In this regard, every healthcare system should assess the impact of anticipated changes to its external labor market in concert with the effect on people and patients (Derse & Bateman, 2021).

Hospital systems face indelible paradigm shifts in doing things differently from how they have done for years. Shifts in the economy and the workforce continue to add complexities to leadership challenges in leading academic hospital systems (Lantz, 2008; Weintraub & McKee,

2019; Wheatley, 2010). As turnover among healthcare executives continues to reach new levels, the dilemma of continued disruption will exacerbate within the industry and hinder hospitals' organizational performance (Wheatley, 2010).

Despite organizational change research existing for more than 70 years, there is minimal knowledge about how multidimensional change factors intersect or co-exist, leaving leaders with experimentation to build experience over time (Donald, 2019b). Milella et al. (2021) asserts, the healthcare industry is experiencing accelerated multidimensional change rendering an urgent need for organizational change. Each transition disrupts business as usual. Simultaneous with turnover rates for hospital CEOs increasing, innovative approaches to caring for patients and workforce challenges have hoisted change. Change accelerators serve as transitions that push the limits on people's comfort zones. Managed properly, change can benefit organizations (Milella et al., 2021).

Change in an organization is disruptive and creates uncertainty among its members (Khaw et al., 2022; Martin, 2013). Regardless of the change endeavor in contemporary organizations, the prevalence of resistance is substantial. Khaw et al. (2022) asserted that uncertainty creates multiple concerns, such as fear about what is happening, and unchecked uncertainty nurtures resistance (Ford et al., 2021). Even if changes are good, research suggests people do not like feeling voiceless, incompetent, or anxious (Kotter, 1995; Kotter & Cohen, 2012).

As routine practices and protocols change, the existing knowledge and skills undermine people's ability to perform confidently and succeed (Bolman & Deal, 2017). Congruity affords people to experience life as "orderly, predictable, familiar, and safe" (Bailey & Raelin, 2010, 2015). Thereby, it stands to reason that change makes people question their orderly routines, causing them to feel threatened (Bailey & Raelin, 2010; Martin, 2013). Change undermines existing structural constructs, creating ambiguity, confusion, and distrust (Bolman & Deal, 2017). When this occurs, people question what is expected of them or what they can expect from other

members. Change at the top, or in general, by some members means the elimination of the status quo causing individuals and groups to lose their power in an organization (Bolman & Deal, 2017; Martin, 2013; Watkins, 2013). In this regard, members work in contradiction of change to ensure they maintain their power.

Multidimensional organizational culture change during chief executive transitions affects the positive work environment that promotes employee experiences, engagement, and productivity. In healthcare, the multidimensional change that occurs during chief executives' transition affects people's lives and livelihoods. Gone undetected or managed, chief executive transitions that affect the livelihood of people and the way they work ultimately transcends to patient care (Bailey & Raelin, 2010; Gebreyes et al., 2021; Martin, 2013; Swanson, 2022).

In the face of rapid disruptions resulting from multidimensional change, organizations' chief executives are required to appropriately respond in ways that address the new realities. CEOs and their teams are sought out to make sense of the changing realities, to understand the new workforce patterns, clarify the organization's purpose, assess strategy to purpose and galvanize people to execute the strategy. At the heart of the matter is the chief executives' role in leading a learning organization that is agile to change. Senge (1994), introduces an analysis of systems thinking in the seminal book, *The Fifth Discipline - The Art and Practice of Learning Organization*. In this work, Senge (1994) presents disciplines of a learning organization in five categories: personal mastery, mental models, building shared vision, team learning, systems thinking. Theories that align with the topic of chief executive transitions during multidimensionality are grounded in constructivist theory.

Summary

Healthcare is the fastest growing industry in the United States and globally (Bureau of Labor Statistics, 2022). Demand for healthcare services is anticipated to grow in the coming years, triggering growth in the sector (Swanson, 2022). Furthermore, the increasing complexity of regulatory and global environments means that healthcare systems will face ongoing

pressures for change that, often, is multidimensional in nature (Derenoncourt et al., 2021, 2022). These significant changes can herald the need for executive transition. At other times, installation of new executives can be followed by the designing and implementation of multidimensional change efforts. While executive transition in general is fraught with challenge and failure rates are high, executive transition during conditions of multidimensional change are particularly challenging.

Furthermore, frameworks for enhancing the success of executive transition in large hospital systems are lacking. This gap is concerning, considering the instrumental and expanding role of hospital systems in sustaining national health and wellbeing. The present study aspires to help fill this gap in research by identifying the most important organizational practices, people and critical processes for chief executive transitions at large hospital systems during times of significant multidimensional change.

The lists below present 75 organizational practices related to executive transition that were identified in extant literature and should be carried out by the board of directors, the search firm, the CHRO, the departing CEO, the incoming CEO, the executive team, senior managers, and by multiple stakeholders in collaboration (Bond & Naughton, 2011; Ciampa, 2015; Gaines-Ross, 2002; Jones et al., 2009; Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018; Tuomala & Yeh, 2018). These behaviors concern activities to carry out in planning the transition, sourcing candidates, screening the opportunity, preparing the organization for the new CEO, and orienting the new CEO and the organization to each other. The next chapter describes the methods that were used in the present study.

Activities to be carried out by the board of directors include:

- The board of directors provides sufficient oversight of the new CEO (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018; Tuomala & Yeh, 2018).

- The board of directors identifies the needed competencies in a new CEO (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018; Tuomala & Yeh, 2018).

- Assure the board of directors remains involved as a sounding board and advisor to the incoming CEO (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018).

- The board allows incoming CEOs more than 3 months and up to 3 years to develop their vision and have an impact (Gaines-Ross, 2002; Lancaster et al., 2020; Tuomala & Yeh, 2018).

- The board establishes a CEO search committee (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018; Tuomala & Yeh, 2018).

- The board finds the executive search firm (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018; Tuomala & Yeh, 2018).

- The board develops accurate leadership and system profiles for the search (Lancaster et al., 2020; Najipoor-Schuette & Patton (2018).

- The board address the interests of internal candidates (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018; Tuomala & Yeh, 2018).

- The board deliberates and decides on a new successor (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018; Tuomala & Yeh, 2018).

- The board selects a search firm that fits the organizational culture (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018; Tuomala & Yeh, 2018).

- The board selects a search firm that understands and respects the organization's mission and vision (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018).

- The board decides whether internal candidates will be considered as possible successors and communicates this decision (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018).

- The search committee keeps the board engaged and informed throughout the process of finding possible succession candidates (Lancaster et al., 2020; Najipoor-Schuette & Patton, 2018).

- The board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role (Lancaster et al., 2020).

The chief human resources officer carries out the following activities:

- Chief human resources officer should create a transition management team to monitor and enhance organizational health during the change (Ciampa, 2015; Lancaster et al., 2020).

- Chief human resources officer should include patients, community partners, frontline leaders, and diverse voices from the organization workforce in the transition management team (Ciampa, 2015; Lancaster et al., 2020).

- Chief human resources officer should identify and address organization culture issues during the transition (Ciampa, 2015; Lancaster et al., 2020).

- The chief human resources officer serves as an internal advisor to the outgoing CEO (Ciampa, 2015; Lancaster et al., 2020).

- The chief human resources officer serves as an internal advisor to the incoming CEO (Ciampa, 2015; Lancaster et al., 2020).

- The chief human resources officer manages administrative aspects of the change (Ciampa, 2015; Lancaster et al., 2020).

- The chief human resources officer facilitates communication between the board and the senior managers (Ciampa, 2015; Lancaster et al., 2020).

- The chief human resources officer assists the new CEO to improve functioning of the senior team (Ciampa, 2015; Lancaster et al., 2020).

- The chief human resources officer coordinates the transition process (Ciampa, 2015; Lancaster et al., 2020).

- The chief human resources officer acts as an internal advisor to the process (Ciampa, 2015; Lancaster et al., 2020).

- Chief human resources officer supports incoming CEO in learning new perspectives (Ciampa, 2015; Lancaster et al., 2020).

- Chief human resources officer supports incoming CEO in adopting new behaviors (Ciampa, 2015; Lancaster et al., 2020).

- Chief human resources officer provides support for incoming CEO's experiences of anxiety, stress, or alienation (Ciampa, 2015; Lancaster et al., 2020).

- Chief human resources officer implements a succession planning framework for executives and mid-level leaders (Ciampa, 2015; Lancaster et al., 2020).

- Chief human resources officer creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities (Ciampa, 2015; Lancaster et al., 2020).

- The chief human resources officer conducts a formal review of the new CEO's performance within their first 6 months on the job (Ciampa, 2015; Lancaster et al., 2020)..

- Administrative team members focus on being open to different and new ways of doing things (Lancaster et al., 2020).
- Each executive team member should create a description of their division, direct reports, recent accomplishments, and current projects to share with the transitioning CEO (Lancaster et al., 2020).

Multiple stakeholders carry out the following activities:

- Administrative staff and outgoing CEO create a list of suggested "introductory tasks for the new CEO to consider during the first 90 days on the job" (Lancaster et al., 2020).

- Before the transition, the outgoing CEO spends time with incoming CEO to introduce them to the local community and key stakeholders (Lancaster et al., 2020).

- The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry (Lancaster et al., 2020).

- The incoming and outgoing CEO should be in regular communication leading up to the transition (Lancaster et al., 2020).

The incoming chief executive carries out the following activities:

- Administrative staff and outgoing CEO create a list of suggested "introductory tasks for the new CEO to consider during the first 90 days on the job" (Lancaster et al., 2020).

- The incoming CEO focuses on getting to know the organization's people early in the transition (Jones et al., 2009; Lancaster et al., 2020).

- The incoming CEO meets one-on-one with administrative staff and physician leaders to get to know them (Bond & Naughton, 2011; Jones et al., 2009; Lancaster et al., 2020).

- The incoming CEO holds group meetings with organizational directors (Bond & Naughton, 2011; Jones et al., 2009; Lancaster et al., 2020).

- The incoming CEO should classify the organizational projects and initiatives as, a) continue,, b) pause, or, c) gather more information (Bond & Naughton, 2011; Lancaster et al., 2020).

- Ensure incoming CEO establishes critical relationships with stakeholders outside the organization (Bond & Naughton, 2011; Lancaster et al., 2020).

- Incoming CEO establishes critical relationships inside the organization (Bond & Naughton, 2011; Jones et al., 2008; Lancaster et al., 2020).

- Incoming CEO understands the hospital's culture (Bond & Naughton, 2011; Lancaster et al., 2020).

- Incoming CEO aligns with the hospital's culture (Bond & Naughton, 2011; Lancaster et al., 2020).

- Incoming CEO develops an understanding of the reality of patient care (Bond & Naughton, 2011; Lancaster et al., 2020).

- The incoming CEO interviews board members, executive team members, director-level staff members, and local business and community leaders to formulate a deep understanding of the organization's culture, market strengths, and opportunities (Bond & Naughton, 2011; Jones et al., 2009; Lancaster et al., 2020).

- The incoming CEO understands their own preferred job profile, separate from the presented opportunity (Lancaster et al., 2020).

- The new CEO compares their preferred job profile to the presented opportunity (Lancaster et al., 2020).

- The new CEO should research the recruiting agency, the recruiter, and their recent placements (Lancaster et al., 2020).

- The new CEO should use their network to gain attention from the search committee (Lancaster et al., 2020).

- The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites (Lancaster et al., 2020).

- The incoming CEO should prepare, rehearse, and memorize a 5-minute introductory statement regarding their candidacy (Lancaster et al., 2020).

- The incoming CEO should prepare, rehearse, and memorize answers to possible interview questions (Lancaster et al., 2020).

- The incoming CEO should incorporate information from the board members' bios into interview answers where appropriate (Lancaster et al., 2020).

- The incoming CEO should negotiate the employment terms directly with the chair of the selection committee (Lancaster et al., 2020).

- The incoming CEO should meet with all management and senior leaders within the first month (Bond & Naughton, 2011; Jones et al., 2009; Lancaster et al., 2020).

- The incoming CEO should meet with all key community members to meet with during the first year (Bond & Naughton, 2011; Jones et al., 2009; Lancaster et al., 2020).

The departing chief executive carries out the following activities:

- Outgoing CEO personally informs key board members and organizational staff of the impending transition (Lancaster et al., 2020).

- The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO (Lancaster et al., 2020).

- Outgoing CEO provides advice for how administrative team members can best present themselves to the new CEO (Lancaster et al., 2020).

- Create a list of organizational projects and initiatives to share with the incoming CEO

- Outgoing CEO demonstrates confidence in and satisfaction with the new CEO to internal and external stakeholders (Lancaster et al., 2020).

- Through conversations with the incoming CEO, the outgoing CEO explains their current activities and preparations for the transition (Lancaster et al., 2020).

- Outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO (Lancaster et al., 2020).

- Outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO (Lancaster et al., 2020).

- The outgoing CEO is fully out of the organization at the time the incoming CEO starts the position (Lancaster et al., 2020).

- The outgoing CEO refrains from asking organizational stakeholders how things are going with the new CEO after the transition (Lancaster et al., 2020).

- The outgoing CEO should be part of the search committee (Lancaster et al., 2020).

- The outgoing CEO should connect the incoming CEO key internal and external stakeholders (Lancaster et al., 2020).

- The outgoing CEO should review all steps that a transition may require (Lancaster et al., 2020).

- In cases of voluntary turnover, the outgoing CEO should confirm a personal readiness to leave (Lancaster et al., 2020).

Related to search firms, the recruiter should help the incoming CEO prepare for the interview with the search committee (Lancaster et al., 2020), while senior managers carry out the following activities:

- Senior managers prepare the organization for the new leader (Lancaster et al., 2020).

- Senior managers help employees understand and adapt to the new CEO's vision (Lancaster et al., 2020).

- Senior managers adjust organizational structures and processes to fit the new CEO's vision (Lancaster et al., 2020).

Chapter 3: Research Methodology

Introduction

This chapter describes the research methodology applied to conduct the study. The healthcare industry is rapidly growing within the U.S. and around the world due to population growth, increased life expectancy, and greater incidence of infectious and chronic diseases (Bureau of Labor Statistics, 2022). However, attrition in the industry, especially at the executive level, threatens these organizations' fulfillment of their mission.

This chapter begins by restating the research questions that examine the key elements that are critical in guiding successful executive transitions in large healthcare systems. The chapter includes a discussion of the research questions, the methodology applied, an examination of the ethical considerations, describes the research design, and collects appropriate data (Kumar, 2011; Omi, 2001). Subsequently, relevant data are critically appraised for validity and reliability.

Restatement of Research Questions

This study identified strategies and organizational practices for chief executive officer transitions at large hospital systems during times of significant multidimensional change. The following research questions were examined:

- RQ1: What are the most important organizational practices for CEO transition in large hospital systems during times of multidimensional change?
- RQ2: Is there a broader framework for CEO transition in large hospital systems during times of multidimensional change that could be arrived at by further reduction of the data?

The remainder of this chapter describes the methods that were used in this study. The next section begins by introducing the research design. Remaining sections describe the procedures for recruiting and protecting participants, designing the instrument, gathering data, controlling for my bias as the researcher, and analyzing data.

Research Design

Scholars deploy research projects based on assumptions and perspectives that support

the selection of data collection methods and frame knowledge generation (Hatch & Yanow,

2008). The present study was descriptive and rely upon both qualitative and quantitative

research. Delphi methodology was used to answer the study's research questions by

identifying, collecting, and analyzing the data related to the most important critical success

factors and key elements of CEO transition in large hospital systems during multidimensional

organizational change. This study used the Delphi technique as an instrument to identify,

collect, analyze, and rate data related to the most important organizational practices of a CEO

transition in large hospital systems during times of multidimensional change.

History of the Delphi Method

Delphi nomenclature is derived from an ancient Greek mythology where an oracle

provided estimates or predictions (Sprenkle & Piercy, 2005). The RAND Corporation first

developed the Delphi technique in the 1950s for the purposes of obtaining expert opinions to

inform military strategy (Dalkey & Helmer, 1962; Sprenkle & Piercy, 2005; Winkle et al., 1981).

Skutsch and Hall (1973) advanced the Delphi technique as a methodology to ascertain precise

judgments on complex phenomena where information is unavailable. In the 1970s, the nursing

profession rediscovered the Delphi methodology (Vernon, 2013).#

Description and General Application of the Delphi Method

As originally conceived, the Delphi method "involves the repeated individual questioning

of experts (by interview or questionnaire) and avoids direct confrontation of the experts with one

another" (Dalkey & Helmer, 1963, p. 458). The Delphi technique uses this repeated process of

data gathering and analysis for the purpose of reaching agreement among subject matter

experts (Hasson & Keeney, 2011; Keeney et al., 2001a, 2001b). Following each round of data

collection, participants receive a statistical summary of the aggregate results and then are

asked to reconsider their individual responses (Couper, 1984; Goodman, 1987; Whitman,

1990). This process of rating and re-rating the importance of each CEO transition practice is continued until consensus is reached.

As evidenced by a variety of studies, the Delphi method can be used in quantitative (Friend, 2001; Garson, 2012), qualitative (Fletcher & Marchildon, 2014; Kincaid, 2003), and mixed method studies (Brady, 2015; Richards, 2000). Delphi methodology provides researchers with varied degrees of flexibility. For this reason, the approach is considered appropriate for the present study.

The Delphi method is intended "to obtain the most reliable consensus of opinion of a group of experts…by a series of intensive questionnaires interspersed with controlled feedback" (Dalkey & Helmer, 1963, p. 1). Moreover, by underscoring areas of consensus, areas of disagreement also emerge (Niederberger & Spranger, 2020). Common features across Delphi studies are protecting experts' anonymity and administering several survey rounds (Linstone et al., 2002) through four basic activities: gathering expert opinions (U.S. Department of Health and Human Services, 1992), aggregating ideas (Cuhls et al., 2015), constructing future predictions (Kanama et al., 2008; Servan-Schreiber, 2012) and consensus making (McMillan et al., 2016). Modified Delphi studies incorporate open-ended questions as part of the first-round survey (Kelly et al., 2017).

Appropriateness of Delphi Method

Delbecq et al. (1975) added that the Delphi approach constitutes "a method for the systematic solicitation and collection of judgments on a particular topic through a set of carefully designed sequential questionnaires interspersed with summarized information and feedback of opinions derived from earlier responses" (p. 10). As such, the Delphi method may be considered a "constructive effort in building knowledge by all who share in the process" (Kennedy, 2003, p. 505). Given the centrality of the experts' opinion to this method, selection of an appropriate number of suitable experts becomes paramount.

A Delphi process is a flexible consensus technique that uses surveys or questionnaires to collect experts' opinions on a particular phenomenon (Yousuf, 2007). The purpose of the Delphi technique is to test opinion consensus amongst a group of experts. Delphi's method is an iterative process that collects and distills the anonymous judgments of experts through a series of data collection and analysis techniques dispersed with feedback (Skulmoski et al., 2007). When research calls for a technique that is useful in gathering experts' and practitioners' judgments, but time, distance and other factors preclude the feasibility of consensus gathering, the Delphi method application is an instrumental technique (Yousuf, 2007).

Examples of Previous Application of Delphi to the Present Study Topic

Moreover, the Delphi technique has been applied to a number of studies within healthcare settings (Boulkedid et al., 2011; Keeney et al., 2011; Nasa et al., 2021; Niederberger & Spranger, 2020). The Delphi method also has been used to identify best practices for succession planning (Ohnmacht, 2015). The literature review supported the use of the Delphi methodology to establish consensus on critical elements of a framework for CEO transition in large hospital systems. The Delphi method is helpful when dealing with problems that "do not lend themselves to precise analytical techniques but rather could benefit from the subjective judgments of individuals on a collective basis" (Skulmoski et al., 2007, p. 2). Unlike interview methods, the Delphi method is particularly helpful for attaining consensus about the study topic (Wynekoop & Walz, 2000).

Assumptions of the Delphi Method

The assumption underlying this approach is that gaining the perspective of many experts is better and more valid than gaining the perspective of one expert (Hong & Page, 2004; Niederberger & Spranger, 2020; Page, 2008). Consequently, Delphi studies often are employed to reveal areas of consensus, which may increase the likelihood of achieving a significant result in making decisions (Ab Latif et al., 2016; Hsu & Sandford, 2007; Jorm, 2015; Morgan & Jorm, 2009). By design, the technique allows experts to anonymously exchange opinions without

undue influence from peer pressure (Goodman, 1987). Tersine and Riggs's (1976)

characterized the influences of peers as the "bandwagon effect" (p. 4) created by majority

opinion. The Delphi method can be used when there is incomplete knowledge about a problem

or phenomenon (Adler & Ziglio, 1996).

The focus on consensus reveals a fundamental assumption of the Delphi method,

Surowiecki (2004) suggests that all experts' opinions are equally valid and wise. However,

variations in expertise can affect the achievement of consensus and the trustworthiness of the

results (Thomas & Ganster, 1995).

Strengths and Weaknesses of the Delphi Method

Delphi is a useful technique where the opinions and judgments of practitioners and

experts are necessary (Goodman, 1987; Skulmoski et al., 2007). Delphi methodology is useful

where the opinions and judgments of experts and practitioners are required, but time, distance,

and other extenuating factors make it improbable or impossible for the panel to work conjointly

in the same physical location (Skutsch & Hall, 1973). It is especially applicable when experts are

unable to convene together at the same time. In general, when there is incomplete knowledge

about a phenomenon, the Delphi method works exceptionally well (Skulmoski et al., 2007).

This technique affords the "systematic solicitation and collection of judgments on a

particular topic through a set of carefully designed sequential questionnaires interspersed with

summarized information and feedback of opinions derived from earlier responses" (Delbecq et

al., 1975, p. 10). Using a systematic process of information gathering, the Delphi methodology

assists researchers in gaining consensus regarding future trends and projections through

repeated individual questioning of experts while avoiding direct confrontation between experts

(Dalkey & Helmer, 1962; Yousuf, 2007).

As such, the Delphi approach provides a mechanism for the participants to tackle a

difficult problem (Linstone & Turoff, 1975). This method can be effective and appropriate when

face-to-face meetings of experts would be impractical, infeasible, or subject to peer pressure,

influence, or groupthink that could compromise the results (Goodman, 1987; Linstone & Turoff, 1975; Rasp, 1974; Tersine & Riggs, 1976). In turn, the Delphi method is associated with enhanced objectivity and credibility due to the use of iterative rounds of data gathering and analysis (Couper, 1984; Reeves & Jauch, 1978; Thomas, 2003; Whitman, 1990). The Delphi method also is subject to some criticisms and weaknesses. For example, Goodman (1987) argued that the multiple survey rounds may encourage and promote conformity rather than genuine agreement. Moreover, there is a lack of clarity about appropriate panel size (Williams & Webb, 1993) and the measures for gauging consensus (Keeney et al., 2006). In the absence of clear guidelines, research bias can affect results (Lang, 1994). Guzys et al. (2015) further points out that criteria are lacking for gauging the quality of the data and results. To control for these limitations, some researchers advise combining the Delphi method with additional qualitative research (Jorm, 2015) and meta-analyses (Morgan & Jorm, 2009).

Overall Modified Delphi Methodology Applied in Present Study

In the present study, a qualitative Delphi method was used to answer the research questions. Various Delphi approaches exist, including traditional Delphi studies that feature an initial survey with open-ended questions (Jayaratne & Chess, 1984; Whitman, 1990), modified Delphi studies that use an initial structured survey (Murray & Hammons, 1995), and hybrid approaches that blend both (Bregar, 2019; Cukor et al., 2013; Quinn et al., 2011). The present study utilized a modified Delphi approach to make efficient use of participants' time. Each element of the study was designed with attention to the analysis unit, population, sample size, and sample size for the purpose of reaching agreement among experts on the research questions.

Participant Selection

Delphi studies require researchers to select panel members with expertise relevant to the study focus, while taking precaution to avoid simply drawing a convenience sample or those who minimally satisfy the selection criteria (Hill & Fowles, 1975). Delbecq et al. (1975) advised

that panelist "must have a deep interest in the problem and important knowledge or experience to share" (p. 88), while Powell (2003) added, "Experts should be chosen for their work in the appropriate area and credibility with the target audience" (p. 379).

To solicit recruitment of panelists for this study, a triangulated approach was used. First, a review of the literature and social media channels identified large hospital systems in the U.S. that experienced a CEO transition between January 2020 and December 2022. Next, a search of the organization the CEO transitioned from or to was used to identify the chief human resources officers and the timeframe of their employment at the institution. In addition. A keyword search on LinkedIn by the company name identified chief human resources officer affiliated with the organization.

The triangulated search on LinkedIn, social media and the website of each organization was utilized to generate the list to recruit panelists. Several aspects of the panel of expert selection are discussed in this section. Specific topics include the analysis unit, sampling frame, criteria for inclusion, criteria for exclusion, criteria for maximum variation, and sample size discussion.

Analysis Unit

The analysis unit was one chief human resources officer with at least one experience participating in a CEO transition in a U.S.-based large hospital system, defined as a multi-hospital, multi-region institution that employs more than 20,000 individuals (American Hospital Association, 2021). The search on social media affirmed that the individual was affiliated with the organization at the time of the CEO transition.

Sampling Frame

The population consisted of all chief human resources officers working in large hospital systems within the United States. The selection process for the present study began with a search on social media sites that publish turnover of hospital CEOs that was cross referenced with the American Hospital Association and Association of Academic Medical Center to

characterize exits from large hospital systems. A search of the organization website and a

LinkedIn search was used to identify the chief human resources officer of the organization at the

time of the CEOs transition. LinkedIn is a leading repository of professionals globally, making

this an ideal place from which to recruit participants. Individuals who report having a title of chief

human resource officer were identified on LinkedIn. From this list, 50 individuals were invited to

participate in the study. The survey invitation process is discussed later in this chapter. The aim

is to recruit a panel of 30 experts based on inclusion and maximum variation criteria outlined

below, to allow for attrition while achieving a final sample size of 20. The sampling frame also

included chief human resources officers from the researcher's professional human resources

group, like the Society for Human Resources Management, who meet the criteria for inclusion.

This additional effort was made to expand the range of perspectives reflected in the sampling

frame.

Purposive sampling guided participant recruitment for the present study. Purposive

sampling means that participants are selected due to their ability to provide relevant data or

insights within the parameters of the study (Bernard, 2002; Creswell & Plano Clark, 2011;

Hasson & Keeney, 2011). Participants in the present study had to satisfy criteria for inclusion,

as outlined in a later section. A purposive sample of 50 people was selected from the population

with the aim of retaining a Delphi panel size of 20. Exclusion criteria and criteria for maximum

variation (see sections below) also were applied to yield a suitable sample.

Criteria for Inclusion

Criteria for inclusion as an expert in this study are:

1. Participant has at least 6 months full-time working experience in a large hospital
   system.

2. Participant has at least 2 years' experience as a chief human resources officer.

3. Participant has at least one experience participating in a CEO transition in a large
   hospital system.

Criteria for Exclusion

Participants were eliminated if they are not available during the proposed study time frame from February to March 2023 and if they were not able or willing to participate in all three rounds of surveys during the study time frame.

Criteria for Maximum Variation

If more than 30 individuals volunteer to participate in the study, a sample of 30 was assembled with a variety of geographic locations and experience levels in large hospital systems. The criteria for maximum variation are as follows:

1. The selection of final participants first aimed to gather participants reflecting a range of years of experience in large hospital systems.

2. Panelists were not localized to any particular geographic region beyond working in the United States.

3. Panelists with the most experience with CEO transition, defined as the number of transitions they took part in, were sought.

Participants were asked these questions during recruitment (see Appendix B).

Sample Size

Sample sizes for Delphi methods vary greatly but often have a minimum of 10 participants (Akins et al., 2005), although a minimum of eight participants could be adequate (Hallowel & Gambatese, 2010). Delphi studies in healthcare have ranged from 10 to 1,685 participants (Reid, 1988). To achieve an adequate sample while allowing for attrition (Gargon et al., 2019; Hall et al., 2018), 50 individuals were invited and, from the volunteers, an initial sample of 30 was selected. This sample size allowed for transferable but not generalizable findings. Large samples allow for the surfacing of more data and more diverse opinions at the expense of participation rates, while smaller sample sizes tend to exhibit more participation at the risk of fewer opinions (Keeney et al., 2001; Linstone & Turoff, 1975; Tersine & Riggs, 1976; Williams & Webb, 1993).

Protection of Human Subjects

The aim of any Institutional Review Board is to preserve human subjects' welfare and dignity. "This process involves submitting a proposal to the board that details the procedures in the project" (Creswell, 1998, p. 115). The present study satisfied the requirements for exemption under section 45 CFR 46.101(b)(3) of the federal regulations of the National Institutes of Health. This section states:

> (b) Unless otherwise required by Department or Agency heads, research activities in which the only involvement of human subjects will be in one or more of the following categories are exempt from this policy:

> Category (2) of the 45 CFR 46.101. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation. (section 45 CFR 46.101)

The researcher filed a claim of exemption with the Pepperdine University Institutional Review Board in adherence with its policy:

> It is the policy of Pepperdine University that all research involving human panel members must be conducted in accordance with accepted ethical, federal, and professional standards for research and that all such research must be approved by one of the University's Institutional Review Board.

The panelists in this study were volunteers from the adult population who are employed in a variety of organizations and are not a protected group. No deception was used to get people to participate in the study, and there is only a small chance that they might tire of the surveys. Other than receiving a copy of the final dissertation as a reward for their participation as panelists, no other incentive was offered to study participants. Study findings were presented only in aggregate, and participants were promised that their responses would remain private. Participants did not face any undue financial or professional risk as a result of the study's data being disclosed. By participating in this study, participants were not subjected to any civil or criminal penalties.

Participant confidentiality was protected in several ways in this study. An anonymous identifier (e.g., Participant 1) was assigned to participants' responses, and the principal researcher recorded the participants' responses in a document that was secured with a password. During the interview process, pseudonyms were given to the shared data that identified them (such as names, locations, and events). After the study is finished, electronic versions of the data were stored on a secure server and then permanently deleted after 3 years. Only the principal researcher, other members of her research team, the Institutional Review Board, and anyone else required by law had access to the data while it was being stored, and only for the purpose of collecting, transcribing, or analyzing data. Participants' identities were kept private. All participants were required to provide their consent to participate before proceeding to the questionnaire (see Appendix C).

The researcher stored the study data in her home office in a separate file specifically designated for this study. Any electronic data were archived in a password-protected electronic file to further protect the data. Three years after the conclusion of the study, the researcher destroyed all stored data. The remainder of this chapter describes the study procedures.

Instrument Design

In the present modification of the Delphi method, the Round 1 instrument was developed ahead of time based on the review of literature. The following sections describe several details of this instrument. The topics reviewed include the initial list of critical items; the use, strengths, and weaknesses of the Likert scale; the validity and reliability of the instrument; pilot testing of the instrument; and subsequent round instrument modification.

Initial List of Critical Items

The panelists' perceived importance of each item representing practices related to CEO transition were measured using a 7-point Likert scale survey administered by the researcher using Qualtrics. Each item was rated in importance from 1 (not at all important) to 7 (critically

important). A survey instrument was distributed in Round 1 and Round 2 to the participants in this study.

The following questions were posed to participants during recruitment for informational purposes in anticipation of future analysis of the study data to determine any demographic patterns and help achieve maximum variation (see Appendix B):

1. How many years have you held a CHRO role?

2. How many years have you worked in a large hospital system?

3. How many CEO transitions have you been involved in?

4. In what state do you work?

Use of Likert Scale

A comprehensive list of practices to support the success of CEO transition was compiled from the literature review and was placed on the survey instrument. The first round of research began with sending an email through LinkedIn to each panelist that asks them to rate every item on the survey. In the first round, panelists also were able to write in any other behaviors or competencies they consider important. The researcher calculated the median and interquartile range (IQR) for each item and listed the items in descending order by median (see Appendix D). Items with IQR ≤ 1 (reflecting 20% of the entire 1-7 possible range) was considered to have consensus and was removed.

The remaining items were issued as a subsequent survey sent to the panelists for rating. The researcher again calculated the median and IQR for each item and listed the items in descending order by median. Items with IQR ≤ 1 were considered to have consensus and were removed. This process iterated for two more rounds, when consensus was achieved. Consensus was defined as 85% of the survey items indicating consensus (Jayaratne & Chess, 1984; Murray & Hammons, 1995).

Validity and Reliability

Validity and reliability in qualitative studies are reflected in the findings' credibility. Credibility is endemic to the Delphi method, as the iterative surveys act as a form of stakeholder checking (Thomas, 2003). However, this form of credibility relies on high participation rates (Keeney et al., 2001a, 2001b); therefore, the researcher followed up with panelists who did not respond to the researcher's survey invitation within 5 days of its issuance.

Pilot Testing

Before administering the initial survey to participants, the researcher piloted the survey by sending it to two doctoral candidates known within the researcher's Ph.D. cohort. These pilot participants provided feedback on the survey content and ease of use. The survey was adjusted as needed to promote clarity and participants' completion.

Subsequent Round Instrument Modification

The researcher sent an email invitation for each survey (see Appendices F and H) to participants. When each survey closes, responses were downloaded and the median and IQR were calculated for each item. Items were ranked in descending order by median, and items indicating consensus (i.e., item IQR ≤ 1) were removed. The remaining items were included in a subsequent survey. Data collection concluded when 85% of all survey items indicated consensus.

After each round, the researcher also checked for stability, defined as a change in the distribution of responses between rounds that is less than 15%. Lincoln and Guba (1985) suggested that final consensus is achieved if less than 10% of the outstanding items of the survey show no change or movement in the value of the median, IQR or modal stability after round one to round two calculations result in a difference of zero. The result of the triangulations confirmed that stability existed, based on the lack of movement in the item.

The study concluded when stability was observed for more than half the original survey items. Upon completion of the survey rounds, all items were listed from most to least important,

as indicated by median scores. The researcher performed a visual analysis to determine any themes or categories evident in the data. Visual analysis involved determining whether similarly ranked items can be grouped into semantically similar categories.

Data Collection

This section outlines the details of data collection for the present study. Data collection in Delphi studies requires attention to how participants were contacted, how the electronic surveys were administered, and how follow-up and multi-round communication occurred. The following sections describe these elements of the present study.

Participant Recruitment

Participant recruitment involved searching on LinkedIn and within the researcher's human resources professional group for individuals who meet the inclusion criteria, with the aim of creating a list of 50 individuals to invite to participate in the study. The researcher then invited these study candidates to participate via LinkedIn and email following an approved recruitment script (Appendix E). The invitation explained the study purpose, benefits, eligibility requirements, and anticipated time commitment. The exclusion criteria and criteria for maximum variation were applied as described earlier until the researcher achieved a sample of 30 participants. These individuals were provided with the informed consent information (see Appendix C) when they click the survey link. They needed to provide their consent to participate before proceeding to the survey. If this process had yielded less than 30 enrolled panelists, the researcher would have asked the original 50 to recommend others within their network who might be interested in participating in the study, in alignment with snowball sampling as described by Patton (1990). If more than 30 individuals had agreed to participate, all volunteers were included in anticipation of participant attrition by the end of the study while still achieving an ideal representation of Delphi panel participants.

The researcher reminded the panelists that their identities would remain confidential to the other participants (unless they independently choose to share their identities) and that the

study consisted of at least three rounds of a Delphi survey to refine a list of organizational practices and leadership processes that experts deemed to be most important during multidimensional change that could occur as the result of financial degradation or loss, economic volatility, brand reputation jeopardy, business calamity, significant loss of talent or customers. The survey's approximate timeline of 3 to 6 weeks, from February to March 2023, was reiterated to participants. The researcher made sure that each panelist returned their signed informed consent form and reminded them to keep a copy for their own records. Additionally, the researcher checked each panelist's preferred email addresses to ensure that they would continue to participate in the study. The first round of the Delphi survey was sent to each panelist at their preferred email address after verification of their intent to participate in the study, their contact information, and signed consent form.

Follow-up Communication

The researcher sent an email invitation for each survey to participants (see Appendix F), with the request that they complete the survey within 10 days. A kind email reminder (see Appendix G) were sent to each panelist again requesting their response within 5 days of the initial email if the researcher received no response from any panelist within 3 days. The survey closed on the 11th day.

Multi-Round Communication

For the second and third survey rounds, the researcher sent an email invitation to participants with the request that they complete the survey within 10 days (see Appendix H). A kind reminder was sent to each panelist who had not provided a response within 5 days. The survey closed on the 11th day.

Statement of Personal Bias and Lived Experiences

The researcher is a human resource professional who works in a large hospital system. As a result, researcher bias is inevitable. Researcher bias was reduced in this study through bracketing and acknowledging her positionality. In turn, bias during panel selection, survey item

selection, analysis, and interpretation of data was anticipated to be reduced. Moreover, the researcher attempted to allow findings from extant literature to guide the study.

Bracketing and Epoche

The bracketing process, also known as epoche is a method for avoiding bias and suspending judgment (Gearing, 2004). In the present study, the researcher used memoing (versus suppression) during data analysis to achieve bracketing. To further enhance objectivity, each panelist was assigned a unique identifier (e.g., Panelist 1, Panelist 2), and this identifier was associated with their responses. The coding process further allowed for enhanced objectivity and reduced researcher bias.

Positionality

Chief executive officers and the board of directors make C-suite appointments with little attention given to the transition phase and assessing the continuum of leadership practices required for the newly appointed leaders' success (Watkins, 2013; Wiggins, 2019). My association with this study as a researcher is fundamental to the phenomenon of executive transitions. In my role as chief executive people strategist of a large healthcare system that employs 25,000 people, my primary objective is to design and lead human capital endeavors that yield successful business outcomes that increase the likelihood of attaining strategic imperatives. Strengthening leaders' capabilities to lead effectively and effectuate people's engagement at every level to achieve shared goals is a central element of my interest and attention. In addition, an adjacency role I have is as an independent for-profit board of director member. In this capacity, the board's emphasis is on selecting and supporting the CEO to lead the organization with minimal input or exposure to the full spectrum of critical elements that lead to the executives' successful transition.

A primary focus of my work is to identify and recommend chief executives, then ensure leaders are equipped, empowered, and enabled to lead agilely through organizational shifts, disruptions, and uncertainties. The role serves as the chief architect in designing organizational

practices that increase senior leadership's effectiveness and to be an influencer who evangelizes adoption throughout the system. Working with CEO and board of directors, the collective goal is to design successful chief executive transitions that engage and retain key individuals when multidimensional factors incite the need for change to sustain business growth. In leading talent management practices like succession planning, leader assessment, executive coaching, onboarding, and offboarding, each effort contributes to some aspect of a leader's transition. However, independent approaches miss the mark in capturing the essence of the critical elements that constitute successful transitions and the collective view on replicating scalable and successful practices. My positionality related to this concern ties to some of my identities: personal and professional experiences, past and present organizational affiliations, professional status and position, relationship to anticipated study setting, and anticipated study population with the phenomenon of transitions.

As Scharp and Thomas (2019) posited, phenomenologists engage in describing what all participants have in common as they experience a phenomenon should assess how their positions and experiences might contribute to their interpretations of people's lived experiences (Creswell & Poth, 2013). Given the extent of my world view of leader transitions and positionality, a substantial responsibility to offer new knowledge to the literature, it is crucial to acknowledge and disclose who I am concerning this research study by seeking to understand the part I play in it and the influence I have on it (Cohen et al., 2011).

To accomplish this understanding, a self-examination of my self-consciousness about participants' points of view and how this might directly or indirectly influence the findings' design, execution, and interpretation of the data. Some of my identities contribute to potential blind spots in addressing this problem. For example, as a chief human resources practitioner, I have experienced CEO transitions across industries and business sectors with varying degrees of success and failure, with restrictive positional authority to intervene. Different beliefs and backgrounds of CEOs and board members may dictate what constitutes success. I may not be

valuing the organizational construct and business norms the CEOs and board members are used to and the potential biases between them and their colleagues who share in decision making. I also may not recognize how important it is for chief executives to adapt to and be successful in a large healthcare system differentiated by industry dynamics and retain their authenticity. Further, my experience may focus on the individual's leadership attributes and characteristics as key contributors to success or failure and focus less on the organizational constructs of what constitutes a chief executive's success in transitions, especially during unprecedented business uncertainties.

I have had experiences of the phenomenon of chief executive transitions in large organizations, which requires attention to both the design and application of procedures of epoche and bracketing (Bednall, 2006; Moustakas, 1994). As van Manen (2014) suggests, research of a phenomenon should be pursued while in a state of wonder in seeking what and how participants experienced the phenomenon (Moustakas, 1994). Epoche is the suspension of all judgments without presuppositions until they are founded with more certainty (Creswell & Poth, 2013; Husserl, 1954/1970). A process of bracketing exists when the researcher brackets themselves out of the study by discussing their personal experiences with the study not to forget what has been experienced but not to let past knowledge infiltrate while determining experiences (Creswell, 2016; Giorgi, 2009; van Manen, 2014).

LeVasseur (2003) describes bracketing as suspending understanding in a reflective manner that cultivates curiosity. To mitigate the impact of my blind spots rooted in positionality, I integrated epoche sequentially throughout the entire research method from the onset of the study by setting aside my experiences, as much as possible, to take a fresh perspective toward examining executive transitions (Lukiv, 2004; Moustakas, 1994; Patton, 1990; Pereira, 2012). My approach was to decide how and in what way my understanding of executive transitions would be introduced into the study to ensure respondents' authentic voices are allowed to emerge when seeking understanding in data collection and analysis. Conscientiously engaging

with the data at the onset, collection period and how the engagement shifts at the interpretation stage are the approach to mitigating my positionality biases (Bednall, 2006; Creswell & Poth, 2013; Moerer-Urdahl & Creswell, 2004; Patton, 1990).

Data Analysis

Three rounds of the Delphi survey were administered for the purpose of reaching consensus. The researcher performed additional analysis on the master list of items to see if a larger framework could be determined regarding CEO transition in large hospital systems during times of multidimensional change. The coding procedure for determining the broader framework in support of RQ2 also is described.

Data Analysis for Research Question Delphi Study

The Delphi approach has been characterized as a committee meeting attended by anonymous members (Whitman, 1990). The process begins with the researcher requesting individual input from an expert panel (Keeney et al., 2001b). In traditional Delphi studies, this first phase invites the experts' open-ended responses, whereas modified Delphi studies present the experts with a pre-piloted survey of items to rate based on extant literature (Murray & Hammons, 1995; Uhl, 1983). While traditional approaches allow for the broadest possible starting point (Whitman, 1990), the large volume of data could overwhelm participants or significantly increase the risk of researcher bias as they compile the results for inclusion in the survey (Brooks, 1979; Keeney et al., 2006). After gathering the initial responses, the researcher reviews and aggregates the data in the form of a subsequent survey of items that panelists are asked to rate from 1 (not at all important) to 7 (critically very important). The researcher again aggregates the results into yet another survey with items that panelists are asked to rate. In each successive survey, only the items that did not indicate consensus were included. The IQR, calculated as "the absolute value of the difference between the 75th and 25th percentiles (Rayens & Hahn, 2000, p. 311), were used to determine consensus. Consensus occurred when the item IQR ≤ 1 (Holden & Wedman, 1993).

Saturation is indicated when consensus is achieved for a sufficient proportion of the items (85% in the present study [Jayaratne & Chess, 1984; Murray & Hammons, 1995]). In contrast, stability is achieved when item responses shift by less than 15% from one round to the next, suggesting that "little, if any, further shifting of positions will occur" (Brooks, 1979, p. 378) and further insights are unlikely to be reached (Loo, 2002). The present study concluded when saturation or stability was achieved. Research indicates that this typically occurs within three or four rounds (Brooks, 1979; Murray & Hammons, 1995; Whitman, 1990). Some researchers added that a Delphi study should conclude with four rounds even without consensus or stability to prevent participant fatigue (Dawson & Brucker, 2001; Loo, 2002). In the present study, three survey rounds were used.

The multiple survey administrations allow panelists to "indicate the extent of their agreement or disagreement with the opinions that have been expressed, and then re-score their agreement/disagreement in light of the group responses" (Green & Williams, 1999, p. 199). In this way, participants can revisit and revise their opinions until the study is complete (Hohmann et al., 2018). The following sections describe each round in more detail.

Round 1. Per the modified Delphi approach, the researcher created the initial survey (see Appendix I) based on the review of extant literature documented in chapter 2. The objective of this (and any subsequent) round was to attain "an understanding of how the group views the issue (i.e., where the members agree or disagree and what they mean by relative terms such as importance, desirability, or feasibility)" (Linstone & Turoff, 1975, p. 6). Delphi participants are generally asked to rate each item on a 5- or 7-point Likert scale (Clayton, 1997; Couper, 1984; Murray & Hammons, 1995). Using the raw data provided by participants, the researcher may calculate the mean, standard deviation, frequency distribution, median, and interquartile range (IQR) for each item to reveal variation in participants' responses (Brooks, 1979; Cyphert & Gant, 1970; Murray & Hammons, 1995; Whitman, 1990). In the present study, a 7-point Likert scale was used and the median and IQR for each item were calculated.

The IQR and median for each remaining survey item were calculated periodically between each of the three rounds of data analysis. On a 7-point Likert scale, scholars agree that items with an IQR of 1 or less are considered to have reached consensus (Ahuja et al., 2018; De Vet et al., 2005). After eliminating items that reached consensus in Round 1, Rounds 2 and 3 presented the remaining items to the experts for re-rating. The survey was concluded after reaching stability, defined as change in the distribution of responses between rounds of less than 15%.

Round 2. The Round 2 survey lists all items that did not attain consensus in Round 1. Consensus is indicated when the item IQR is ≤ 1. The Round 2 survey presents the Round 1 raw data and median per item (see example in Table 2), which enables participants to view their individual responses in comparison to the group. Through the subsequent survey questions, participants are then asked to rate these items again (Brooks, 1979; Tersine & Riggs, 1976).

Table 2

Sample Results for Round 2

	Rater															Median
Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Rating
a	1	5	2	3	3	2	1	4	5	2	3	5	4	2	5	3
b	1	4	2	2	2	2	1	3	4	2	2	4	3	2	4	2
c	1	5	3	4	4	3	1	5	5	3	4	5	5	3	5	4
d	5	2	4	4	4	4	5	3	2	4	4	2	3	4	2	4
e	2	4	1	1	1	1	2	4	3	1	1	3	2	1	3	2

Note. 1 = not important, 7 = critically important

Round 3 and Subsequent Rounds. The survey for Round 3 (along with the surveys for any subsequent rounds) presents the previous round's raw data and median per item and then asks participants to rate these items again. The present study concluded with Round 3.

Data Analysis for Research Question 2 – Coding

To answer RQ2, the final items selected by the panel were coded. Coding is used during qualitative research to summarize data into conceptual frameworks (Charmaz, 2006). Coding

allows for data classification (Richards & Morse, 2007), and, ultimately, formulation of a theory (Corbin & Strauss, 2008). The final list from the previous survey round was subjected to a modified coding procedure in the present study. The expectation of this altered coding process is to lead to a larger framework based on the results of the Delphi process. The results of the coding established the groundwork for subsequent research on the study topic. A second coder trained in doctoral-level research reviewed the results of the coding to identify possible errors in the analysis. The researcher and second coder discussed these areas of concern and then agree upon the final analysis. This process continued until interrater reliability exceeded 85%. The results of the analysis are reported in chapter 4.

Summary

The objective of this chapter was to provide an in-depth look at the research design, methodology, and methods for carrying out valid and reliable research. The two research questions for this study were reformulated in this chapter. The chapter also explained the research design, analysis unit, and population sample size, as well as why the flexible Delphi technique was used in this study. In addition, the methods for reducing researcher bias and the criteria for inclusion, exclusion, and maximum variation were defined. Guidelines for protecting human subjects also were discussed. The survey protocol's peer review validity was also discussed in the chapter. The methods for data analysis were then presented.

Chapter 4: Data Analysis and Results

The purpose of this study was to identify best practices for CEO transitions at large

hospital systems during times of significant multidimensional change. In this study, a large

hospital system is defined as a multi-hospital, multi-region institution that employs more than

20,000 individuals. Multidimensional change is defined as volatile, complex, uncertain, and

ambiguous conditions that ignite social, economic, and workforce shifts within and outside the

organization. More broadly, the study's aim was to offer insights to organizations that wish to

improve the success of CEO transitions, especially during times of multidimensional change.

The following research questions were addressed in this study:

1. What are the most important practices for CEO transition in large hospital systems

   during times of multidimensional change?

2. Is there a broader framework for CEO transition in large hospital systems during

   times of multidimensional change that could be arrived at by further reduction of the

   data?

This chapter presents the study findings. A Delphi methodology was used to

answer Research Question 1. Coding was used to answer Research Question 2.

Recruitment of Participants

Participants in this study were chief human resources officers who had at least

six months full-time working experience in a large hospital system. The participants

had at least two years' experience as a chief human resources officer. Also, at least

one experience participating in a CEO transition in a large hospital system.

Based on a search on LinkedIn of chief human resources officers in the United

States and review of the researcher's professional human resources group, an initial

list of 55 potential study participants was created. The researcher sent each of these

individuals an invitation (see Appendix A) to complete the online Round 1 survey (see

Appendix B). Those who did not complete the survey received a reminder email 5

days after the initial request. This began the official start of phase one in the Delphi

methodology.

Delphi Phase One

A total of 55 individuals were identified to receive an invitation. Five emails (9%)

bounced. Of the remaining 50 recipients, 30 individuals (60%) completed the survey. Per Turoff

(2002), this sample was sufficient and did not require the application of maximum variation

criteria. All 30 participants completed the survey in its entirety. Table 3 presents the

demographics of the Survey 1 sample. Respondents reflected a range of experience levels.

One third of the sample reported having 5-9.99 years in a CHRO role and 57% reported having

15 or more years of experience in large hospital systems. Participants were well distributed in

terms of their experience levels with CEO transitions. All but one of the respondents were

located in the United States and were geographically distributed (see Figure 15), with the

majority being located in seven states: Georgia (27%), North Carolina (17%), Florida (10%),

Massachusetts, Maryland, Ohio, and Texas (7% each).

Phase 1 consisted of a survey (see Appendix B) that included 75 critical items for

successful CEO transition in large hospital systems based on review of extant literature.

Participants were asked to indicate the importance of each item for CEO transition, using the

following scale: 1 = not important at all, 2 = not important, 3 = somewhat not important, 4 = no

opinion, 5 = somewhat important, 6 = important, 7 = critically important. The Phase 1 survey

also included one open-ended item to solicit any additional items considered critical by

participants, and five demographic items. The survey was administered using Qualtrics.

Table 3

Survey 1 Respondent Experience Level

Demographic Category	*n*	%
Ethnicity		
Black	15	50%
White	11	37%
Asian	2	7%
Latinx	1	3%
Two or more races	1	3%
Years in Chief Role		
2-2.99 years	5	17%
3-4.99 years	3	10%
5-9.99 years	10	33%
10-14.99 years	5	17%
15 or more years	7	23%
Years in large hospital system		
Less than 1 year	4	13%
1-2.99 years	1	3%
3-4.99 years	1	3%
5-9.99 years	3	10%
10-14.99 years	4	13%
15 or more years	17	57%
Number of transitions		
One	8	27%
Two	8	27%
Three	6	20%
Four	6	20%
Five or more	2	7%

Note. $N = 30$

Figure 15

Geographic Distribution of Panelists
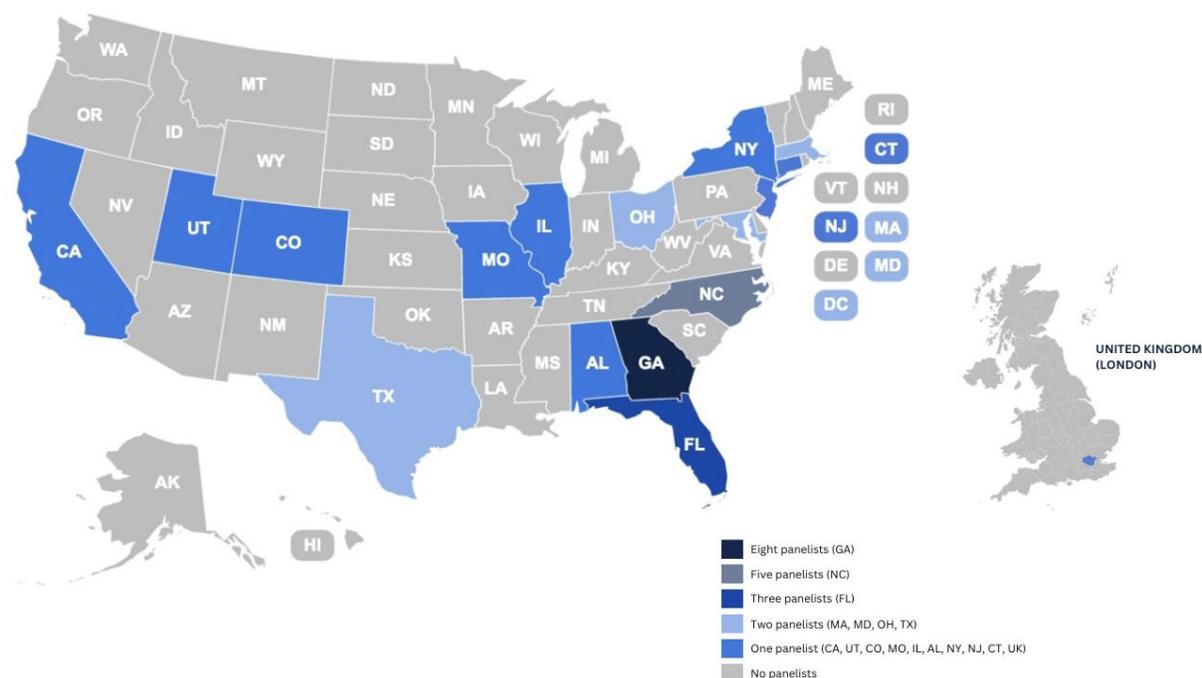
Note. N = 30; some participants reported having experience working in several states, one participant cited international experience.

The median, IQR, and mode were calculated for each survey item (see Table 4). Items that had an IQR less than or equal to 1 was deemed to have reached consensus. Of the 75 items, 34 (45%) reached a consensus, leaving 41 (55%) at no consensus. Most items (*n* = 64, 85.3%) were deemed somewhat to critically important (Median ≥ 5.0) to the success of CEO transition in large hospital systems.

Table 4

Survey 1 Results

Item		Median	IQR	Mode	Decision
9	The board deliberates and decides on a new successor.	7	0	7	C
19	CHRO serves as an internal advisor to the incoming CEO.	7	0	7	C
22	CHRO assists the new CEO to improve functioning of the senior team.	7	0	7	C
32	The outgoing CEO personally informs key board members and organizational staff of the impending transition.	7	0	7	C
46	The incoming CEO focuses on getting to know the organization's people early in the transition.	7	0	7	C
47	The incoming CEO meets one-on-one with administrative staff and physician leaders to get to know them.	7	0	7	C
51	The incoming CEO should establish critical relationships inside the organization	7	0	7	C
52	The incoming CEO should seek to understand the hospital's culture	7	0	7	C
54	The incoming CEO should develop an understanding of the reality of patient care	7	0	7	C
1	The board of directors provides sufficient oversight of the new CEO.	7	1	7	C
2	The board of directors identifies the needed competencies in a new CEO	7	1	7	C
3	Assure the board of directors remains involved as a sounding board and advisor to the incoming CEO	7	1	7	C
5	The board establishes a CEO search committee.	7	1	7	C
7	The board develops accurate leadership and system profiles for the search.	7	1	7	C
11	The board selects a search firm that understands and respects the organization's mission and vision.	7	1	7	C
13	The search committee keeps the board informed and involved throughout the process of finding possible succession candidates.	7	1	7	C
17	CHRO should identify and address organization culture issues during the transition	7	1	7	C
18	CHRO serves as an internal advisor to the outgoing CEO.	7	1	7	C
24	CHRO acts as an internal advisor to the process	7	1	7	C
25	CHRO supports incoming CEO in learning new perspectives	7	1	7	C
27	CHRO provides support for incoming CEO's experiences of anxiety, stress, or alienation	7	1	7	C
28	CHRO implements a succession planning framework for executives and mid-level leaders	7	1	7	C
35	The outgoing CEO creates a list of organizational projects and initiatives to share with the incoming CEO	7	1	7	C
37	The outgoing CEO, through conversations with the incoming CEO, explains their current activities and preparations for the transition.	7	1	7	C
38	The outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	7	1	7	C
39	The outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	7	1	7	C
48	The incoming CEO holds group meetings with organizational directors.	7	1	7	C
50	The incoming CEO should establish critical relationships with stakeholders outside the organization	7	1	7	C

Item		Median	IQR	Mode	Decision
55	The incoming CEO interviews board members, executive team members, director-level staff members, and local business and community leaders to formulate a deep understanding of the organization's culture, market strengths, and opportunities.	7	1	7	C
66	The incoming CEO should meet with all key community members to meet with during the first year.	7	1	7	C
67	Administrative team members focus on being open to new and different ways of doing things	7	1	7	C
73	Senior managers prepare the organization for the new leader.	7	1	7	C
74	Senior managers help employees understand and adapt to the new CEO's vision.	7	1	7	C
75	Senior managers adjust organizational structures and processes to fit the new CEO's vision.	7	1	7	C
12	The board decides whether internal candidates will be considered as possible successors and communicates this decision.	7	1.25	7	NC
31	The recruiter should help the incoming CEO prepare for the interview with the search committee.	7	1.25	7	NC
36	The outgoing CEO demonstrates confidence in and satisfaction with the new CEO to internal and external stakeholders.	7	1.25	7	NC
68	Each executive team member should create a description of their division, direct reports, recent accomplishments, and current projects to share with the incoming CEO.	7	1.25	7	NC
69	Administrative staff and outgoing CEO create a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job.	6	1.25	6	NC
6	The board finds the executive search firm.	5	2	6	NC
8	The board address the interests of internal candidates.	6	2	6	NC
10	The board selects a search firm that fits the organizational culture.	6	2	7	NC
15	CHRO should create a transition management team to monitor and enhance organizational health during the change	6	2	7	NC
16	CHRO should include patients, community partners, frontline leaders, and diverse voices from the organization workforce in the transition management team.	5	2	5	NC
21	CHRO facilitates communication between the board and the senior managers.	6	2	7	NC
23	CHRO coordinates the transition process.	7	2	7	NC
26	CHRO supports incoming CEO in adopting new behaviors	7	2	7	NC
29	CHRO creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities.	6	2	7	NC
34	The outgoing CEO provides advice for how administrative team members can best present themselves to the new CEO.	4	2	5	NC
41	The outgoing CEO refrains from asking organizational stakeholders how things are going with the new CEO after the transition.	6	2	7	NC
42	The outgoing CEO should be part of the search committee.	2	2	1	NC
43	The outgoing CEO should connect the incoming CEO key internal and external stakeholders.	6	2	6	NC
45	The outgoing CEO, in cases of voluntary turnover, confirms a personal readiness to leave.	5	2	6	NC
49	The incoming CEO should classify the organizational projects and initiatives as (a) continue, (b) pause, or (c) gather more information.	6	2	6	NC

Item		Median	IQR	Mode	Decision
56	The incoming CEO understands their own preferred job profile, separate from the presented opportunity.	6	2	6	NC
70	Before the transition, the outgoing CEO spends time with incoming CEO to introduce them to the local community and key stakeholders.	5	2	4	NC
71	The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry.	6	2	6	NC
72	The incoming and outgoing CEO should be in regular communication leading up to the transition.	6	2	6	NC
4	The board allows incoming CEOs more than 3 months and up to 3 years to develop their vision and have an impact	5	3	7	NC
14	The board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role.	2	3	2	NC
20	CHRO manages administrative aspects of the change.	5	3	7	NC
33	The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO.	3	3	4	NC
40	The outgoing CEO is fully out of the organization at the time the incoming CEO starts the position.	6	3	6	NC
44	The outgoing CEO should review all steps that a transition may require.	4	3	4	NC
53	The incoming CEO should seek to align with the hospital's culture	5	3	4	NC
57	The incoming CEO compares their preferred job profile to the presented opportunity.	6	3	6	NC
58	The incoming CEO should research the recruiting agency, the recruiter, and their recent placements	4	3	3	NC
59	The incoming CEO should use their network to gain attention from the search committee.	4	3	5	NC
60	The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites.	6	3	7	NC
62	The incoming CEO should prepare, rehearse, and memorize answers to possible interview questions.	4	3	4	NC
63	The incoming CEO should incorporate information from the board members' bios into interview answers where appropriate.	4	3	3	NC
64	The incoming CEO should negotiate the employment terms directly with the chair of the selection committee.	3	3	2	NC
65	The incoming CEO should meet with all management and senior leaders within the first month.	6	3	7	NC
30	CHRO conducts a formal review of the new CEO's performance within their first 6 months on the job.	4	4	7	NC
61	The incoming CEO should prepare, rehearse, and memorize a 5-minute introductory statement regarding their candidacy.	5	4	7	NC

Note. C = consensus, NC = no consensus

Table 5 presents the items that reached consensus. All 34 items received a ranking of

critically important, on a scale from 1 = not at all important, to 7 = critically important, as

indicated by the median scores reported by the expert panel (*N* = 30). These 34 items that

reached consensus were excluded from subsequent surveys.

Table 5

Consensus Items from Round 1

Item		Median	IQR	Mode
9	The board deliberates and decides on a new successor.	7	0	7
19	CHRO serves as an internal advisor to the incoming CEO.	7	0	7
22	CHRO assists the new CEO to improve functioning of the senior team.	7	0	7
32	The outgoing CEO personally informs key board members and organizational staff of the impending transition.	7	0	7
46	The incoming CEO focuses on getting to know the organization's people early in the transition.	7	0	7
47	The incoming CEO meets one-on-one with administrative staff and physician leaders to get to know them.	7	0	7
51	The incoming CEO should establish critical relationships inside the organization	7	0	7
52	The incoming CEO should seek to understand the hospital's culture	7	0	7
54	The incoming CEO should develop an understanding of the reality of patient care	7	0	7
1	The board of directors provides sufficient oversight of the new CEO.	7	1	7
2	The board of directors identifies the needed competencies in a new CEO	7	1	7
3	Assure the board of directors remains involved as a sounding board and advisor to the incoming CEO	7	1	7
5	The board establishes a CEO search committee.	7	1	7
7	The board develops accurate leadership and system profiles for the search.	7	1	7
11	The board selects a search firm that understands and respects the organization's mission and vision.	7	1	7
13	The search committee keeps the board informed and involved throughout the process of finding possible succession candidates.	7	1	7
17	CHRO should identify and address organization culture issues during the transition	7	1	7
18	CHRO serves as an internal advisor to the outgoing CEO.	7	1	7
24	CHRO acts as an internal advisor to the process	7	1	7
25	CHRO supports incoming CEO in learning new perspectives	7	1	7
27	CHRO provides support for incoming CEO's experiences of anxiety, stress, or alienation	7	1	7
28	CHRO implements a succession planning framework for executives and mid-level leaders	7	1	7
35	The outgoing CEO creates a list of organizational projects and initiatives to share with the incoming CEO	7	1	7
37	The outgoing CEO, through conversations with the incoming CEO, explains their current activities and preparations for the transition.	7	1	7
38	The outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	7	1	7
39	The outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	7	1	7

Item		Median	IQR	Mode
48	The incoming CEO holds group meetings with organizational directors.	7	1	7
50	The incoming CEO should establish critical relationships with stakeholders outside the organization	7	1	7
55	The incoming CEO interviews board members, executive team members, director-level staff members, and local business and community leaders to formulate a deep understanding of the organization's culture, market strengths, and opportunities.	7	1	7
66	The incoming CEO should meet with all key community members to meet with during the first year.	7	1	7
67	Administrative team members focus on being open to new and different ways of doing things	7	1	7
73	Senior managers prepare the organization for the new leader.	7	1	7
74	Senior managers help employees understand and adapt to the new CEO's vision.	7	1	7
75	Senior managers adjust organizational structures and processes to fit the new CEO's vision.	7	1	7

Note. C = consensus, NC = no consensus

Delphi Phase Two

The 30 Round 1 respondents receive an invitation (see Appendix C) to complete the Round 2 survey (see Appendix D). Of the remaining 30 recipients, 26 individuals (87%) completed the survey. This sample was sufficient and did not require the application of maximum variation criteria (Turoff, 2002). Each respondent completed all survey items.

Phase 2 consisted of a survey that included a total of 56 critical items, which included the 41 items from Round 1 that had not reached consensus plus 15 additional items identified by the expert panel (see Appendix C). The survey was administered using Qualtrics using an invitation (see Appendix D) and a follow-up reminder (see Appendix E) to complete the Round 2 survey. Participants were asked to indicate the importance of each item for CEO transition, using the following scale: 1 = not important at all, 2 = not important, 3 = somewhat not important, 4 = no opinion, 5 = somewhat important, 6 = important, 7 = critically important. Each item also was presented alongside with its Round 1 median or "(new item)" for items newly identified by Round 1 respondents.

Similar to Round 1, various statistics were calculated for each item in Round 2, including the median, IQR, and mode (see Table 6). Items that achieved an IQR of 1 or less were determined to have reached consensus. Of the 56 items, 35 (37.5%) reached consensus. The Round 2 results culminated in 69 of the total 90 critical items (77%) having reached consensus. This was insufficient to reach the intended final consensus of 85%.

Table 6

Round 2 Results

Items		Median	IQR	Mode	Decision
43	The outgoing CEO should connect the incoming CEO key internal and external stakeholders.	6	0	6	C
49	The incoming CEO should classify the organizational projects and initiatives as (a) continue, (b) pause, or (c) gather more information.	6	0	6	C
56	The incoming CEO understands their own preferred job profile, separate from the presented opportunity.	6	0	6	C
57	The incoming CEO compares their preferred job profile to the presented opportunity.	6	0	6	C
81	The incoming CEO should develop deep understanding of any volatile issues within the system or community which may affect system's performance and/or reputation.	7	0.5	7	C
12	The board decides whether internal candidates will be considered as possible successors and communicates this decision.	7	1	7	C
23	CHRO coordinates the transition process	7	1	7	C
26	CHRO supports incoming CEO in adopting new behaviors	7	1	7	C
36	The outgoing CEO demonstrates confidence in and satisfaction with the new CEO to internal and external stakeholders.	7	1	7	C
65	The incoming CEO should meet with all management and senior leaders within the first month.	7	1	7	C
68	EAT-Each executive team member should create a description of their division, direct reports, recent accomplishments, and current projects to share with the incoming CEO.	7	1	7	C
76	The Board of Directors or the Chairman provides a realistic overview of the current state of the company.	7	1	7	C
82	The incoming CEO has a facilitated integration session with their direct staff within the first 60 days	7	1	7	C
83	The incoming CEO should not rush organizational change but carefully assess what needs to change/evolve based on input from their CHRO, direct reports, and other key stakeholders (e.g. physicians, nurses, front line talent).	7	1	7	C
84	The incoming CEO should strive to enhance diversity through understanding the hospital's community, challenges around health equity, the hospital's role in community health and research, and staff and leadership diversity.	7	1	7	C
87	MS-Trust and open communication should be developed across all stakeholders involved in the transition, including the Board	7	1	7	C
89	MS-Ensure there is ample discussion and understanding between board and incoming CEO regarding any significant changes proposed, especially in the first 90 days.	7	1	7	C
90	MS-The board, executive leadership, and incoming CEO should establish clear business goals and clear understanding of the delegation of authority for the CEO role	7	1	7	C
4	The board allows incoming CEOs more than 3 months and up to 3 years to develop their vision and have an impact	6	1	6	C
6	The board finds or endorses the executive search firm.	6	1	6	C
10	The board selects a search firm that fits the organizational culture.	6	1	6	C
30	The board conducts formal review of the new CEO's performance within their first 6 months on the job.	6	1	6	C
31	ESC-The search firm or recruiter should help the incoming CEO prepare for the interview with the search committee.	6	1	7	C

Items		Median	IQR	Mode	Decision
40	The outgoing CEO is fully out of the organization at the time the incoming CEO starts the position.	6	1	6	C
41	The outgoing CEO refrains from asking organizational stakeholders how things are going with the new CEO after the transition.	6	1	7	C
53	The incoming CEO should seek to align with the hospital's culture	6	1	6	C
69	EAT-Administrative staff and outgoing CEO create a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job.	6	1	6	C
72	The incoming and outgoing CEO should be in regular communication leading up to the transition.	6	1	6	C
77	CHRO should develop and implement a well-developed communications strategy.	6	1	6	C
86	MS-The overall process and amount of communication between outgoing and incoming CEO should be based upon the nature of the departure and business needs.	6	1	6	C
45	The outgoing CEO, in cases of voluntary turnover, confirms a personal readiness to leave.	5.5	1	5	C
70	MS-Before the transition, the outgoing CEO spends time with the incoming CEO to introduce them to the local community and key stakeholders.	5.5	1	5	C
16	CHRO should include patients, community partners, frontline leaders, and diverse voices from the organization workforce in the transition management team	5	1	5	C
21	CHRO facilitates communication between the board and the senior managers.	5	1	5	C
42	The outgoing CEO should be part of the search committee.	2	1	2	C
8	The board address the interests of internal candidates.	6	1.5	6	NC
29	CHRO creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities.	6	1.5	6	NC
71	The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry.	6	1.5	6	NC
88	MS-The incoming CEO should provide transformational and visionary leadership while the organization focuses on transactional leadership.	6	1.5	6	NC
15	CHRO should create a transition management team to monitor and enhance organizational health during the change	6	2	6	NC
60	The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites.	6	2	6	NC
79	ESC-An external executive coach should assist the incoming CEO with transition and integration matters.	6	2	7	NC
20	CHRO manages administrative aspects of the change.	5.5	2	6	NC
61	The incoming CEO should prepare, rehearse, and memorize a 5-minute introductory statement regarding their candidacy.	5	2	5	NC
78	ESC-A CEO boot camp should be arranged for the incoming CEO.	5	2	5	NC
85	The incoming CEO should ensure that many aspects of the organization remain in place for continuity and stability.	5	2	5	NC
34	The outgoing CEO provides advice for how administrative team members can best present themselves to the new CEO.	4	2	5	NC
58	The incoming CEO should research the recruiting agency, the recruiter, and their recent placements	4	2	4	NC
59	The incoming CEO should use their network to gain attention from the search committee.	4	2	4	NC

Items		Median	IQR	Mode	Decision
63	The incoming CEO should incorporate information from the board members' bios into interview answers where appropriate.	4	2	5	NC
80	ESC-An external CEO succession expert who is experienced, has no internal bias, and has benchmarks on other successful CEO transitions should lead the transition.	4	2	4	NC
33	The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO.	3	2	2	NC
14	The board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role.	2	2	2	NC
62	The incoming CEO should prepare, rehearse, and memorize answers to possible interview questions.	4	2.5	5	NC
44	The outgoing CEO should review all steps that a transition may require.	5	3	3	NC
64	The incoming CEO should negotiate the employment terms directly with the chair of the selection committee.	3	3	2	NC

Note. C = consensus, NC = no consensus

Table 7 summarizes the items that reached consensus, sorted by level of importance, as determined by the panel of experts (*n* = 26). Importance was indicated by median score, reported on a scale from 1 (not at all important) to 7 (critically important). These 35 items that attained consensus were excluded from the Round 3 survey.

Table 7

Consensus Items from Round 2

Items		Median	IQR	Mode
81	The incoming CEO should develop deep understanding of any volatile issues within the system or community which may affect system's performance and/or reputation.	7	0.5	7
12	The board decides whether internal candidates will be considered as possible successors and communicates this decision.	7	1	7
23	CHRO coordinates the transition process	7	1	7
26	CHRO supports incoming CEO in adopting new behaviors	7	1	7
36	The outgoing CEO demonstrates confidence in and satisfaction with the new CEO to internal and external stakeholders.	7	1	7
65	The incoming CEO should meet with all management and senior leaders within the first month.	7	1	7
68	EAT-Each executive team member should create a description of their division, direct reports, recent accomplishments, and current projects to share with the incoming CEO.	7	1	7
76	The Board of Directors or the Chairman provides a realistic overview of the current state of the company.	7	1	7
82	The incoming CEO has a facilitated integration session with their direct staff within the first 60 days	7	1	7

Items		Median	IQR	Mode
83	The incoming CEO should not rush organizational change but carefully assess what needs to change/evolve based on input from their CHRO, direct reports, and other key stakeholders (e.g. physicians, nurses, front line talent).	7	1	7
84	The incoming CEO should strive to enhance diversity through understanding the hospital's community, challenges around health equity, the hospital's role in community health and research, and staff and leadership diversity.	7	1	7
87	MS-Trust and open communication should be developed across all stakeholders involved in the transition, including the Board	7	1	7
89	MS-Ensure there is ample discussion and understanding between board and incoming CEO regarding any significant changes proposed, especially in the first 90 days.	7	1	7
90	MS-The board, executive leadership, and incoming CEO should establish clear business goals and clear understanding of the delegation of authority for the CEO role	7	1	7
43	The outgoing CEO should connect the incoming CEO key internal and external stakeholders.	6	0	6
49	The incoming CEO should classify the organizational projects and initiatives as (a) continue, (b) pause, or (c) gather more information.	6	0	6
56	The incoming CEO understands their own preferred job profile, separate from the presented opportunity.	6	0	6
57	The incoming CEO compares their preferred job profile to the presented opportunity.	6	0	6
4	The board allows incoming CEOs more than 3 months and up to 3 years to develop their vision and have an impact	6	1	6
6	The board finds or endorses the executive search firm.	6	1	6
10	The board selects a search firm that fits the organizational culture.	6	1	6
30	The board conducts formal review of the new CEO's performance within their first 6 months on the job.	6	1	6
31	ESC-The search firm or recruiter should help the incoming CEO prepare for the interview with the search committee.	6	1	7
40	The outgoing CEO is fully out of the organization at the time the incoming CEO starts the position.	6	1	6
41	The outgoing CEO refrains from asking organizational stakeholders how things are going with the new CEO after the transition.	6	1	7
53	The incoming CEO should seek to align with the hospital's culture	6	1	6
69	EAT-Administrative staff and outgoing CEO create a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job.	6	1	6
72	The incoming and outgoing CEO should be in regular communication leading up to the transition.	6	1	6
77	CHRO should develop and implement a well-developed communications strategy.	6	1	6
86	MS-The overall process and amount of communication between outgoing and incoming CEO should be based upon the nature of the departure and business needs.	6	1	6
45	The outgoing CEO, in cases of voluntary turnover, confirms a personal readiness to leave.	5.5	1	5
70	MS-Before the transition, the outgoing CEO spends time with the incoming CEO to introduce them to the local community and key stakeholders.	5.5	1	5
16	CHRO should include patients, community partners, frontline leaders, and diverse voices from the organization workforce in the transition management team	5	1	5
21	CHRO facilitates communication between the board and the senior managers.	5	1	5
42	The outgoing CEO should be part of the search committee.	2	1	2

After Round 2, 77% of items had reached consensus based on the IQR score. Because this was not sufficient to satisfy the threshold for final consensus (i.e., 85% of items reaching consensus), it was necessary to conduct a stability analysis. A stability analysis compares the differences in median, mode, and IQR score on non-consensus items from Round 1 to Round 2. The results of the stability analysis are displayed in Table 8.

As of Round 2, there remained 21 unstable items. Of these, 14 displayed no change in median from Round 1 to Round 2. Four items showed no IQR difference across the two rounds, and five items displayed no change in mode. The Median Stability Index (MeCI), the percentage of remaining items for which the median changed from Round 1 to Round 2, was 6%. The IQR Stability Index (IQRCI), the percentage of remaining items for which the Interquartile Range changed from Round 1 to Round 2, was 4%. The Modal Stability Index (MoCI), the percentage of remaining items for which the mode changed from Round 1 to Round 2, was 16%. One of the three indexes did not fall below the 10% threshold for stability, confirming that the study had not yet reached final stability or consensus, requiring a third round of Delphi analysis.

Table 8

Round 2 Stability Analysis

		Differences R1–R2		
	Item	Median	IQR	Mode
8	The board address the interests of internal candidates.	0.00	0.50	0.00
14	The board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role.	0.00	1.00	0.00
15	CHRO should create a transition management team to monitor and enhance organizational health during the change	0.00	0.00	1.00
20	CHRO manages administrative aspects of the change.	0.50	1.00	1.00
29	CHRO creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities.	0.00	0.50	1.00
33	The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO.	0.00	1.00	2.00
34	The outgoing CEO provides advice for how administrative team members can best present themselves to the new CEO.	0.00	0.00	0.00
44	The outgoing CEO should review all steps that a transition may require.	1.00	0.00	1.00
58	The incoming CEO should research the recruiting agency, the recruiter, and their recent placements	0.00	1.00	1.00
59	The incoming CEO should use their network to gain attention from the search committee.	0.00	1.00	1.00
60	The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites.	0.00	1.00	1.00
61	The incoming CEO should prepare, rehearse, and memorize a 5-minute introductory statement regarding their candidacy.	0.00	2.00	2.00
62	The incoming CEO should prepare, rehearse, and memorize answers to possible interview questions.	0.00	0.50	1.00
63	The incoming CEO should incorporate information from the board members' bios into interview answers where appropriate.	0.00	1.00	2.00
64	The incoming CEO should negotiate the employment terms directly with the chair of the selection committee.	0.00	0.00	0.00
71	The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry.	0.00	0.50	0.00

Delphi Phase Three

The 30 initial respondents received an invitation (see Appendix E) to complete the

Round 3 survey (see Appendix F). Of the 30 recipients, 24 individuals (80%) completed the

survey. This sample was sufficient and did not require the application of maximum variation

criteria (Turoff, 2002). Each respondent completed all survey items.

Phase 3 consisted of a survey that included a total of 21 critical items that had not reached consensus through the previous rounds (see Appendix G). The survey was administered using Qualtrics using an invitation (see Appendix H) and a follow-up reminder (see Appendix I) to complete the Round 3 survey. Participants were asked to indicate the importance of each item for CEO transition, using the following scale: 1 = not important at all, 2 = not important, 3 = somewhat not important, 4 = no opinion, 5 = somewhat important, 6 = important, 7 = critically important. Each item also was presented alongside with its Round 2 median as identified by Round 2 respondents.

Table 9

Round 3 Results

	Item	Median	IQR	Mode	Decision
8	The board address the interests of internal candidates.	6	0	6	C
15	CHRO should create a transition management team to monitor and enhance organizational health during the change	6	0	6	C
20	CHRO manages administrative aspects of the change.	6	1	6	C
29	CHRO creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities.	6	0	6	C
33	The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO.	2	1	2	C
44	The outgoing CEO should review all steps that a transition may require.	5	0	5	C
58	The incoming CEO should research the recruiting agency, the recruiter, and their recent placements	4	1	4	C
59	The incoming CEO should use their network to gain attention from the search committee.	3	1	3	C
60	The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites.	6	1	6	C
71	The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry.	6	1	6	C
78	ESC-A CEO boot camp should be arranged for the incoming CEO.	5	1	5	C
79	ESC-An external executive coach should assist the incoming CEO with transition and integration matters.	6	1	6	C
85	The incoming CEO should ensure that many aspects of the organization remain in place for continuity and stability.	5	0	5	C
88	MS-The incoming CEO should provide transformational and visionary leadership while the organization focuses on transactional leadership.	6	1	6	C
14	The board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role.	2.5	2	2	NC
34	The outgoing CEO provides advice for how administrative team members can best present themselves to the new CEO.	4	2	4	NC
61	The incoming CEO should prepare, rehearse, and memorize a 5-minute introductory statement regarding their candidacy.	5	2	5	NC

	Item	Median	IQR	Mode	Decision
62	The incoming CEO should prepare, rehearse, and memorize answers to possible interview questions.	4	2	4	NC
63	The incoming CEO should incorporate information from the board members' bios into interview answers where appropriate.	4	2	4	NC
64	The incoming CEO should negotiate the employment terms directly with the chair of the selection committee.	3	2	3	NC
80	ESC-An external CEO succession expert who is experienced, has no internal bias, and has benchmarks on other successful CEO transitions should lead the transition.	4	2	4	NC

Note. C = consensus, NC = no consensus

Similar to Rounds 1 and 2, various statistics were calculated for each item in Round 3, including the median, IQR, and mode (see Table 9). Items that achieved an IQR of 1 or less were determined to have reached consensus. Of the 21 items, 14 (67%) reached consensus. The Round 3 results culminated in 83 of the total 90 critical items (92.2%) having reached consensus, which exceeded the final needed consensus (85%).

Table 10

Round 3 Items with Consensus

	Item	Median	IQR	Mode
8	The board address the interests of internal candidates.	6	0	6
15	CHRO should create a transition management team to monitor and enhance organizational health during the change	6	0	6
20	CHRO manages administrative aspects of the change.	6	1	6
29	CHRO creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities.	6	0	6
33	The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO.	2	1	2
44	The outgoing CEO should review all steps that a transition may require.	5	0	5
58	The incoming CEO should research the recruiting agency, the recruiter, and their recent placements	4	1	4
59	The incoming CEO should use their network to gain attention from the search committee.	3	1	3
60	The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites.	6	1	6
71	The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry.	6	1	6
78	ESC-A CEO boot camp should be arranged for the incoming CEO.	5	1	5
79	ESC-An external executive coach should assist the incoming CEO with transition and integration matters.	6	1	6

Item		Median	IQR	Mode
85	The incoming CEO should ensure that many aspects of the organization remain in place for continuity and stability.	5	0	5
88	MS-The incoming CEO should provide transformational and visionary leadership while the organization focuses on transactional leadership.	6	1	6

After the completion of Round 3, 83 (92.2%) of items had reached consensus based on the IQR score. Final consensus is automatically reached when 85% or more items have reached individual consensus. Additionally, stability analysis was conducted on the items that did not achieve consensus in Round 3. The stability analysis compared the differences in median, mode, and IQR score on the non-consensus items from Round 2 to Round 3. These results are presented in Table 11.

Table 11

Round 3 Stability Analysis

Item		Differences R1–R2		
		Median	IQR	Mode
14	The board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role.	0.50	0.00	0.00
34	The outgoing CEO provides advice for how administrative team members can best present themselves to the new CEO.	0.00	0.00	1.00
61	The incoming CEO should prepare, rehearse, and memorize a 5-minute introductory statement regarding their candidacy.	0.00	0.00	0.00
62	The incoming CEO should prepare, rehearse, and memorize answers to possible interview questions.	0.00	0.50	1.00
63	The incoming CEO should incorporate information from the board members' bios into interview answers where appropriate.	0.00	0.00	1.00
64	The incoming CEO should negotiate the employment terms directly with the chair of the selection committee.	0.00	1.00	1.00
80	ESC-An external CEO succession expert who is experienced, has no internal bias, and has benchmarks on other successful CEO transitions should lead the transition.	0.00	0.00	0.00

As of Round 3, there remained seven unstable items. Of these, six displayed no change in median from Round 2 to Round 3. Five items showed no IQR difference across the two rounds, and three items displayed no change in mode. The Median Stability Index (MeCI), the

percentage of remaining items for which the median changed from Round 2 to Round 3, was

30%. The IQR Stability Index (IQRCI), the percentage of remaining items for which the

Interquartile Range changed from Round 2 to Round 3, was 20%. The Modal Stability Index

(MoCI), the percentage of remaining items for which the mode changed from Round 2 to Round

3, was 33%. Although these indexes did not fall below the 10% threshold for stability, the study

had reached final stability or consensus, given that 92.2.% of items were stable.

Final Consensus

Upon conclusion of all three surveys, 83 of the 90 critical items (92.2%) reached

consensus. Table 12 shows all items that had reached consensus, sorted by level of importance

(highest to lowest median score) and the corresponding Likert-scale ranking.

Table 12

All Items with Consensus

	Item	Median	IQR	Rating
9	The board deliberates and decides on a new successor.	7	0	Critically Important
19	CHRO serves as an internal advisor to the incoming CEO.	7	0	Critically Important
22	CHRO assists the new CEO to improve functioning of the senior team.	7	0	Critically Important
32	The outgoing CEO personally informs key board members and organizational staff of the impending transition.	7	0	Critically Important
46	The incoming CEO focuses on getting to know the organization's people early in the transition.	7	0	Critically Important
47	The incoming CEO meets one-on-one with administrative staff and physician leaders to get to know them.	7	0	Critically Important
51	The incoming CEO should establish critical relationships inside the organization	7	0	Critically Important
52	The incoming CEO should seek to understand the hospital's culture	7	0	Critically Important
54	The incoming CEO should develop an understanding of the reality of patient care	7	0	Critically Important
1	The board of directors provides sufficient oversight of the new CEO.	7	1	Critically Important
2	The board of directors identifies the needed competencies in a new CEO	7	1	Critically Important
3	Assure the board of directors remains involved as a sounding board and advisor to the incoming CEO	7	1	Critically Important
5	The board establishes a CEO search committee.	7	1	Critically Important

	Item	Median	IQR	Rating
7	The board develops accurate leadership and system profiles for the search.	7	1	Critically Important
11	The board selects a search firm that understands and respects the organization's mission and vision.	7	1	Critically Important
13	The search committee keeps the board informed and involved throughout the process of finding possible succession candidates.	7	1	Critically Important
17	CHRO should identify and address organization culture issues during the transition	7	1	Critically Important
18	CHRO serves as an internal advisor to the outgoing CEO.	7	1	Critically Important
24	CHRO acts as an internal advisor to the process	7	1	Critically Important
25	CHRO supports incoming CEO in learning new perspectives	7	1	Critically Important
27	CHRO provides support for incoming CEO's experiences of anxiety, stress, or alienation	7	1	Critically Important
28	CHRO implements a succession planning framework for executives and mid-level leaders	7	1	Critically Important
35	The outgoing CEO creates a list of organizational projects and initiatives to share with the incoming CEO	7	1	Critically Important
37	The outgoing CEO, through conversations with the incoming CEO, explains their current activities and preparations for the transition.	7	1	Critically Important
38	The outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	7	1	Critically Important
39	The outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	7	1	Critically Important
48	The incoming CEO holds group meetings with organizational directors.	7	1	Critically Important
50	The incoming CEO should establish critical relationships with stakeholders outside the organization	7	1	Critically Important
55	The incoming CEO interviews board members, executive team members, director-level staff members, and local business and community leaders to formulate a deep understanding of the organization's culture, market strengths, and opportunities.	7	1	Critically Important
66	The incoming CEO should meet with all key community members to meet with during the first year.	7	1	Critically Important
67	Administrative team members focus on being open to new and different ways of doing things	7	1	Critically Important
73	Senior managers prepare the organization for the new leader.	7	1	Critically Important
74	Senior managers help employees understand and adapt to the new CEO's vision.	7	1	Critically Important
75	Senior managers adjust organizational structures and processes to fit the new CEO's vision.	7	1	Critically Important
81	The incoming CEO should develop deep understanding of any volatile issues within the system or community which may affect system's performance and/or reputation.	7	0.5	Critically Important
12	The board decides whether internal candidates will be considered as possible successors and communicates this decision.	7	1	Critically Important
23	CHRO coordinates the transition process	7	1	Critically Important

	Item	Median	IQR	Rating
26	CHRO supports incoming CEO in adopting new behaviors	7	1	Critically Important
36	The outgoing CEO demonstrates confidence in and satisfaction with the new CEO to internal and external stakeholders.	7	1	Critically Important
65	The incoming CEO should meet with all management and senior leaders within the first month.	7	1	Critically Important
68	EAT-Each executive team member should create a description of their division, direct reports, recent accomplishments, and current projects to share with the incoming CEO.	7	1	Critically Important
76	The Board of Directors or the Chairman provides a realistic overview of the current state of the company.	7	1	Critically Important
82	The incoming CEO has a facilitated integration session with their direct staff within the first 60 days	7	1	Critically Important
83	The incoming CEO should not rush organizational change but carefully assess what needs to change/evolve based on input from their CHRO, direct reports, and other key stakeholders (e.g. physicians, nurses, front line talent).	7	1	Critically Important
84	The incoming CEO should strive to enhance diversity through understanding the hospital's community, challenges around health equity, the hospital's role in community health and research, and staff and leadership diversity.	7	1	Critically Important
87	MS-Trust and open communication should be developed across all stakeholders involved in the transition, including the Board	7	1	Critically Important
89	MS-Ensure there is ample discussion and understanding between board and incoming CEO regarding any significant changes proposed, especially in the first 90 days.	7	1	Critically Important
90	MS-The board, executive leadership, and incoming CEO should establish clear business goals and clear understanding of the delegation of authority for the CEO role	7	1	Critically Important
43	The outgoing CEO should connect the incoming CEO key internal and external stakeholders.	6	0	Important
49	The incoming CEO should classify the organizational projects and initiatives as (a) continue, (b) pause, or (c) gather more information.	6	0	Important
56	The incoming CEO understands their own preferred job profile, separate from the presented opportunity.	6	0	Important
57	The incoming CEO compares their preferred job profile to the presented opportunity.	6	0	Important
4	The board allows incoming CEOs more than 3 months and up to 3 years to develop their vision and have an impact	6	1	Important
6	The board finds or endorses the executive search firm.	6	1	Important
10	The board selects a search firm that fits the organizational culture.	6	1	Important
30	The board conducts formal review of the new CEO's performance within their first 6 months on the job.	6	1	Important
31	ESC-The search firm or recruiter should help the incoming CEO prepare for the interview with the search committee.	6	1	Important
40	The outgoing CEO is fully out of the organization at the time the incoming CEO starts the position.	6	1	Important
41	The outgoing CEO refrains from asking organizational stakeholders how things are going with the new CEO after the transition.	6	1	Important
53	The incoming CEO should seek to align with the hospital's culture	6	1	Important

	Item	Median	IQR	Rating
69	EAT-Administrative staff and outgoing CEO create a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job.	6	1	Important
72	The incoming and outgoing CEO should be in regular communication leading up to the transition.	6	1	Important
77	CHRO should develop and implement a well-developed communications strategy.	6	1	Important
86	MS-The overall process and amount of communication between outgoing and incoming CEO should be based upon the nature of the departure and business needs.	6	1	Important
8	The board address the interests of internal candidates.	6	0	Important
15	CHRO should create a transition management team to monitor and enhance organizational health during the change	6	0	Important
20	CHRO manages administrative aspects of the change.	6	1	Important
29	CHRO creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities.	6	0	Important
60	The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites.	6	1	Important
71	The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry.	6	1	Important
79	ESC-An external executive coach should assist the incoming CEO with transition and integration matters.	6	1	Important
88	MS-The incoming CEO should provide transformational and visionary leadership while the organization focuses on transactional leadership.	6	1	Important
45	The outgoing CEO, in cases of voluntary turnover, confirms a personal readiness to leave.	5.5	1	Important
70	MS-Before the transition, the outgoing CEO spends time with the incoming CEO to introduce them to the local community and key stakeholders.	5.5	1	Important
16	CHRO should include patients, community partners, frontline leaders, and diverse voices from the organization workforce in the transition management team	5	1	Somewhat Important
21	CHRO facilitates communication between the board and the senior managers.	5	1	Somewhat Important
44	The outgoing CEO should review all steps that a transition may require.	5	0	Somewhat Important
78	ESC-A CEO boot camp should be arranged for the incoming CEO.	5	1	Somewhat Important
85	The incoming CEO should ensure that many aspects of the organization remain in place for continuity and stability.	5	0	Somewhat Important
58	The incoming CEO should research the recruiting agency, the recruiter, and their recent placements	4	1	No Opinion
59	The incoming CEO should use their network to gain attention from the search committee.	3	1	Somewhat Not Important
42	The outgoing CEO should be part of the search committee.	2	1	Not Important
33	The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO.	2	1	Not Important

Coding

Research Question 2 examined whether a broader framework existed for CEO transition in large hospital systems during times of multidimensional change. Answering this research question required further reduction of the data using content analysis. This process involved examining the items receiving consensus using thematic analysis. The 83 items were organized into seven themes:

Theme 1: CHRO: Roles the CHRO should fulfill and activities they should carry out. These include acting as a process consultant and communication/integration champion for the transition, coaching and counseling the incoming CEO, supporting organizational performance through the transition, leading the organization through the transition to optimize organizational health and performance.

Theme 2: Board of Directors: Activities the board needs to enact, including leading and outlining the parameters for search process, selecting the new CEO, orienting and overseeing the new CEO, and evaluating new CEO in an appropriate time frame.

Theme 3: Outgoing CEO: Activities the outgoing CEO should carry out, including communicating the organization about the transition, demonstrating confidence in new CEO, collaborating and communicating with the incoming CEO to promote a smooth transition, exiting completely and expediently, and adapting their involvement in the transition based on the nature of the exit.

Theme 4: Incoming CEO: Activities the new CEO should carry out, including assuring they understand and want the position, assessing and aligning with the organization and community, building relationships with all stakeholders, formulating a plan, collaborating and communicating with the outgoing CEO to promote smooth transition. Panelists expressed, however, that activities related to the new CEO securing a job offer were not relevant to the success of the transition.

Theme 5: Organizational leaders: Activities that executives, senior leaders, and managers should carry out, including supporting employees in following the new CEO's vision and adjust the organization as needed.

Theme 6: Multiple stakeholders: The board, new CEO, senior leadership, and executives should develop mutual trust and build common understanding about the organization's current and future state through ample communication. Organization members should collaborate to promote fulfillment of new CEO's vision.

Theme 7: External supports: Coaches and succession experts should communicate extensively with board and equip the incoming CEO to get the job and navigate the transition well.

These codes were shared with and validated by two doctoral-level qualitative researchers. These peer reviewers were asked to review the coding results and determine whether they agreed with the analysis, based upon the 83 items that had attained consensus. Both peer reviewers agreed with the analysis. Table 13 presents the coding for each critical item.

Table 13

Coding Results for Items Reaching Consensus

Item	Code
Administrative team members focus on being open to new and different ways of doing things	Multiple Stakeholders
Assure the board of directors remains involved as a sounding board and advisor to the incoming CEO	CHRO
CHRO acts as an internal advisor to the process	CHRO
CHRO assists the new CEO to improve functioning of the senior team.	CHRO
CHRO coordinates the transition process	CHRO
CHRO creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities.	CHRO
CHRO facilitates communication between the board and the senior managers.	CHRO
CHRO implements a succession planning framework for executives and mid-level leaders	CHRO
CHRO manages administrative aspects of the change.	CHRO
CHRO provides support for incoming CEO's experiences of anxiety, stress, or alienation	CHRO
CHRO serves as an internal advisor to the incoming CEO.	CHRO
CHRO serves as an internal advisor to the outgoing CEO.	CHRO

Item	Code
CHRO should create a transition management team to monitor and enhance organizational health during the change	CHRO
CHRO should develop and implement a well-developed communications strategy.	CHRO
CHRO should identify and address organization culture issues during the transition	CHRO
CHRO should include patients, community partners, frontline leaders, and diverse voices from the organization workforce in the transition management team	CHRO
CHRO supports incoming CEO in adopting new behaviors	CHRO
CHRO supports incoming CEO in learning new perspectives	CHRO
Administrative staff and outgoing CEO create a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job.	Multiple Stakeholders
Each executive team member should create a description of their division, direct reports, recent accomplishments, and current projects to share with the incoming CEO.	Multiple Stakeholders
A CEO boot camp should be arranged for the incoming CEO.	External supports
An external executive coach should assist the incoming CEO with transition and integration matters.	External supports
The search firm or recruiter should help the incoming CEO prepare for the interview with the search committee.	External supports
Before the transition, the outgoing CEO spends time with the incoming CEO to introduce them to the local community and key stakeholders.	Outgoing CEO
Ensure there is ample discussion and understanding between board and incoming CEO regarding any significant changes proposed, especially in the first 90 days.	Multiple Stakeholders
The board, executive leadership, and incoming CEO should establish clear business goals and clear understanding of the delegation of authority for the CEO role	Multiple Stakeholders
The incoming CEO should provide transformational and visionary leadership while the organization focuses on transactional leadership.	Multiple Stakeholders
The overall process and amount of communication between outgoing and incoming CEO should be based upon the nature of the departure and business needs.	Outgoing CEO
Trust and open communication should be developed across all stakeholders involved in the transition, including the Board	Multiple Stakeholders
Senior managers adjust organizational structures and processes to fit the new CEO's vision.	Organizational leaders
Senior managers help employees understand and adapt to the new CEO's vision.	Organizational leaders
Senior managers prepare the organization for the new leader.	Organizational leaders
The board address the interests of internal candidates.	Board of Directors
The board allows incoming CEOs more than 3 months and up to 3 years to develop their vision and have an impact	Board of Directors
The board conducts formal review of the new CEO's performance within their first 6 months on the job.	Board of Directors
The board decides whether internal candidates will be considered as possible successors and communicates this decision.	Board of Directors
The board deliberates and decides on a new successor.	Board of Directors
The board develops accurate leadership and system profiles for the search.	Board of Directors
The board establishes a CEO search committee.	Board of Directors
The board finds or endorses the executive search firm.	Board of Directors

Item	Code
The board of directors identifies the needed competencies in a new CEO	Board of Directors
The Board of Directors or the Chairman provides a realistic overview of the current state of the company.	Board of Directors
The board of directors provides sufficient oversight of the new CEO.	Board of Directors
The board selects a search firm that fits the organizational culture.	Board of Directors
The board selects a search firm that understands and respects the organization's mission and vision.	Board of Directors
The incoming and outgoing CEO should be in regular communication leading up to the transition.	Incoming CEO
The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry.	Incoming CEO
The incoming CEO compares their preferred job profile to the presented opportunity.	Incoming CEO
The incoming CEO focuses on getting to know the organization's people early in the transition.	Incoming CEO
The incoming CEO has a facilitated integration session with their direct staff within the first 60 days	Incoming CEO
The incoming CEO holds group meetings with organizational directors.	Incoming CEO
The incoming CEO interviews board members, executive team members, director-level staff members, and local business and community leaders to formulate a deep understanding of the organization's culture, market strengths, and opportunities.	Incoming CEO
The incoming CEO meets one-on-one with administrative staff and physician leaders to get to know them.	Incoming CEO
The incoming CEO should classify the organizational projects and initiatives as (a) continue, (b) pause, or (c) gather more information.	Incoming CEO
The incoming CEO should develop an understanding of the reality of patient care	Incoming CEO
The incoming CEO should develop deep understanding of any volatile issues within the system or community which may affect system's performance and/or reputation.	Incoming CEO
The incoming CEO should ensure that many aspects of the organization remain in place for continuity and stability.	Incoming CEO
The incoming CEO should establish critical relationships inside the organization	Incoming CEO
The incoming CEO should establish critical relationships with stakeholders outside the organization	Incoming CEO
The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites.	Incoming CEO
The incoming CEO should meet with all key community members to meet with during the first year.	Incoming CEO
The incoming CEO should meet with all management and senior leaders within the first month.	Incoming CEO
The incoming CEO should not rush organizational change but carefully assess what needs to change/evolve based on input from their CHRO, direct reports, and other key stakeholders (e.g. physicians, nurses, front line talent).	Incoming CEO
The incoming CEO should research the recruiting agency, the recruiter, and their recent placements	Incoming CEO
The incoming CEO should seek to align with the hospital's culture	Incoming CEO
The incoming CEO should seek to understand the hospital's culture	Incoming CEO
The incoming CEO should strive to enhance diversity through understanding the hospital's community, challenges around health equity, the hospital's role in community health and research, and staff and leadership diversity.	Incoming CEO
The incoming CEO should use their network to gain attention from the search committee.	Incoming CEO

Item	Code
The incoming CEO understands their own preferred job profile, separate from the presented opportunity.	Incoming CEO
The outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	Outgoing CEO
The outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	Outgoing CEO
The outgoing CEO creates a list of organizational projects and initiatives to share with the incoming CEO	Outgoing CEO
The outgoing CEO demonstrates confidence in and satisfaction with the new CEO to internal and external stakeholders.	Outgoing CEO
The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO.	Outgoing CEO
The outgoing CEO is fully out of the organization at the time the incoming CEO starts the position.	Outgoing CEO
The outgoing CEO personally informs key board members and organizational staff of the impending transition.	Outgoing CEO
The outgoing CEO refrains from asking organizational stakeholders how things are going with the new CEO after the transition.	Outgoing CEO
The outgoing CEO should be part of the search committee.	Outgoing CEO
The outgoing CEO should connect the incoming CEO key internal and external stakeholders.	Outgoing CEO
The outgoing CEO should review all steps that a transition may require.	Outgoing CEO
The outgoing CEO, in cases of voluntary turnover, confirms a personal readiness to leave.	Outgoing CEO
The outgoing CEO, through conversations with the incoming CEO, explains their current activities and preparations for the transition.	Outgoing CEO
The search committee keeps the board informed and involved throughout the process of finding possible succession candidates.	Board of Directors

Summary

The purpose of this study was to identify best practices for CEO transitions at large hospital systems during times of significant multidimensional change. To do so, a Delphi approach was used wherein 50 CHROs who had experience with CEO transition within large hospital systems were invited to complete a three-round survey. Round 1 presented 75 items to respondents and 34 (45%) achieved consensus. Respondents additionally noted 15 more critical items to evaluate. In Round 2, 56 items were presented, and 35 (37.5%) reached consensus, yielding an overall consensus on 69 of the total 90 critical items (77%). In Round 3, 21 items were presented, and 14 (67%) reached consensus. Across the three rounds, 83 of the total 90 critical items (92.2%) had reached consensus, which exceeded the threshold needed (85%) to demonstrate stability.

Research Question 2 examined whether a broader framework existed for CEO transition in large hospital systems during times of multidimensional change. Answering this research question required further reduction of the 83 consensus items using thematic analysis. The 83 items were organized into seven themes: CHRO, Board of Directors, Outgoing CEO, Incoming CEO, Organizational leaders, Multiple stakeholders, and External supports. Two doctoral-level peer reviewers verified the analysis upon their review. The next and final chapter provides a discussion of the findings.

Chapter 5: Findings

Summary of the Study

Healthcare is the fastest growing industry in the United States and globally (Bureau of Labor Statistics, 2022; Schiavone & Ferretti, 2021). Economists forecast that as the population grows and life expectancy increases, the healthcare sector will continue expanding to meet consumer needs domestically and globally (Bureau of Labor Statistics, 2022; Vogenberg & Santilli, 2019). Aging populations will lead to increased demand for healthcare services, which is a key factor that will contribute to growth in the sector (Dormont et al., 2010; Rowe et al., 2016; Swanson, 2022).

In 2021, the global healthcare industry was worth $12 trillion. In the United States, the healthcare sector reached $4.1 trillion (Insider Intelligence, 2023). The spending accounted for 20% of the U.S. GDP in this time period. Healthcare is a complex massive industry that accounts for 20% of the United States' gross domestic product in 2020 (Insider intelligence, 2023; Keehan et al., 2020). Industry projections suggest that the healthcare market will reach $6.2 trillion by 2028 (Gebreyes et al., 2021; Hartman et al., 2020).

Healthcare is economically important to the U.S., given the annual wages for clinician occupations (surgeons, physicians, or registered nurses) exceed $75,000, which is higher than the median annual wage of $45,760 for all occupations in the economy (Bureau of Labor Statistics, 2021, 2022). Consideration of the supply of healthcare professionals to fill the jobs is a gap that needs to be addressed by chief executives at a time when the availability of the labor pool to fill openings is widening. As the industry faces supply and demand clinical talent imbalance, a leadership imperative emerges (Gilmore, 2003)

According to the Bureau of Labor Statistics (2022), employment in the healthcare sector will grow by 16% between 2020 and 2030. The growth projection will add 2.7 million new jobs, making healthcare the fastest growing occupation than the average of all occupations combined (Insider Intelligence, 2023; Keehan et al., 2020). Simultaneously, staff shortages remain at the

top of the list of concerns for chief executives, combined with operational challenges requiring

change while striving to maintain profitable growth to support the mission of the organization.

Between 2000 and 2030 the US confronts a shortage of clinicians: up to 122,000 physicians,

500,000 registered nurses, and more doctors near retirement age of 65 in the next decade.

A stabilized workforce is a primary focus of hospital chief executive officers (CEOs), with

94% citing staffing shortages and the lack of RNs as the predominant concern (Advisory Board,

2022; Figueroa et al., 2019). The American Hospital Association (2021) reported approximately

1.7 million people resigned from their healthcare positions which is an estimated loss of 20% of

its workforce and 30% of nurses (AHA, 2021; Delaney et al., 2021; Gazelle, 2022). Few

industries have experienced the magnitude of a mass exodus of workers as healthcare which is

important because of the industry's impact on occupations and the health of the nation.

Employment shortages in the field remain at 80,000 jobs, a figure that has persisted since

February 2020 (AHA, 2021). Hospital CEOs are called on to provide strategic direction,

determine priorities for multiple stakeholders and create commitment across the system that

address priorities that contribute to addressing challenges (Figueroa et al., 2019; Reich et al.,

2016; World Health Organization, 2007).

As significant and problematic general turnover is in the healthcare workforce, executive-

level resignations pose an even more serious threat to the industry. Research by Challenger,

Gray & Christmas, Inc. (2022) indicates that 46 CEOs left their roles in the first half of 2022.

CEO turnover increased by 53% in the largest publicly traded corporations between 1995 and

2001 as CEO tenure declined from 9.7 years to 7.3 years during the same period of time (Lucier

et al., 2002). As shown in Figure 1, executive-level attrition is a growing problem.

Purpose

The purpose of this study was to identify organizational practices for CEO transitions at

large hospital systems during times of significant multidimensional change. In this study, a large

hospital system was defined as a multi-hospital, multi-region institution that employs more than

25,000 individuals. Multidimensional change was defined as volatile, complex, uncertain, and ambiguous conditions that ignite social, economic, and workforce shifts within and outside the organization.

More broadly, the study's aim was to offer insights to organizations that wish to improve the success of CEO transitions, especially during times of multidimensional change. The following research questions were addressed in this study:

1. What are the most important practices for CEO transition in large hospital systems during times of multidimensional change?

2. Is there a broader framework for CEO transition in large hospital systems during times of multidimensional change that could be arrived at by further reduction of the data?

Significance

This study is anticipated to produce needed insights about how to effectively navigate CEO transitions. When these transitions are done well, organizations prepare a new leader with a change agenda, and the leader is better equipped to turn it into power dynamics on how the culture influences a strategy shift or what cultural changes will be necessary to support the strategic imperatives (Ciampa, 2016; Dotlich, 2016; Watkins, 2003). Further, successful transition pathways establish foundations for productive relationships between key stakeholders, the CEO, and board members (Ciampa, 2016).

Methods

A Delphi approach was used to answer Research Question 1. In this approach, 50 CHROs who had experience with CEO transition within large hospital systems were invited to complete a three-round survey. Round 1 presented 75 items to respondents and 34 (45%) achieved consensus. Respondents additionally noted 15 more critical items to evaluate. In Round 2, 56 items were presented, and 35 (37.5%) reached consensus, yielding an overall consensus on 69 of the total 90 critical items (77%). In Round 3, 21 items were presented, and

14 (67%) reached consensus. Across the three rounds, 83 of the total 90 critical items (92.2%) had reached consensus, which exceeded the threshold needed (85%) to demonstrate stability.

Research Question 2 examined whether a broader framework existed for CEO transition in large hospital systems during times of multidimensional change. Answering this research question required further reduction of the 83 consensus items using thematic analysis. The 83 items were organized into seven themes: CHRO, Board of Directors, Outgoing CEO, Incoming CEO, Organizational leaders, Multiple stakeholders, and External supports. Two doctoral-level peer reviewers verified the analysis upon their review. The next and final chapter provides a discussion of the findings.

This chapter provides a discussion of the findings discovered through the data analysis for each research question. Following the findings, this chapter discusses the implications of the study, the application of the research through the introduction of Bailey Model for Successful CEO Transition, and recommendations for future research.

Research Question 1: Organizational Practices for Chief Executive Transition in Large Hospital Systems During Times of Multidimensional Change

Key Factors

In answer to Research Question 1, three key factors emerged as critical from the study for effective CEO transition in large hospital systems: (a) conducting an effective executive search; (b) supporting, guiding, and monitoring the new CEO; and (c) informing and leading the organization through the transition, using an effective change plan. Based on panelists' responses, the six main constituents to the transition (i.e., the board; CHRO; outgoing CEO; incoming CEO; and executives, senior leaders, and managers) all play unique responsibilities relative to these three factors.

Role of the board. Critical items for the Board of Directors included (a) outlining and overseeing the search a new CEO, such as selecting a search firm that understands and respects the organization's mission, vision, and culture as well as establishing a CEO search

committee; (b) outlining the parameters for the search and selecting the successor, such as identifying the needed competencies in a new CEO, developing accurate leadership and system profiles for the search, deliberating and deciding on a new successor, and deciding whether internal candidates will be considered as possible successors and communicates this decision; and (c) informing and overseeing the new CEO, such as providing a realistic overview of the current state of the company and sufficient oversight of the new CEO, and evaluating the new CEO in an appropriate time frame.

These findings are similar to extant literature, which emphasized that the board must shepherd the process of the successor's transition which begins with preparation, followed by serving as a sounding board and providing feedback and advice (Schepker et al.; 2018; Tuomala & Yeh, 2018). During preparation, boards seek to understand the requirements for success that will lead to a clear path on resources and constraints that will need to be navigated for an effective leadership transition (Najipoor-Schuette & Patton, 2018). The board needs to hold incumbent CEOs accountable to performance and offer the right amount of oversight and guidance (Dierickx & McGill, 2007).

Role of the CHRO. The CHRO plays three primary roles during the transition, including acting as process consultant for the transition, coaching and counseling the incoming CEO, and leading the organization through the transition toward organizational health and performance by assuring ample communication and integration. Related to being a process consultant, the expert panel emphasized the importance of implementing a succession planning framework, serving as an internal advisor to the outgoing CEO, and coordinating and advising on the transition process. Additionally, CHROs support incoming CEOs by helping them learn new perspectives, adopt new behaviors, and offering support for their experiences of anxiety, stress, or alienation. CHROs also serve in fundamental ways to support organizational health and performance throughout the change, including helping the new CEO improve functioning of the senior team, identifying and addressing organization culture issues, assuring the board remains

involved as a sounding board and advisor to the incoming CEO, developing and implementing a well-developed communications strategy, and creating a transition management team, managing administrative aspects of the change.

Extant literature similarly emphasized that CHROs play significant roles in ensuring CEO transitions (Ciampa, 2015). Several areas in which the CHROs can help senior transitions include serving as an internal advisor to the outgoing and incoming CEO; managing administrative aspects of the change; facilitating communication between the board and the senior managers and being instrumental in assisting the new CEO to strengthen ways the senior team works well together (Ciampa, 2015; Meinert, 2015). The CHRO also is responsible for coordinating the process and acting as an internal advisor to the process (Dierickx & McGill, 2007). Due to the gap that existed in the literature on the instrumental role chief human resources officers play in transitioning CEOs, the present study offered unique and valuable insights.

Role of outgoing CEO. Panelists' responses indicated the importance of the outgoing CEO equipping and endorsing the new CEO while making sure they themselves are exiting the organization completely and expediently. To effectively equip the new CEO, the outgoing CEO should review all steps that a transition may require; create a list of organizational projects and initiatives to share with the incoming CEO; and explain to the incoming CEO their current activities and preparations for the transition. To endorse the new CEO, the outgoing CEO should connect the incoming CEO key internal and external stakeholders, refrain from asking organizational stakeholders how things are going with the new CEO after the transition, demonstrate confidence in and satisfaction with the new CEO to internal and external stakeholders, and adopt a consultative rather than directive attitude toward the incoming CEO. To assure they are leaving completely and expediently, panelists agreed that outgoing CEOs should confirm their personal readiness to leave and be fully out of the organization at the time the incoming CEO starts the position, and personally informs key board members and

organizational staff of the impending transition. Limited discussion was found in the available researcher about the role of outgoing CEOs in the transition. It is likely that this limited attention to the outgoing CEO is because a proportion of CEO transitions are involuntary. In such cases, the involvement of the outgoing CEO would naturally be limited.

Role of incoming CEOs. Incoming CEOs, according to panelists, are responsible for a large number of activities to ensure the success of the transition. Objectives in this process from the viewpoint of the incoming CEO include carefully assessing the organization and community, building relationships with all stakeholders, and formulating an effective plan for their leadership. Activities related to assessment include such things as understanding the hospital, its culture, its larger community, the hospital's role in its community, and the hospital's market realities. Panelists agreed that the incoming CEO should not rush organizational change but carefully assess volatile issues, what needs to change, and what needs to stay the same, based on input from their CHRO, direct reports, and other key stakeholders.

Relationship building was a centrally important element of the incoming CEO's tasks, according to panelists. Specific activities included holding a facilitated integration session with their direct staff within the first 60 days, meeting with all management and senior leaders within the first month, meeting with all key community members to meet with during the first year and establishing critical relationships inside and outside the organization. Formulating an effective plan for their leadership includes working with the outgoing CEO regarding transition timing and priming the organization for the new CEO's successful entry; being in regular communication with the outgoing CEO leading up to the transition; and classifying the organizational projects and initiatives as (a) continue, (b) pause, or (c) gather more information.

Examination of literature on CEO transition revealed that the new leader holds the ultimate responsibility for directing the transition process and achieving success (Dierickx & McGill, 2007). Birshan et al. (2016) reported as many as 74% percent of U.S. leaders think they are unprepared for their new CEO roles (Paese & Wellins, 2015). Over 402 CEOs from 11

different countries were surveyed admitted they were not fully prepared for the personal and interpersonal aspects of the transition and the role (Najipoor-Schuette & Patton, 2018). In the study, 29% of the CEOs reported that their organization appropriately supports new leaders (Najipoor-Schuette & Patton, 2018). The tertiary responsibility of transitioning is the role that the chief executives themselves play in their transition. In the study of CEOs across 11 countries, 79% agreed with the statement that they needed to transform themselves as well as the organization. Transitions at the top are repeatedly reported to fail when major players are unprepared, ignore, or underestimate the critical complexities of the process. Ciampa and Dotlich (2015) explain the confluence of two factors that contribute to transition complexity: (a) adjustments required by the key constituents and interactions between them: the sitting CEO, the board, senior leaders, and the CHRO and (b) systemic organizational adjustments associated with the transition: cultural, political, operational and strategical.

Role of executives, senior leaders, and managers. Panelists ranked the involvement of executives, senior leaders, and managers as important to the transition, as these instrumental stakeholders support employees in following the new CEO's vision and they also help adjust the organization as needed. These individuals also need to be open to the new CEO's ways of doing things, especially if those differ from how things have been done up to that point in the organization. Similarly, Dierickx and McGill (2007) asserted that senior managers must prepare the organization for the new leader and help the organization's employees, structure, and processes adapt to the new leader's vision.

Panelists also stressed that multiple stakeholders involved in the transition need to engage in effective collaboration before, during, and after transition. Panelists' ratings also indicated the importance of developing mutual trust and build common understanding about the organization's current and future state through ample communication between board, new CEO, senior leadership and executives. Activities to support this objective involve executive team members (a) creating a description of their division, direct reports, recent accomplishments, and

current projects to share with the incoming CEO and (b) creating a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job. The board, executive leadership, and incoming CEO also should establish clear business goals and clear understanding of the delegation of authority for the CEO role.

While panelists agreed that the outgoing and incoming CEO collaborate and communicate to promote smooth transition, they also concurred that the overall process and amount of communication between outgoing and incoming CEO should be based upon the nature of the departure and business needs. Specific activities that can aid this effort concerns the outgoing CEO spending time with the incoming CEO to introduce them to the local community and key stakeholders.

Circumstantially, the outgoing CEO and other key constituents would be involved in the transition of the new CEO. Transition management teams provide a crucial role in the overarching health of the organization during a time of significant change (Ciampa & Dotlich, 2022). Included in this group are representations from multiple stakeholders that include perspectives from patients, community partners, frontline leaders, and different dimensional diverse voices from within the organization's workforce (Carriere et al., 2009; Nazemian, 2022). Transition management teams play a crucial role in sustaining the organizational health during times when there is flux and a need of strong strategies, as well as high talent engagement.

Role of external supports. Panelists noted that external support resources can be instrumental in supporting the success of the CEO transition. To effectively carry out these roles, panelists agreed that various resources could support the new CEO before, during, and after the transition. Specific activities include the search firm or recruiter helping the incoming CEO prepare for the interview with the search committee, a CEO boot camp being arranged to quickly orient the new CEO, and an external executive coach helping the incoming CEO with transition and integration matters. No related extant research was found related to the role of these kinds of external supports, although it may exist.

Research Question Two

Research Question 2 examined whether there is a broader framework for CEO transition in large hospital systems during times of multidimensional change that could be arrived at by further reduction of the data. To answer this question, the items that had reached consensus were examined using thematic analysis. The following sections describe the themes that emerged from this analysis and the critical items that aligned with each theme. These themes then were used to create a new model for guiding CEO transitions in large hospital systems, which is described later in this chapter.

People Are Central to Transition Success

The success of executive transition within an organization during times of high uncertainty and change is highly depended on people. Awareness of who is involved, what role they play, and general accountabilities assigned to organizational practices are essential element. People are characterized as primary, secondary or tertiary members in the transition based on the role assigned to their function. Incoming CEO, board of director and CHRO have shared roles and serve as the tripartite members who navigate the organizational practices of setting vision, communicating, planning for succession, engaging all stakeholders and monitoring the organizational performance. In this model, these are the three primary players identified as the main contributors to the transition.

Multiple stakeholders need to be involved to adequately address people issues. Those stakeholders include the board of directors, incoming CEO, CHRO, outgoing CEO, community constituents, organizational leaders, external support expertise, such as executive search firms and executive coach, as well as consumers and patients. It is also important to provide people with a clear understanding of their roles and responsibilities throughout the entire transition. Clarity of members, roles and practices should be established at the outset when it is evident that transition will occur.

People are fundamental to the organization's continual operation during the transition. The role of people in an executive transition is critical given the multivariant impacts. For example, anticipated outcomes: leaders' morale degradation, a ripple effect of senior leader exits which elevate succession planning or replacement needs, performance degradation when there is a void or stagnation of fulfilling strategic plans or change in services to patients and communities.

One of the most important roles of the people is communicating effectively with all stakeholders. It is essential to keep people informed of the transition elements taking place with a focus on message relevancy to each audience. A few examples, town hall informational sessions, one-on-one conversations with organizational leaders, written communications. Communicating includes both internal and external stakeholders. For example, customers, community constituents, organizational leaders, internal and external members contribute to the transition process.

Accelerating and Keeping the Momentum of the Transition is Essential

People acceleration during transitions refers to the deliberate, proactive efforts taken by the primary players to ensure that all stakeholders are equipped and prepared to support the incoming CEO, along with the changes necessary for the transition. It is about advancing change at a pace that keeps forward momentum toward a intended outcome or goal.

The acceleration step involves strategies and initiatives designed to keep the transition of the incoming CEO into the organization while minimizing potential negative impacts on employee morale, engagement and productivity. One of the key aspects of people acceleration is communication. Clear and consistent communication facilitates employees' level of awareness of the changes underway and what can be expected. Communication can assist in reducing uncertainty, build trust and articulating the vision can establish confidence in the future with an incoming CEO.

Boards accelerate transitions through oversight of the CEO transition and promotes the efficient and effective use of resources to accelerate the pace of change. Incoming CEO leads acceleration in the shift in the strategy, culture, leadership, or other significant factors.

Setting the pace of the transition is earmarked by the Board setting timelines that are communicated and supported by the CHRO and organizational leaders. External supports also contribute to accelerating the transition. Timely candidate identification and assistance provided to the Board of Directors in naming the incoming CEO is one way that transition accelerating is aided through people. Coaching or consulting support for the incoming or outgoing CEO accelerates transitions by identifying factors that either support or derail progress. Another example of accelerating a transition is the early identification of succession needs of organizational leaders to minimize or mitigate business disruptions during times of change.

Building relationships is another aspect of people acceleration. The incoming CEO must establish relationships with multiple stakeholders within the organization to understand the culture, strengths, weaknesses, and opportunities. Similarly, organizational leaders' establishing a relationship with the incoming CEO to build trust so that the pace of adoption of the vision moves forward.

Overall, people acceleration during an executive transition is about ensuring that the organization's people are fully prepared and equipped to support the incoming CEO's and the changes that come with the transition. Deliberate and proactive steps to build relationships, communicate effectively enable organizations to accelerate the integration process and minimize negative impacts on morale engagement and productivity.

Need for Transition From Former to Modified Practices

Focusing on organizational practices that support ushering in a change in leadership of an organization. In essence, transitions in the PATT model is the bridge from the existing organizational practices to mew or modified practices.

For transition to happen effectively, transition team members (e.g., incoming and outgoing CEOs, board of directors, CHRO, external supports, organizational leaders and other stakeholders) need to engage in clear communication about what is changing and what is not changing. The trigger event to begin activating a plan begins at the moment that there is awareness of a CEO transition. It is important for all stakeholders to ensure that clear direction is stated of the future state and vision of the incoming CEO. Stakeholders are consciously aware of their roles in the transition. Risk factors are identified and strategies to mitigate them are deployed. For example, determining the impact of executive exits or leader disenfranchisement during times of uncertainty to ascertain the appropriate organizational practice that will be required; such as town halls, one on one meetings, succession planning for key roles.

CEO transitions are inevitable. Focusing on organizational practices that support ushering in new executives is important given the research that highlights the substantial possibility of failure that is detected within 18 months. The disruptive nature of a transition should be mitigated by intentionality in adopting organizational practices that are centered on people. By identifying areas of risk and preemptively developing suitable strategies for shepherding the organization toward the new future, practitioners can ensure a smooth transition for all stakeholders.

Need for Togetherness and Collaboration

Togetherness concerns an emphasis is on the importance of inclusivity and collaboration in facilitating successful transitions. Working in concert, through a clear vision established by the incoming CEO and cosigned by the CHRO, trust is built, relationships are cultivated, engagement is garnered while resistance to change is recognized and mitigated. In turn, inclusivity is a fundamental element of successful CEO transitions. People collaborating to accelerate the executive transition begins with the primary members communicating and leading the way: board of directors, incoming CEO and CHRO. CHROs can play a pivotal role

as internal consultant, coach, advisor and organizational strategist in support of people's

awareness and adoption of accelerating the new executives' transition.

The essence of building coalitions of support for the transition should happen with a

cadence of frequency before entry, at the point of transition and post entry of the change. When

this is achieved, increased effectiveness of the transition process may be anticipated; better

communication and collaboration among stakeholders; improved stakeholder engagement and

buy-in may occur; resistance to change may reduce, and morale may improve. By emphasizing

the importance of people that collaborate together through built on mutual trust a chassis for

change is constructed that enables successful transitions.

To best facilitate the success of the transition, multiple stakeholders such as the board,

new CEO, CHRO, senior leadership, and executives need to develop mutual trust and build

common understanding about the organization's current and future state through ample

communication. Organization members also need to collaborate to promote fulfillment of new

CEO's vision. Specific activities that require the collaboration of multiple stakeholders include:

- Administrative team members focus on being open to new and different ways of doing things.

- Administrative staff and outgoing CEO create a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job.

- Each executive team member should create a description of their division, direct reports, recent accomplishments, and current projects to share with the incoming CEO.

- Ensure there is ample discussion and understanding between board and incoming CEO regarding any significant changes proposed, especially in the first 90 days.

- The board, executive leadership, and incoming CEO should establish clear business goals and clear understanding of the delegation of authority for the CEO role.

- The incoming CEO should provide transformational and visionary leadership while the organization focuses on transactional leadership.

- Trust and open communication should be developed across all stakeholders involved in the transition, including the Board.

Role of External Supports

Coaches and succession experts should communicate extensively with board and equip the incoming CEO to get the job and navigate the transition well. Specific activities for these stakeholders include:

- A CEO boot camp should be arranged for the incoming CEO.

- An external executive coach should assist the incoming CEO with transition and integration matters.

- The search firm or recruiter should help the incoming CEO prepare for the interview with the search committee.

Items With No Importance or Basis

The four items that received ratings of no opinion ($n = 1$), some importance ($n = 1$), or non-importance ($n = 2$) related to aspects external to the transition effort. For example, activities to promote the new CEO's successful job search and ability to secure the job offer, such as researching the recruiting agency, the recruiter, and their recent placements and using their network to gain attention from the search committee are relevant for the prospective new CEO to get the job, but may have little impact on whether the transition is successful. Whether the outgoing CEO needs to be part of the search committee and identify executive search firms for the board to consider enlisting to find a new CEO is dependent upon the nature of the exit. Similarly, only a few sources examined as part of the literature review discussed the role the outgoing CEO should play in the transition (Ciampa, 2020; Lancaster et al., 2020).

No Consensus Items

Similarly, the items that did not reach consensus related to the incoming CEO's job search. These activities are not relevant to a successful transition, although they may be essential to a successful job search. Whether the outgoing CEO should provide advice for how administrative team members could best present themselves to the new CEO again depends upon the nature of the exit. In the event of adversarial exits, guidance from the outgoing CEO would be undesirable.

A fifth item that failed to reach consensus was that the board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role. It is possible that respondents' differing views on this matter stem from differences in the rules of companies and boards regarding whether they allow their CEOs to serve on external boards. Therefore, while some panelists may consider it important that the CEO dedicate all their focus to the new company, other panelists may view the new CEO's external board service as an opportunity for organizational learning and benefit and, thus, would not want to prohibit the CEO from serving.

The final item that failed to reach consensus was whether the organization should engage an external CEO succession expert who is experienced, has no internal bias, and has benchmarks on other successful CEO transitions should to the transition (median = 4, IQR = 2). This was a new item suggested by a panelist in the open responses during Round 1. It is possible that this item failed to reach consensus because, in the present researcher's experience, CEO transition tends to be an internally oriented and sourced effort, and few panelists may have even been aware of the existence of such professionals. Additional research would be helpful to further examine this aspect of CEO transition, as discussed later in this chapter.

The Bailey 360o CEO Transition Framework

Bailey's 360º Framework for Successful CEO Transitions is a holistic three-part model designed by the principal investigator to illuminate the findings of the study. The model is based on classifications discovered in the intercoder reliability analysis to create the 360º Framework. The three-part framework is derived from key elements that reached a minimum ranking of importance throughout the Delphi approach. Three models work in tandem and flow from people, to critical organizational practices and then culminate in collective processes of the primary players, new CEO, board of directors, and CHRO, for successful transitions. Examining the frameworks shows the 360-degree perspective that is interconnected: people (Figure 16),

organizational practices (Figure 17), and core processes performed by the primary players (Figure 18).

This research provides stakeholders with insights to formulate organizational practices for CEO transitions. By understanding the elements that experts agree as important to have as part of an effective transition program, the board of directors, new CEO, and CHRO have key information on how to design a successful CEO transition. By using Bailey's 360º framework, large hospital systems can ensure organizational practices are comprehensively identified and all key stakeholders are engaged to set the new CEO up for success in their role.

The PATT framework is a comprehensive approach to organizational practices that can help businesses effectively manage change and achieve success. This framework comprises five key organizational practices, each represented by a letter in the acronym PATT:
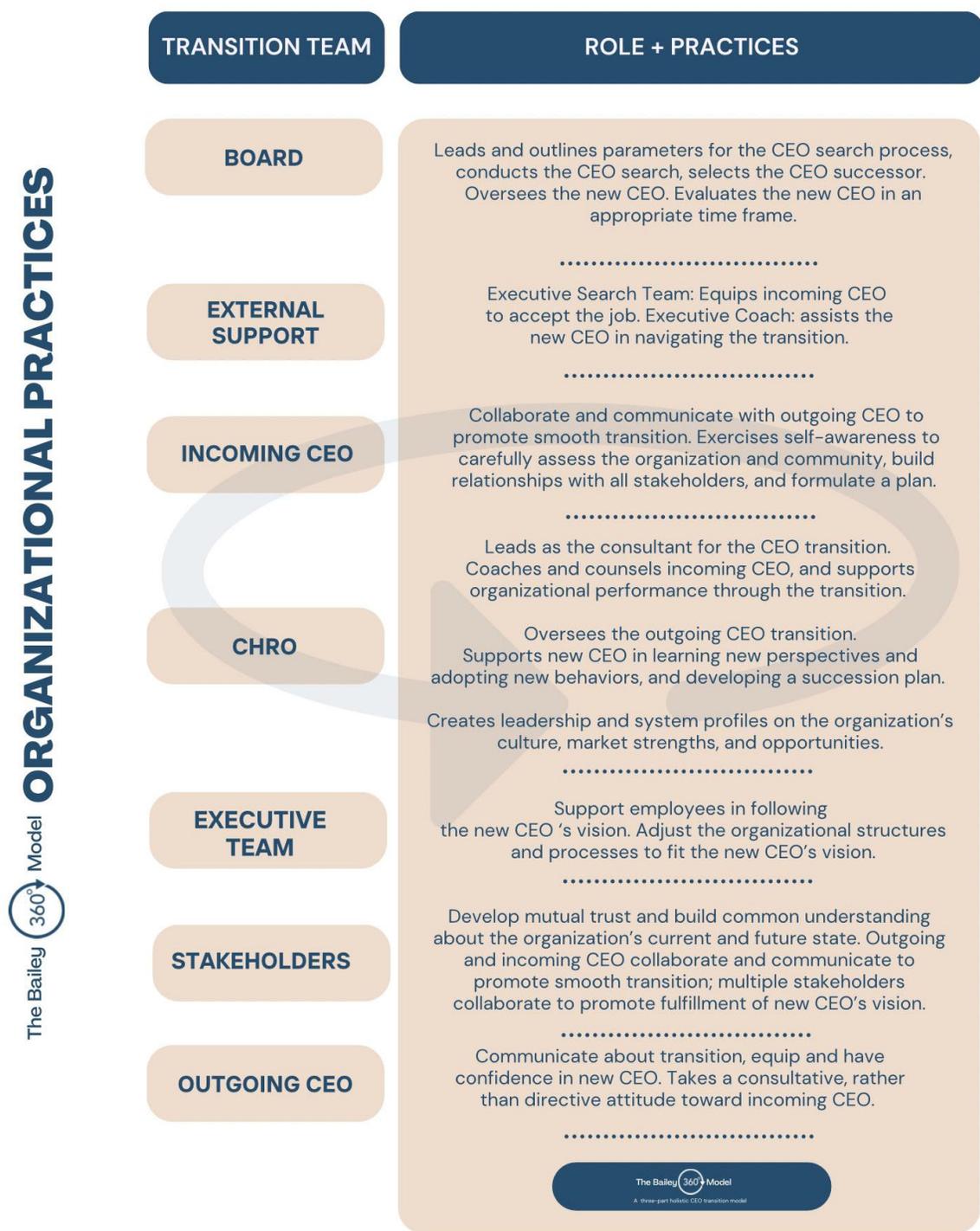
Figure 16

Bailey 360⁰ CEO Transition Framework: People

Figure 17

Bailey 360⁰ CEO Transition Framework: Organizational Practices

TRANSITION TEAM	ROLE + PRACTICES
BOARD	Leads and outlines parameters for the CEO search process, conducts the CEO search, selects the CEO successor. Oversees the new CEO. Evaluates the new CEO in an appropriate time frame.
EXTERNAL SUPPORT	Executive Search Team: Equips incoming CEO to accept the job. Executive Coach: assists the new CEO in navigating the transition.
INCOMING CEO	Collaborate and communicate with outgoing CEO to promote smooth transition. Exercises self–awareness to carefully assess the organization and community, build relationships with all stakeholders, and formulate a plan.
CHRO	Leads as the consultant for the CEO transition. Coaches and counsels incoming CEO, and supports organizational performance through the transition. Oversees the outgoing CEO transition. Supports new CEO in learning new perspectives and adopting new behaviors, and developing a succession plan. Creates leadership and system profiles on the organization's culture, market strengths, and opportunities.
EXECUTIVE TEAM	Support employees in following the new CEO 's vision. Adjust the organizational structures and processes to fit the new CEO's vision.
STAKEHOLDERS	Develop mutual trust and build common understanding about the organization's current and future state. Outgoing and incoming CEO collaborate and communicate to promote smooth transition; multiple stakeholders collaborate to promote fulfillment of new CEO's vision.
OUTGOING CEO	Communicate about transition, equip and have confidence in new CEO. Takes a consultative, rather than directive attitude toward incoming CEO.

The Bailey 360 + Model
A three-part holistic CEO transition model

Figure 18

Bailey 360⁰ CEO Transition Framework: Process

To encapsulate the essence of Bailey's 360º Model, a new conceptual framework is postulated; People Accelerating Transitions Together (PATT). PATT embodies the essence of Bailey's 360º Model to help practitioners navigate multidimensional change by emphasizing the pivotal role of people, promoting inclusivity, collaboration, and stakeholder engagement. Key Components of PATT:

People: The success of any transition depends on the people involved. This includes all stakeholders, internal and external, who contribute to the transition process. PATT recognizes the importance of fostering a culture of trust, transparency, and communication among stakeholders to facilitate collaboration and stakeholder engagement.

Accelerating: the pace of change promotes efficient and effective collaboration among multiple stakeholders through communication and transparency. PATT promotes the efficient and effective use of resources to accelerate the pace of change. This includes leveraging technology, streamlining processes, and optimizing workflows to minimize disruption and facilitate a smooth transition.

Transitions: focusing on organizational practices that support ushering in new elements of change. PATT recognizes transitions as key events that trigger organizational change. By focusing on transitions, practitioners can identify areas of risk, develop contingency plans, and ensure a smooth transition for all stakeholders.

Together: emphasis on the importance of inclusivity and collaboration in facilitating successful transitions. Working together, leaders build trust, cultivate relationships, harnesses engagement, minimizes resistance to change, and fosters a culture of continuous improvement.

The PATT framework offers several benefits, including increased effectiveness of the transition process; better communication and collaboration among stakeholders; improved stakeholder engagement and buy-in; reduced resistance to change, and improved morale. The PATT framework can be applied in a variety of transition contexts, including M&A; process improvements; restructuring; and organizational transformation endeavors. In conclusion, the PATT framework offers a comprehensive approach to navigating multidimensional change. By emphasizing the importance of people, accelerating the pace of change, focusing on transition practices, and promoting collaboration, PATT can help practitioners to achieve successful outcomes in a variety of contexts.

Implications of the Study

CEO transitions have been described as trigger events that ignite change at the organizational and individual levels (Bridges, 1996; Watkins, 2003). Trigger events are catalyst to other organizational or individual changes with the research indicating that transition management has negative impacts on employee engagement and organizations' performance (Anderson et al., 2021; Bharucha & Dial, 2013; Bridges, 1996). In the literature, transitions are multifaceted with various moving parts that exist through interdependent steps with one-third of the senior executives leaving their positions within 18 months of the appointment (Ciampa & Dotlich, 2016; Williams, 2010) and healthcare is lagging behind other industries and corporations in succession planning and retaining senior leadership talent (Blouin et al., 2006; Collins & Collins, 2007).

As a new CEO transitions, the new leader is sought out to make sense of the changing realities by clarifying purpose, articulating vision setting the strategy and garnering organization members' commitment to achieving positive organizational performance (Hutzschenreuter et al., 2012). The Delphi study findings highlight three players in particular in the CEO transition: the board of directors, the new CEO, and the CHRO. These stakeholders are foundational in formulating a framework to ensure all remaining stakeholders are involved, engaged and informed. Key organizational practices identified: setting the vision, communicating direction, planning for succession, performance execution and engaging multiple stakeholders, The following sections describe the implications of the study for these three pivotal players.

Implications for Board of Directors

Boards of Directors are advised to undertake five specific tasks to enhance the success of a CEO transition:

1. Pre-Transition Planning: involves identifying key stakeholders, establishing transition goals and objectives, and developing a transition plan that outlines the steps and roles to be taken during the transition process. This phase also involves conducting a thorough

review of the organization's current state including financial performance operational efficiency, market competitiveness and strategic direction.

2. CEO Search and Selection: The board of directors reviews internal candidates for the CEO role, identifies a search firm, conducts interviews and assessments to identify candidates and aid in the selection of the new CEO. This phase should involve input from key stakeholders such as board members, senior executives, other key leaders in the organization, community partners, and the exiting CEO if the terms and conditions of their exit is amenable.

3. The board of directors must ensure that the new CEO has the support and resources required to succeed in their new role. This includes establishing clear performance expectations and goals and following through with support beyond the first 90 days up to three years.

4. Leadership transition: the leadership transition phase involves a facilitated transfer of leadership responsibilities from the outgoing CEO to the new CEO. In this phase clear communication and collaboration is required between the outgoing and incoming CEO as well as other key leaders within the organization.

5. Performance Check and Balance: first year performance involves monitoring the new CEO's progress toward achieving transition goals and objectives to include ongoing performance reviews, feedback from all key stakeholders, and leveraging adjustments to the CEO's goals and objectives as needed.

Implications for New CEOs

Five critical tasks for the New CEO during a transition are as follows:

1. The incoming CEO plays a critical role in leading the organization through a period of multidimensional change, where in there may be a requirement to shift the strategy, culture, leadership, or other significant factors.

2. Develop a vision: based on listening and understanding the context, the incoming CEO should develop a clear and compelling vision for the organization's future. The vision should take into account the multi variate dimensions of change and outline a roadmap for the organization to move forward.

3. Build relationships: the new CEO should take time to build relationships with key stakeholders which includes the board of directors, executive team members, employees, patients, and other external partners. This requires listening for understanding and to gain perspective while building trust through open and transparent communication.

4. Align the organization: the new CEO should work to align the organization around the new vision by ensuring that all stakeholders understand the role they play to bring the vision to fruition. This involves clear communication that is consistent least setting expectations and establishing metrics to track progress.

5. Self-awareness: self-awareness should be deployed by the new CEO in carefully examining their role and how it contributes to ensuring the organization is prepared for each stage of the transition. For example, identifying potential risk and mitigating them, managing the pace of change, and ensuring that the organization is appropriately resourced for success.

Implications for CHROs

The chief human resources officer plays a vital role in a CEO transition. Ensuring a successful leadership change supports the organization's continued success. A 360 degree transition approach involves shepherding the process from multiple angles including the perspective of the CEO, the board of directors, the executive team, and employees. Using a 360º approach to organizational practices for CEO transitions, a CHRO has the role to consult, facilitate, administrate and orchestrate parts of the process as follows:

1. Work with the outgoing CEO: the CEO should collaborate with the outgoing CEO to understand their vision for the organization, what initiatives they have in progress, and any potential challenges or issues they anticipate. This knowledge assists the CHRO support a smooth transition from one CEO to the next by ensuring continuity in the organizations' operations.

2. Assist the board of directors: the CHRO can work closely with the board of directors to identify and assess potential CEO candidates, provide insights on the organization's culture, identify internal candidates through succession planning, and ensure the organization's values are represented in the hiring process.

3. Support the incoming CEO: wants a new CEO is selected the CHRO can assist with onboarding and help the new leader understand the organization's culture, strategy, succession and talent plan. In addition, they can provide insights on employee engagement and disenfranchisement as well as assist with developing a plan to build trust and establish credibility with the workforce.

4. Engage the executive team; The CHRO should work with the executive team to ensure they are aligned with the new CEO's vision and strategy and support the development of the teams working in concert with the new executive leader. Facilitating the new CEOs engagement with stakeholders builds relationships and begins establishing trust with the new CEO.

5. Communication: the CHRO performs a critical role of disseminating information across the organization, both vertically and horizontally, to ensure that stakeholders are informed about the CEO transition and what it means for the organization it terms of change. Furthermore, the CHRO listens to stakeholders' concerns that need to be addressed.

Recommendations for Future Research

Based on the findings of the present study, three suggestions for continued research have been identified. First, the present study was based on CEO transitions only in large hospital systems. Not only does this limit the findings to the healthcare industry, but it also limits the findings to a specific type of organization in the healthcare industry. While these findings are anticipated to have at least some transferability to other settings and industries, it is important to repeat the study drawing from other settings and industries. Only through this continued research will it be possible to confirm which organizational practices are transferable and which need to be adjusted.

The second suggestion for continued research is to further examine the role of external supports such as search firms, integration coaches, CEO boot camps, and more. Based on the researcher's experiences and examination of the literature, CEO transition processes tend to be insular—largely because the organization is In crisis and struggling to regroup. Additionally, it is possible that the stakeholders involved in CEO transitions are not aware that such supports exist. For this reason, it would be beneficial to examine organizations' experiences of using external supports, what best practices are advised to promote success in these collaborations, and to develop a more holistic understanding of the various roles when the help of external supports is solicited.

The third suggestion for research is to examine the implications of CEO transition for the hospital systems' workforce, community, patients, and services. During this significant and disruptive change, there is a suspension of business as usual. This suspension results in significant amounts of unnecessary time spent on navigating ambiguity and uncertainty, worrying about the future, and trying to move through the change. It would be beneficial to more deeply understand the Impact of these various forces on people, their work, and the various stakeholders affected by CEO transition.

Final Thoughts

Several key insights are drawn from this study. Leaders who focus on the people aspects of the transition rather than the administrative mechanics of the event. The area that surfaced in importance is the role of the CHRO. This role is of paramount importance yet it tends to be overlooked. The findings suggest that the CHRO's involvement in CEO transitions can have a significant impact on the organizational practices deployed. A CHRO is an understated factor in effectuating change for a successful transition in exiting the current CEO and facilitating the entry of the new CEO. Furthermore, the CHRO's involvement can help minimize disruptions to the organization's operations. As such, organizations should prioritize the involvement of their CHRO in CEO transitions and leverage their expertise to ensure a smooth and successful transition.

The new CEO's role in the transition must not be ignored. Their ability to articulate a vision for the future, build trust with the executive team and senior managers, and engage with multiple stakeholders as well as the board of directors are critical elements of a successful transition. Self-awareness is a desirable attribute for the new CEO to possess in achieving success in the transition. Board of directors need to be cognizant of the multidimensionality of a CEO's transition into the organization. With intentionality, the board has a role extending beyond the selection of the search and placement of the CEO. An awareness that transitions may trigger events within the organization's performance is a cautionary rationale for boards to pay attention beyond the first 90 days of the transition. There are additional research studies to advance knowledge of how CEO transitions impact various stakeholder groups and strategies to mitigate unintended negative consequences to the organizations' performance.

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APPENDIX A

IRB Approval Notice

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: February 22, 2023

Protocol Investigator Name: Lilicia Bailey

Protocol #: 22-09-1959

Project Title: A New Frontier: Successfully Transitioning Executives During Times of Multidimensionality; An Exploration of Organizational Practices

School: Graduate School of Education and Psychology

Dear Lilicia Bailey:

Thank you for submitting your application for exempt review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations 45 CFR 46.101 that govern the protections of human subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Since your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chair

cc: Mrs. Katy Carr, Assistant Provost for Research

APPENDIX B

Maximum Variation Protocol

Date survey sent to participant:

Participant Name:

Participant Pseudonym:

Participant's preferred e-mail address:

Pre-survey demographic questions:

      1. How many years have you held a CHRO role?

      2. How many years have worked in a large hospital system?

      3. How many CEO transitions have you been involved in?

      4. In what state do you work?

APPENDIX C

Consent Information and Questionnaire

IRB #: 22-09-1959
Participant Study Title: Executive Transition

Formal Study Title: Successfully Transitioning Executives in Large Hospital Systems During Times of Multidimensional Change

Authorized Study Personnel
Principal Investigator: Lilicia Bailey, Ph.D. Candidate   Office:
Faculty Advisor: Farzin Madjidi, Ed.D.   Office

Key Information:
This study involves males and females between the ages of 18-80. If you agree to volunteer and participate in this study:
☑ Procedures will include data collection via structured questionnaire

☑ Participation in up to 3 rounds of online surveys

☑ Each questionnaire is anticipated to take less than 20 minutes each, totaling 60 minutes over the course of the entire study.

Invitation
You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to participate. If you have any questions, please ask.

Why are you being asked to be in this research study?
You are being asked to be in this study because you are a leader in the healthcare industry and/or
crisis management. You must be at least 18 years of age or older to participate.

What is the reason for doing this research study?
The purpose of this study is to identify organizational practices for CEO transitions at large hospital systems during times of significant multidimensional change.

What will be done during this research study?
You will be asked to complete up to three rounds of a survey questionnaire. The online surveys will ask you a series of questions aimed at figuring out the organizational practices for CEO transition in large hospital systems. While the research will take approximately 26 to 52 weeks, your participation in each online survey is anticipated to take less than 10 minutes. The approximate timeline of the iterative rounds of survey is between February to March 2023 spanning three to six weeks.

How will my data be used?
Your survey responses will be analyzed and aggregated in order to determine the findings to the established research questions.

What are the possible risks of being in this research study?

This research presents minimal risk of loss of confidentiality, emotional and/or psychological distress because the survey questionnaire involves questions about CEO transition. You may also experience fatigue, boredom, or anxiety as a result.

What are the possible benefits to you?
You are not expected to get any benefit from being in this study.

What are the possible benefits to other people?
Benefits to society include guiding future research or creating services to support CEO transition.

What are the alternatives to being in this research study?
The alternative to participation in the study is not participating or only completing the items for which you feel comfortable.

What will being in this research study cost you?
There is no cost to you to be in this research study.

Will you be compensated for being in this research study?
You will receive no compensation for your participation in this study.

What should you do if you have a problem during this research study?
Your welfare is the major concern of every member of the research team. If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the beginning of this consent form.

How will information about you be protected?
Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The data will be stored electronically through a secure server and will only be seen by the research team during the study and for 3 years after the study is complete.

The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB), and any other person, agency, or sponsor as required by law. The information from this study may be published in scientific journals or presented at scientific meetings but the data will be reported as group or summarized data and/or with the use of a fake name. Your identity will be kept strictly confidential.

What are your rights as a research subject?
You may ask any questions concerning this research and have those questions answered before agreeing to participate in or during the study.

For study related questions, please contact the investigator(s) listed at the beginning of this form.

For questions concerning your rights or complaints about the research contact the Institutional Review Board (IRB):
• Phone:
• Email: gpsirb@pepperdine.edu

What will happen if you decide not to be in this research study or decide to stop participating once you start?

You can decide not to be in this research study, or you can stop being in this research study ("withdraw") at any time before, during, or after the research begins for any reason. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator or with Pepperdine University.

You will not lose any benefits to which you are entitled.

Documentation of informed consent
You are voluntarily making a decision whether or not to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study. You will be given a copy of this consent form to keep.

Participant Name:

Do you provide your consent to participate in this study?
O I Agree to Participate
O I Do Not Agree (Ends Survey)

Questionnaire

Organizational Practices of the Board of Directors
Below is a list of practices carried out by boards of directors in large hospital systems before, during, or after CEO transitions. Please rate the importance of each practice on a scale from 1 (not important) to 7 (critically important).

	1	2	3	4	5	6	7
1. The board of directors provides sufficient oversight of the new CEO.	1	2	3	4	5	6	7
2. The board of directors identifies the needed competencies in a new CEO	1	2	3	4	5	6	7
3. Assure the board of directors remains involved as a sounding board and advisor to the incoming CEO	1	2	3	4	5	6	7
4. The board allows incoming CEOs more than 3 months and up to 3 years to develop their vision and have an impact	1	2	3	4	5	6	7
5. The board establishes a CEO search committee.	1	2	3	4	5	6	7
6. The board finds the executive search firm.	1	2	3	4	5	6	7
7. The board develops accurate leadership and system profiles for the search.	1	2	3	4	5	6	7
8. The board address the interests of internal candidates.	1	2	3	4	5	6	7
9. The board deliberates and decides on a new successor.	1	2	3	4	5	6	7
10. The board selects a search firm that fits the organizational culture.	1	2	3	4	5	6	7
11. The board selects a search firm that understands and respects the organization's mission and vision.	1	2	3	4	5	6	7
12. The board decides whether internal candidates will be considered as possible successors and communicates this decision.	1	2	3	4	5	6	7

13. The search committee keeps the board informed and involved throughout the process of finding possible succession candidates.	1	2	3	4	5	6	7
14. The board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role.	1	2	3	4	5	6	7

Organizational Practices of the Chief Human Resources Officer

Below is a list of practices carried out by CHROs in large hospital systems before, during, or after CEO transitions. Please rate the importance of each practice on a scale from 1 (not important) to 7 (critically important).

15. Chief human resources officer should create a transition management team to monitor and enhance organizational health during the change	1	2	3	4	5	6	7
16. Chief human resources officer should include patients, community partners, frontline leaders, and diverse voices from the organization workforce in the transition management team.	1	2	3	4	5	6	7
17. Chief human resources officer should identify and address organization culture issues during the transition	1	2	3	4	5	6	7
18. The chief human resources officer serves as an internal advisor to the outgoing CEO.	1	2	3	4	5	6	7
19. The chief human resources officer serves as an internal advisor to the incoming CEO.	1	2	3	4	5	6	7
20. The chief human resources officer manages administrative aspects of the change.	1	2	3	4	5	6	7
21. The chief human resources officer facilitates communication between the board and the senior managers.	1	2	3	4	5	6	7
22. The chief human resources officer assists the new CEO to improve functioning of the senior team.	1	2	3	4	5	6	7
23. The chief human resources officer coordinates the transition process.	1	2	3	4	5	6	7
24. The chief human resources officer acts as an internal advisor to the process	1	2	3	4	5	6	7
25. Chief human resources officer supports incoming CEO in learning new perspectives	1	2	3	4	5	6	7
26. Chief human resources officer supports incoming CEO in adopting new behaviors	1	2	3	4	5	6	7
27. Chief human resources officer provides support for incoming CEO's experiences of anxiety, stress, or alienation	1	2	3	4	5	6	7
28. Chief human resources officer implements a succession planning framework for executives and mid-level leaders	1	2	3	4	5	6	7
29. Chief human resources officer creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities.	1	2	3	4	5	6	7

30. The chief human resources officer conducts a formal review of the new CEO's performance within their first 6 months on the job.	1	2	3	4	5	6	7

Organizational Practices: Search Firm

31. The recruiter should help the incoming CEO prepare for the interview with the search committee	1	2	3	4	5	6	7

Organizational Practices of the Executive and Administrative Teams
Below is a list of practices carried out by executive and administrative teams in large hospital systems before, during, or after CEO transitions. Please rate the importance of each practice on a scale from 1 (not important) to 7 (critically important).

32. Administrative team members focus on being open to new and different ways of doing things	1	2	3	4	5	6	7
33. Each executive team member should create a description of their division, direct reports, recent accomplishments, and current projects to share with the incoming CEO.	1	2	3	4	5	6	7

Organizational Practices by Multiple Stakeholders
Below is a list of practices carried out by multiple stakeholders in collaboration within a large hospital system before, during, or after CEO transitions. Please rate the importance of each practice on a scale from 1 (not important) to 7 (critically important).

34. Administrative staff and outgoing CEO create a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job.	1	2	3	4	5	6	7
35. Before the transition, the outgoing CEO spends time with incoming CEO to introduce them to the local community and key stakeholders.	1	2	3	4	5	6	7
36. The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry.	1	2	3	4	5	6	7
37. The incoming and outgoing CEO should be in regular communication leading up to the transition.	1	2	3	4	5	6	7

Organizational Practices: Senior Managers
Below is a list of practices carried out by senior managers at a large hospital system before, during, or after a CEO transition. Please rate the importance of each practice on a scale from 1 (not important) to 7 (critically important).

38. Senior managers prepare the organization for the new leader.	1	2	3	4	5	6	7
39. Senior managers help employees understand and adapt to the new CEO's vision.	1	2	3	4	5	6	7
40. Senior managers adjust organizational structures and processes to fit the new CEO's vision.	1	2	3	4	5	6	7

Organizational Practices by the Incoming CEO

Below is a list of practices carried out by the incoming CEO at a large hospital system before, during, or after the CEO transition. Please rate the importance of each practice on a scale from 1 (not important) to 7 (critically important).

41. The incoming CEO focuses on getting to know the organization's people early in the transition.	1	2	3	4	5	6	7
42. The incoming CEO meets one-on-one with administrative staff and physician leaders to get to know them.	1	2	3	4	5	6	7
43. The incoming CEO holds group meetings with organizational directors.	1	2	3	4	5	6	7
44. The incoming CEO should classify the organizational projects and initiatives as (a) continue, (b) pause, or (c) gather more information.	1	2	3	4	5	6	7
45. The incoming CEO should establish critical relationships with stakeholders outside the organization	1	2	3	4	5	6	7
46. The incoming CEO should establish critical relationships inside the organization	1	2	3	4	5	6	7
47. The incoming CEO should seek to understand the hospital's culture	1	2	3	4	5	6	7
48. The incoming CEO should seek to align with the hospital's culture	1	2	3	4	5	6	7
49. The incoming CEO should develop an understanding of the reality of patient care	1	2	3	4	5	6	7
50. The incoming CEO interviews board members, executive team members, director-level staff members, and local business and community leaders to formulate a deep understanding of the organization's culture, market strengths, and opportunities.	1	2	3	4	5	6	7
51. The new CEO understands their own preferred job profile, separate from the presented opportunity.	1	2	3	4	5	6	7
52. The new CEO compares their preferred job profile to the presented opportunity.	1	2	3	4	5	6	7
53. The new CEO should research the recruiting agency, the recruiter, and their recent placements	1	2	3	4	5	6	7
54. The new CEO should use their network to gain attention from the search committee.	1	2	3	4	5	6	7
55. The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites.	1	2	3	4	5	6	7
56. The incoming CEO should prepare, rehearse, and memorize a 5-minute introductory statement regarding their candidacy.	1	2	3	4	5	6	7
57. The incoming CEO should prepare, rehearse, and memorize answers to possible interview questions.	1	2	3	4	5	6	7
58. The incoming CEO should incorporate information from the board members' bios into interview answers where appropriate.	1	2	3	4	5	6	7

59. The incoming CEO should negotiate the employment terms directly with the chair of the selection committee.	1	2	3	4	5	6	7
60. The incoming CEO should meet with all management and senior leaders within the first month.	1	2	3	4	5	6	7
61. The incoming CEO should meet with all key community members to meet with during the first year.	1	2	3	4	5	6	7

Organizational Practices by the Departing CEO

Below is a list of practices carried out by the departing CEO at a large hospital system before, during, or after the CEO transition. Please rate the importance of each practice on a scale from 1 (not important) to 7 (critically important).

62. Outgoing CEO personally informs key board members and organizational staff of the impending transition.	1	2	3	4	5	6	7
63. The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO.	1	2	3	4	5	6	7
64. Outgoing CEO provides advice for how administrative team members can best present themselves to the new CEO.	1	2	3	4	5	6	7
65. Create a list of organizational projects and initiatives to share with the incoming CEO	1	2	3	4	5	6	7
66. Outgoing CEO demonstrates confidence in and satisfaction with the new CEO to internal and external stakeholders.	1	2	3	4	5	6	7
67. Through conversations with the incoming CEO, the outgoing CEO explains their current activities and preparations for the transition.	1	2	3	4	5	6	7
68. Outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	1	2	3	4	5	6	7
69. Outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	1	2	3	4	5	6	7
70. The outgoing CEO is fully out of the organization at the time the incoming CEO starts the position.	1	2	3	4	5	6	7
71. The outgoing CEO refrains from asking organizational stakeholders how things are going with the new CEO after the transition.	1	2	3	4	5	6	7
72. The outgoing CEO should be part of the search committee.	1	2	3	4	5	6	7
73. The outgoing CEO should connect the incoming CEO key internal and external stakeholders.	1	2	3	4	5	6	7
74. The outgoing CEO should review all steps that a transition may require.	1	2	3	4	5	6	7
75. In cases of voluntary turnover, the outgoing CEO should confirm a personal readiness to leave.	1	2	3	4	5	6	7

76. What additional factors, if any, do you consider important for support CEO transition in large hospitals?

77. How many years have you held a CHRO role?

78. How many years have worked in a large hospital system?

79. How many CEO transitions have you been involved in?

80. In what state do you work?

81. What is your ethnicity?

82. What is your gender identity?

APPENDIX D

Sample Survey Analysis

Item	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Median	IQR	Consensus	Q1	Q3
65. The incoming CEO should negotiate the employment terms directly with the chair of the selection committee.	1	5	2	3	3	2	1	4	5	2	3	5	4	2	5	3	2.5	N	2	4.5
66. The incoming CEO should meet with all management and senior leaders within the first month.	1	4	2	2	2	2	1	3	4	2	2	4	3	2	4	2	1.5	N	2	3.5
67. The incoming CEO should meet with all key community members to meet with during the first year.	1	5	3	4	4	3	1	5	5	3	4	5	5	3	5	4	2	N	3	5
68. The incoming CEO should be prohibited from sitting on community boards for at least two years so they focus on the new role.	5	2	4	4	4	4	5	3	2	4	4	2	3	4	2	4	1.5	N	2.5	4
69. Conduct a formal review of the new CEO's performance within their first 6 months on the job.	2	4	1	1	1	1	2	4	3	1	1	3	2	1	3	2	2	N	1	3
70. The outgoing CEO should be part of the search committee.	1	2	3	4	5	3	3	4	3	4	3	5	4	5	4	4	1	Y	3	4
71. The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry.	2	2	3	2	4	2	2	5	1	1	2	3	3	3	2	2	1	Y	2	3
72. The incoming and outgoing CEO should be in regular communication leading up to the transition.	3	3	1	3	2	3	3	5	4	5	4	5	4	3	3	3	1	Y	3	4
2. Administrative staff and outgoing CEO create a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job.	2	2	2	1	2	3	1	3	1	2	1	3	3	2	2	2	1	Y	1.5	2.5

Total number of items 9
Items with consensus 4 (44%)
Stability achieved?   No

APPENDIX E

Recruitment Script

Dear [Name]:

My name is Lilicia Bailey, and I am a doctoral candidate in the Graduate School of Education and Psychology at Pepperdine University. I am conducting a research study exploring what organizational practices contribute to successfully transitioning chief executives at large hospital systems during times of significant multidimensional change and you are invited to participate in the study!

The purpose of this study is to identify strategies and organizational practices for CEO transitions during times of volatility, uncertainty, complexity, and ambiguity within and outside the organization. More broadly, the study's aim is to offer insights to organizations that wish to improve the success of CEO transitions, especially during times of multidimensional change.

If you agree, you are invited to participate by completing a survey over the course of 3 distinct cycles that will help highlight what organizational practices and strategies are essential to CEO transitions. The survey is anticipated to take no more than 30 minutes for each cycle and will be distributed electronically. Participation in this study is voluntary. Your identity as a participant will remain confidential during and after the study. Confidentiality will be maintained using a series of security measures, including password protected email communication using university firewall protections, deidentification of data using pseudonyms as well as compartmentalization of the various data elements, keeping all information separate.

If you are willing and able to participate in the study, please contact me at

Thank you for your participation.

With gratitude,

Lilicia

Lilicia Bailey, MBA, MA

PhD Candidate

Pepperdine University| Graduate School of Education and Psychology

APPENDIX F

Round 1 Survey Invitation

[DATE]

Dear [Name],

Thank you for agreeing to participate on the Delphi panel to identify organizational practices for CEO transition in large hospital systems. To initiate this multiple-round survey process, I am sending each panel a list of transition practices. Please read every practice carefully. Next, use a scale of 1 (not important) to 7 (critically important), to indicate the importance of this practice based on YOUR view.

The CEO transition practices have been drawn from current research literature. You are not limited to these choices, nor should you feel obligated to use listed items. After I have received all the panel members' responses, I will collate them and present anonymized ratings and median scores. In addition to the results from the first round, I also will send you instructions for the next round to re-rate the practices.

Please access the first of the three surveys here: [link]
.

This online survey should take approximately 10 minutes to complete.

Please complete the survey by March 1, 2023 so I may include your valuable input in this study.

Thank you for your continued cooperation and support. If you have any questions, please do not hesitate to contact me directly by phone at .

I sincerely thank you for your help!

Lilicia Bailey, Ph.D. Candidate
Pepperdine University Graduate School of Education and Psychology

APPENDIX G

Participant Reminder Email

Dear [Name]:

Thank you for agreeing to participate on the Delphi panel to identify organizational practices for CEO transition in large hospital systems.

If you have already submitted your responses to the survey, thank you!

If you have not, please access the first of the three surveys here: [link].

This online survey should take approximately 10 minutes to complete.

Please complete the survey by February xth, 2023 so I may include your valuable input in this study.

Thank you for your continued cooperation and support. If you have any questions, please do not hesitate to contact me directly by phone at .

I sincerely thank you for your help!

Lilicia Bailey, Ph.D. Candidate
Pepperdine University Graduate School of Education and Psychology

APPENDIX H

Round 2 and 3 Survey Invitations

Dear [Name]:

Thank you again for agreeing to participate on the Delphi panel to identify organizational practices for CEO transition in large hospital systems.

At the survey link below, you will find the individual and median ratings for each practice. A rating of 1 indicates a not important practice, while a rating of 7 indicates a critically important practice. Please review these scores and then use the following link to revise or affirm your rating of each practice.

Survey link: [link]

I sincerely thank you for your sustained commitment and willingness to participate in this study.

Lilicia Bailey, Ph.D. Candidate
Pepperdine University Graduate School of Education and Psychology
Phone:
Email:

Dear [Name]:

Thank you again for agreeing to participate on the Delphi panel to identify organizational practices for CEO transition in large hospital systems.

At the survey link below, you will find the individual and median ratings for each practice. A rating of 1 indicates a not important practice, while a rating of 7 indicates a critically important practice. Please review these scores and then use the following link to revise or affirm your rating of each practice.

Survey link: [link]

Your participation in the study will be complete upon completion of this survey. Following data analysis, I will send you a copy of the final results.

I sincerely thank you for your commitment, willingness, and valuable insights offered during this study!

Lilicia Bailey, Ph.D. Candidate
Pepperdine University Graduate School of Education and Psychology
Phone:
Email:

APPENDIX I

Round 1 Survey

#	Item	Rating
1	The board of directors provides sufficient oversight of the new CEO.	
2	The board of directors identifies the needed competencies in a new CEO	
3	Assure the board of directors remains involved as a sounding board and advisor to the incoming CEO	
4	The board allows incoming CEOs more than 3 months and up to 3 years to develop their vision and have an impact	
5	The board establishes a CEO search committee.	
6	The board finds the executive search firm.	
7	The board develops accurate leadership and system profiles for the search.	
8	The board address the interests of internal candidates.	
9	The board deliberates and decides on a new successor.	
10	The board selects a search firm that fits the organizational culture.	
11	The board selects a search firm that understands and respects the organization's mission and vision.	
12	The board decides whether internal candidates will be considered as possible successors and communicates this decision.	
13	The search committee keeps the board informed and involved throughout the process of finding possible succession candidates.	
14	The board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role.	
15	CHRO should create a transition management team to monitor and enhance organizational health during the change	
16	CHRO should include patients, community partners, frontline leaders, and diverse voices from the organization workforce in the transition management team.	
17	CHRO should identify and address organization culture issues during the transition	
18	CHRO serves as an internal advisor to the outgoing CEO.	
19	CHRO serves as an internal advisor to the incoming CEO.	
20	CHRO manages administrative aspects of the change.	
21	CHRO facilitates communication between the board and the senior managers.	
22	CHRO assists the new CEO to improve functioning of the senior team.	
23	CHRO coordinates the transition process.	
24	CHRO acts as an internal advisor to the process	
25	CHRO supports incoming CEO in learning new perspectives	
26	CHRO supports incoming CEO in adopting new behaviors	
27	CHRO provides support for incoming CEO's experiences of anxiety, stress, or alienation	
28	CHRO implements a succession planning framework for executives and mid-level leaders	
29	CHRO creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities.	
30	CHRO conducts a formal review of the new CEO's performance within their first 6 months on the job.	
31	The recruiter should help the incoming CEO prepare for the interview with the search committee.	
32	The outgoing CEO personally informs key board members and organizational staff of the impending transition.	
33	The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO.	

#	Item	Rating
34	The outgoing CEO provides advice for how administrative team members can best present themselves to the new CEO.	
35	The outgoing CEO creates a list of organizational projects and initiatives to share with the incoming CEO	
36	The outgoing CEO demonstrates confidence in and satisfaction with the new CEO to internal and external stakeholders.	
37	The outgoing CEO, through conversations with the incoming CEO, explains their current activities and preparations for the transition.	
38	The outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	
39	The outgoing CEO adopts a consultative rather than directive attitude toward the incoming CEO.	
40	The outgoing CEO is fully out of the organization at the time the incoming CEO starts the position.	
41	The outgoing CEO refrains from asking organizational stakeholders how things are going with the new CEO after the transition.	
42	The outgoing CEO should be part of the search committee.	
43	The outgoing CEO should connect the incoming CEO key internal and external stakeholders.	
44	The outgoing CEO should review all steps that a transition may require.	
45	The outgoing CEO, in cases of voluntary turnover, confirms a personal readiness to leave.	
46	The incoming CEO focuses on getting to know the organization's people early in the transition.	
47	The incoming CEO meets one-on-one with administrative staff and physician leaders to get to know them.	
48	The incoming CEO holds group meetings with organizational directors.	
49	The incoming CEO should classify the organizational projects and initiatives as (a) continue, (b) pause, or (c) gather more information.	
50	The incoming CEO should establish critical relationships with stakeholders outside the organization	
51	The incoming CEO should establish critical relationships inside the organization	
52	The incoming CEO should seek to understand the hospital's culture	
53	The incoming CEO should seek to align with the hospital's culture	
54	The incoming CEO should develop an understanding of the reality of patient care	
55	The incoming CEO interviews board members, executive team members, director-level staff members, and local business and community leaders to formulate a deep understanding of the organization's culture, market strengths, and opportunities.	
56	The incoming CEO understands their own preferred job profile, separate from the presented opportunity.	
57	The incoming CEO compares their preferred job profile to the presented opportunity.	
58	The incoming CEO should research the recruiting agency, the recruiter, and their recent placements	
59	The incoming CEO should use their network to gain attention from the search committee.	
60	The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites.	
61	The incoming CEO should prepare, rehearse, and memorize a 5-minute introductory statement regarding their candidacy.	
62	The incoming CEO should prepare, rehearse, and memorize answers to possible interview questions.	
63	The incoming CEO should incorporate information from the board members' bios into interview answers where appropriate.	
64	The incoming CEO should negotiate the employment terms directly with the chair of the selection committee.	
65	The incoming CEO should meet with all management and senior leaders within the first month.	
66	The incoming CEO should meet with all key community members to meet with during the first year.	

#	Item	Rating
67	Administrative team members focus on being open to new and different ways of doing things	
68	Each executive team member should create a description of their division, direct reports, recent accomplishments, and current projects to share with the incoming CEO.	
69	Administrative staff and outgoing CEO create a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job.	
70	Before the transition, the outgoing CEO spends time with incoming CEO to introduce them to the local community and key stakeholders.	
71	The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry.	
72	The incoming and outgoing CEO should be in regular communication leading up to the transition.	
73	Senior managers prepare the organization for the new leader.	
74	Senior managers help employees understand and adapt to the new CEO's vision.	
75	Senior managers adjust organizational structures and processes to fit the new CEO's vision.	

APPENDIX J

Round 2 Survey

#	Item	Rating
4	The board allows incoming CEOs more than 3 months and up to 3 years to develop their vision and have an impact (median = 5)	
6	The board finds or endorses the executive search firm. (median = 5)	
8	The board address the interests of internal candidates. (median = 6)	
10	The board selects a search firm that fits the organizational culture. (median = 6)	
12	The board decides whether internal candidates will be considered as possible successors and communicates this decision. (median = 7)	
14	The board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role. (median = 2)	
15	CHRO should create a transition management team to monitor and enhance organizational health during the change (median = 6)	
16	CHRO should include patients, community partners, frontline leaders, and diverse voices from the organization workforce in the transition management team (median = 5)	
20	CHRO manages administrative aspects of the change. (median = 5)	
21	CHRO facilitates communication between the board and the senior managers. (median = 6)	
23	CHRO coordinates the transition process (median = 7)	
26	CHRO supports incoming CEO in adopting new behaviors (median = 7)	
29	CHRO creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities. (median = 6)	
30	The board conducts formal review of the new CEO's performance within their first 6 months on the job. (median = 4)	
31	ESC-The search firm or recruiter should help the incoming CEO prepare for the interview with the search committee. (median = 7)	
33	The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO. (median = 3)	
34	The outgoing CEO provides advice for how administrative team members can best present themselves to the new CEO. (median = 4)	
36	The outgoing CEO demonstrates confidence in and satisfaction with the new CEO to internal and external stakeholders. (median = 7)	
40	The outgoing CEO is fully out of the organization at the time the incoming CEO starts the position. (median = 6)	
41	The outgoing CEO refrains from asking organizational stakeholders how things are going with the new CEO after the transition. (median = 6)	
42	The outgoing CEO should be part of the search committee. (median = 2)	
43	The outgoing CEO should connect the incoming CEO key internal and external stakeholders. (median = 6)	

#	Item	Rating
44	The outgoing CEO should review all steps that a transition may require. (median = 4)	
45	The outgoing CEO, in cases of voluntary turnover, confirms a personal readiness to leave. (median = 5)	
49	The incoming CEO should classify the organizational projects and initiatives as (a) continue, (b) pause, or (c) gather more information. (median = 6)	
53	The incoming CEO should seek to align with the hospital's culture (median = 5)	
56	The incoming CEO understands their own preferred job profile, separate from the presented opportunity. (median = 6)	
57	The incoming CEO compares their preferred job profile to the presented opportunity. (median = 6)	
58	The incoming CEO should research the recruiting agency, the recruiter, and their recent placements (median = 4)	
59	The incoming CEO should use their network to gain attention from the search committee. (median = 4)	
60	The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites. (median = 6)	
61	The incoming CEO should prepare, rehearse, and memorize a 5-minute introductory statement regarding their candidacy. (median = 5)	
62	The incoming CEO should prepare, rehearse, and memorize answers to possible interview questions. (median = 4)	
63	The incoming CEO should incorporate information from the board members' bios into interview answers where appropriate. (median = 4)	
64	The incoming CEO should negotiate the employment terms directly with the chair of the selection committee. (median = 3)	
65	The incoming CEO should meet with all management and senior leaders within the first month. (median = 6)	
68	EAT-Each executive team member should create a description of their division, direct reports, recent accomplishments, and current projects to share with the incoming CEO. (median = 7)	
69	EAT-Administrative staff and outgoing CEO create a list of suggested introductory tasks for the new CEO to consider during the first 90 days on the job. (median = 6)	
70	MS-Before the transition, the outgoing CEO spends time with the incoming CEO to introduce them to the local community and key stakeholders. (median = 5)	
71	The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry. (median = 6)	
72	The incoming and outgoing CEO should be in regular communication leading up to the transition. (median = 6)	
76	The Board of Directors or the Chairman provides a realistic overview of the current state of the company. (new item)	
77	CHRO should develop and implement a well-developed communications strategy. (new item)	
78	ESC-A CEO boot camp should be arranged for the incoming CEO. (new item)	

#	Item	Rating
79	ESC-An external executive coach should assist the incoming CEO with transition and integration matters. (new item)	
80	ESC-An external CEO succession expert who is experienced, has no internal bias, and has benchmarks on other successful CEO transitions should lead the transition. (new item)	
81	The incoming CEO should develop deep understanding of any volatile issues within the system or community which may affect system's performance and/or reputation. (new item)	
82	The incoming CEO has a facilitated integration session with their direct staff within the first 60 days (new item)	
83	The incoming CEO should not rush organizational change but carefully assess what needs to change/evolve based on input from their CHRO, direct reports, and other key stakeholders (e.g. physicians, nurses, front line talent). (new item)	
84	The incoming CEO should strive to enhance diversity through understanding the hospital's community, challenges around health equity, the hospital's role in community health and research, and staff and leadership diversity. (new item)	
85	The incoming CEO should ensure that many aspects of the organization remain in place for continuity and stability. (new item)	
86	MS-The overall process and amount of communication between outgoing and incoming CEO should be based upon the nature of the departure and business needs. (new item)	
87	MS-Trust and open communication should be developed across all stakeholders involved in the transition, including the Board (new item)	
88	MS-The incoming CEO should provide transformational and visionary leadership while the organization focuses on transactional leadership. (new item)	
89	MS-Ensure there is ample discussion and understanding between board and incoming CEO regarding any significant changes proposed, especially in the first 90 days. (new item)	
90	MS-The board, executive leadership, and incoming CEO should establish clear business goals and clear understanding of the delegation of authority for the CEO role (new item)	

APPENDIX K

Round 3 Survey

#	Item	Rating
8	The board address the interests of internal candidates. (median = 6)	
14	The board should prohibit the incoming CEO from sitting on community boards for at least two years so they focus on the new role. (median = 2)	
15	CHRO should create a transition management team to monitor and enhance organizational health during the change (median = 6)	
20	CHRO manages administrative aspects of the change. (median = 5)	
29	CHRO creates leadership and system profiles for the new CEO based on the organization's culture, market strengths, and opportunities. (median = 6)	
33	The outgoing CEO identifies executive search firms for the board to consider enlisting to find a new CEO. (median = 3)	
34	The outgoing CEO provides advice for how administrative team members can best present themselves to the new CEO. (median = 4)	
44	The outgoing CEO should review all steps that a transition may require. (median = 4)	
58	The incoming CEO should research the recruiting agency, the recruiter, and their recent placements (median = 4)	
59	The incoming CEO should use their network to gain attention from the search committee. (median = 4)	
60	The incoming CEO should familiarize themselves with the search committee members before the search committee interview using their social media and corporate websites. (median = 6)	
61	The incoming CEO should prepare, rehearse, and memorize a 5-minute introductory statement regarding their candidacy. (median = 5)	
62	The incoming CEO should prepare, rehearse, and memorize answers to possible interview questions. (median = 4)	
63	The incoming CEO should incorporate information from the board members' bios into interview answers where appropriate. (median = 4)	
64	The incoming CEO should negotiate the employment terms directly with the chair of the selection committee. (median = 3)	
71	The incoming and outgoing CEO should work together regarding transition timing and priming the organization for the new CEO's successful entry. (median = 6)	
78	ESC-A CEO boot camp should be arranged for the incoming CEO. (new item)	
79	ESC-An external executive coach should assist the incoming CEO with transition and integration matters. (new item)	
80	ESC-An external CEO succession expert who is experienced, has no internal bias, and has benchmarks on other successful CEO transitions should lead the transition. (new item)	
85	The incoming CEO should ensure that many aspects of the organization remain in place for continuity and stability. (new item)	
88	MS-The incoming CEO should provide transformational and visionary leadership while the organization focuses on transactional leadership. (new item)	