REVISTA DA ESCOLA DE ENFERMAGEM DA USP
JOURNAL OF SCHOOL OF NURSING · UNIVERSITY OF SÃO PAULO

ORIGINAL ARTICLE

https://doi.org/10.1590/S1980-220X2020022103758

Nursing leadership succession planning: paths for elaboration*

Planejamento de sucessão de lideranças em enfermagem: caminhos para sua elaboração

Planificación de la sucesión de liderazgos en enfermería: caminos para su elaboración

How to cite this article:
Nogueira ALG, Munari DB, Sousa ET, Ribeiro LCM. Nursing leadership succession planning: paths for elaboration. Rev Esc Enferm USP. 2021;55:e03758. https://doi.org/10.1590/S1980-220X2020022103758

Alyne Leite Gomes Nogueira[1]
Denize Bouttelet Munari[2]
Elyana Teixeira Sousa[3]
Luana Cássia Miranda Ribeiro[2]

* Extracted from the thesis: "Planejamento de sucessão: uma ferramenta para potencializar a liderança em enfermagem", Faculdade de Enfermagem, Universidade Federal de Goiás, 2018.

[1] Universidade Federal de Goiás, Faculdade de Enfermagem, Programa de Pós-Graduação em Enfermagem, Goiânia, GO, Brazil.

[2] Universidade Federal de Goiás, Faculdade de Enfermagem, Goiânia, GO, Brazil.

[3] Universidade Federal de Mato Grosso, Instituto de Saúde Coletiva, Cuiabá, MT, Brazil.

ABSTRACT

Objective: To describe the construction of a nursing leadership succession plan for a hospital based on the appreciative reflection of nurses. **Method:** Descriptive exploratory study with a qualitative approach carried out with nurses in a federal public teaching hospital. Data collection was carried out in two stages. The first was an individual interview, and the second was group mediation conducted based on the 4D Cycle and the assumptions of Appreciative Inquiry. Descriptive analysis of the findings was carried out. **Results:** The data showed a highly qualified team of different generations, concerned with succession planning based on scientific evidence, involving teams and carried out carefully for nurses at different stages of their professional careers. **Conclusion:** The principles of Appreciative Inquiry allowed the construction of a succession plan to enhance leadership development actions in the hospital. The collaborative environment between generations was valued and planning focused on participatory management was created in the process. This aspect can profoundly change the institution's internal policy in several areas and point out ways to implement succession planning in different contexts.

DESCRIPTORS

Nursing Administration Research; Leadership; Education, Nursing, Continuing; Health Workforce; Nurse Administrators; Qualitative Research.

Corresponding author:
Elyana Teixeira Sousa
Av. das Palmeiras, s/n, Condomínio
Rio Claro, casa 73, Jardim Imperial
CEP 78075-901 – Cuiabá, MT, Brazil
elyanasousa@hotmail.com

Received: 05/30/2020
Approved: 01/01/2021

INTRODUCTION

In general, nurses who play the role of leaders receive no formal leadership education[1]. Those with clinical knowledge and proven effectiveness in the care process are promoted and acquire leadership skills without institutional support. This does not always guarantee their effectiveness when performing this role[2].

The growing need for services to meet health-related global demands and the strategic role that nurses play in the health system require organizations to prepare a new generation of nurses, with the capacity to lead high-performance teams[3]. This process involves the creation of formal leadership development programs and the preparation of nurses to take over this role[4].

Succession planning (SP) is a way to develop projects for institutional development[5]. It is defined as a process of identifying and preparing professionals to replace key members of organizations by preparing them for leadership through mentoring, coaching and job rotation. It is a process based on anticipating leadership needs to ensure that key positions are filled internally when positions become vacant due to retirement, internal conflict, sick leave, and/or others[6].

The following stand out among the SP implementation benefits mentioned in the literature: the possibility of increasing nurses' leadership self-perception and managerial competence[6-8]; encouragement of personal and professional development to favor leadership continuity; and support for career progression[5,7,9].

The specialized literature on the topic points out that the application of SP requires systematic organizational support, with a strategic plan to develop the organization's workforce, articulation and assessment of the desired leadership skills, and identification of future gaps based on promotions and projection of retirements[7]. Therefore, leadership SP must be thought through for each specific reality[4-6].

In the nursing area, SP facilitates the identification of new demands for the renewal of the professional workforce[10-11]. It is useful to ensure the formation of leaders and the advancement of the profession and health care[11]. Consequently, it guarantees the continuity of the intellectual heritage built by several generations of nurses.

Although leadership is an essential competency for nurses, evidence points out that academic training has not been enough to achieve it[2,12]; health organizations pay little attention to leadership development[13], and the preparation of nurses for leadership succession is a problem to be faced[5]. Even with the expansion of the literature on SP in recent years, there is still a need for research to demonstrate the application of leadership planning and development models, proving best practices[3].

This study was proposed in view of this important gap, based on the urgent need to create strategies that guarantee a qualified nursing workforce to occupy leadership roles. The lack of evidence on best practices for leadership development in organizations motivated the preparation of this study, with the objective of describing the development of a succession plan for nursing leaders in a hospital, based on the nurses' appreciative reflection.

METHOD

Study design

Descriptive exploratory study with a qualitative approach, based on Appreciative Inquiry (AI)[14], which proposes highlighting "what is best, what gives life to a system in its most effective and capable state, in economic, social, ecological and human terms"[15]. AI can be defined as "the cooperative, co-evolutionary search for the best of people, their organizations and the world around them"[16], as it values what is positive in a given situation. It is characterized by the investigation of the multiplicity and potential of human relationships, based on strengths for the development and management of organizational changes[17]. The use of AI has been gaining prominence in the health context[18-20], since it facilitates workforce engagement, promotion of organizational learning, and positive organizational changes[20-21].

This study followed the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) - a 32-item checklist for interviews and focus groups[22] in the composition of each stage, aiming at achieving the maximum possible accuracy during the investigation.

Selection criteria

The research was carried out in a federal public teaching hospital in a capital in the Center-West region of Brazil, in 2017. The institution is characterized as a general hospital that provides outpatient and hospital care at the level of primary care, for medium and high complexity cases for patients of the Unified Health System (SUS – *Sistema Único de Saúde*).

The participants included in the research were nurses who had worked at least one year at the institution, worked in different sectors, and had different hierarchical levels. The recruitment of participants took place after the mobilization of professionals publicizing the theme and had the support of the institution and the Nursing Division, which included the activity in the work schedule of those involved. The snowball technique[23] was used in this process, in which each nurse who was invited was asked to indicate two other professionals who could participate. Nurses who accepted the invitation, but were unable to comply with the planning schedule, or were away from their activities during the research for any reason (vacation, sick leave, termination of contract with the institution), were excluded. The objective and stages of the study were presented at the first contact with participants, who signed free and informed consent forms upon request.

Thirty-three nurses participated in the first study stage and went through the individual interview. They were invited

to participate in the second stage through a printed invitation, delivered in person by the researcher. On this occasion, the participants interested in attending a group meeting for the purpose of planning construction were asked for a confirmation, and 22 nurses participated in the second stage.

Data collection

Data collection took place in two stages, the first through individual interviews to verify leadership experience and their perspectives on the succession of nursing leaders. The interview consisted of a script containing 25 questions about the personal and professional characterization of participants, their leadership experience, and questions about leadership succession based on the basic elements of SP.

Interviews were scheduled in advance according to participants' availability, and carried out on the hospital premises, in private rooms in the sectors of the interviewees. All interviews were recorded after the interviewees' consent.

Data collection for the second stage was based on the AI[15] assumptions. They are operationally materialized through the 4D Cycle, which focuses on four aspects: Discovery, Dream, Design and Destiny. Appreciative questions are asked for each of these aspects to instigate changes in people by encouraging them to think, discuss and talk about what is being proposed and, consequently, envision the future to be created[16].

In this study, the process was mediated by a group intervention of five hours, conducted by a team with specific training on AI and the 4D Cycle. In addition, three of the researchers coordinated the intervention, all trained in group dynamics and one trained in coaching.

Group preparation for the intervention and mobilization to develop the plan was done through exploration of the professionals' impressions and perspectives on the institutional initiatives for the preparation of new leaders, through individual interviews in the first study stage. Mapping included the potential for nursing leadership in the institution, training needs to cope with the succession of leaders, and the availability of nurses to build the SP. Mapping results showed that the group had availability and potential for the development of the SP[21].

The group intervention took place at a location near the hospital, in a private room with good conditions for group concentration and better collective performance. The warm-up for the nurses was presenting the results of the mapping of their previous individual interviews, and they learned their own impressions and perspectives on leadership succession at the institutional level.

The group was then divided into five subgroups to carry out the four stages of the 4D Cycle methodological structure outlined in Chart 1.

Chart 1 – Schematic representation of data collection stages with nurses in a federal public teaching hospital using the 4D Cycle of Appreciative Inquiry – Goiânia, GO, Brazil, 2017.

Phases	Strategy	Questions
1st D Discovery	Each subgroup received three slips of paper on which they were asked to write down three positive points they recognized in the institution related to leadership succession.	"Based on your experience, what positive points do you identify in leadership succession in the institution?"
2nd D Dream	Considering the positive points identified by the subgroups, each was asked to describe five dreams about leadership succession for the institution. All descriptions were attached to the blackboard.	"What are your dreams for an ideal future regarding leadership succession in this institution?"
3rd D Design	With all of the whole group's dreams described, they were asked to select those considered possible. With the dreams defined, a chart was created for everyone's visualization to record the goals and deadlines.	"What dreams are possible? What goals do you need to set to achieve those dreams? What is the time frame to reach those goals?"
4th D Destiny	Planning was concluded, with the elaboration of what needed to be done to reach each goal, as well as the necessary actions and those responsible for executing them.	"What needs to be done for the dreams to come true?" "What actions need to be taken for the dreams to come true?" "Who is responsible for making the dreams come true?"

As described in Chart 1, the questions related to the first and second "D" were directed to the subgroups in the planning construction. Participants were given time to answer the questions. They were given slips of paper, on which they recorded consensus on the answers, after discussion and agreement. The paper slips were then attached to the blackboard in the room for the subgroups' oral presentations. These paper slips were glued to the board, so the SP was illustrated in its entirety and available to the group.

The questions related to the third and fourth "D" were directed to all those involved, and they developed their answers collectively, illustrating the planning outline in a table viewed by the whole group.

Data recorded in this stage consisted of notes in a field diary, taken during the group process by the researchers, the material produced collectively during the group meeting, and photographs.

Data analysis and treatment

Individual interviews were transcribed, read thoroughly and then analyzed for coding and categorizing. The software WebQDA 2016 was used to analyze the texts, videos, audios

and images, which are relevant to qualitative research based on information coding.

Codes were created for each study participant to present the data from the first stage. The code used the first letter of the position held by the nurse in the institution, followed by a number corresponding to the order of interview transcriptions. As previously mentioned, standardization of the code was done by grouping participants: nurse managers, heads of divisions, and heads of sectors, called "directors" because they are directly linked to the institution's board. They were identified by the code "D" (D1 to D5). Heads of units were assigned the code "C" (C1 to C8), leaders the code "L" (L1 to L7), and supervisors the code "S" (S1 to S16).

The choice of interview data to be socialized in the second stage of the research was based on AI principles. This enabled the proposal of SP of nursing leaders for the hospital to be a co-construction and make sense for those involved. In this case, the content related to the positive views of the group about leadership and the succession process was selected from the interviews.

The data produced in the intervention was recorded by annotation and photographs of the planning ideas attached to the blackboard, and by field notes about the group process and the construction of the material produced collectively in the intervention. Data analysis was performed descriptively, based on the process experienced by the group in the intervention, and critically articulated with the specialized literature.

Ethical aspects

The research project was approved by from the Research Ethics Committee of the hospital where it was carried out in 2016, CAAE No.54854716.9.0000.5078, Opinion No. 1.500.459.

RESULTS

Characterization of participants

Twenty-two nurses participated in the intervention to build the SP for the hospital. Most of them were women (19/86.4%), and most were between 38 and 53 years old (10/45.4%). They were from all levels of the hierarchy in the institution (managers, heads of divisions, heads of sectors, heads of units, clinic leaders and clinic supervisors). All of them had postgraduate degrees, and most of them had master's degrees (10/45.4%) and specialization (9/41.0%). Prevalent time since graduation was between 26 and 35 years (8/36.4%). Data on the 4D Cycle are presented below.

The **Discovery Phase - 1st D** pointed out the positive points identified by nurses for the succession of leaders in the institution, which were: commitment; exchange of experiences; flexibility; current management strategy; professionals committed to doing their best; planning and motivation for leadership succession; qualification of professionals and managers; awareness of the need for leadership succession; skill development; continuity of actions and achievements; and managers' involvement with leadership succession.

The Dream Phase - 2nd D consisted of mapping all dreams described by the nurses to guide and feed into the creation of the SP. Participants agreed to be divided into two large groups. The first focused on internal policy and shared management, which presented four dreams: 1) Establishment of an internal policy for leadership development; 2) Implementation of shared management; 3) Top management getting closer to "front line" workers, with participatory planning; and 4) Sharing decisions and greater team autonomy, as presented below. The second group focused on leadership development and listed five dreams: 1) Creation of a leadership training program – "coaching"; 2) Development of ethical attitudes and hierarchical respect in leaders; 3) Motivation of nurses for leadership; 4) Effective practice by analysis of indicators; and 5) Implementing the plan to train new leaders.

In the **Design Phase - 3rd D** the whole group observed the set of dreams described, and defined goals and the timelines to achieve them. Chart 2 shows the three goals and the timelines that were set for the first dream category about internal politics and shared management.

Chart 2 – Dreams defined by nurses in a federal public teaching hospital focusing on internal policy and shared management with goals and timelines – Goiânia, GO, Brazil, 2017.

Internal policy/Shared management		
Dreams	**Goals**	**Timeline**
Establishment of an internal leadership development policy	Establish guidelines for leadership succession.	One year
Implementation of shared management	Consolidate shared management.	Two years
Top management closer to "front line" workers, carrying out participatory planning	Map jobs, predict retirements and identify competencies.	Six months
Sharing decisions and greater team autonomy		

Chart 3 shows the two goals defined for dreams focused on leadership development.

In the **Destination Phase - 4th D** the group completed the SP development; Chart 4 presents the institution's Nursing Succession Plan.

Chart 3 – Dreams defined by nurses in a federal public teaching hospital focused on leadership development with respective goals and schedules – Goiânia, GO, Brazil, 2017.

Leadership development		
Dreams	**Goals**	**Timeline**
Creation of a leadership training program	Develop a leadership training program.	One and a half years
Development of ethical attitudes and hierarchical respect in leaders		
Nurses' leadership motivation		
Implementation of practice by analyzing indicators		
Implementation of the plan for training new leaders	Implement a leadership development program.	Two years

Chart 4 – Succession plan d by nurses from a federal public teaching hospital – Goiânia, GO, Brazil, 2017.

Dream	Goal	Timeline	Plan	Actions	How	Who
1. Establishment of an internal leadership development policy	Establish guidelines for leadership succession.	One year	Collectively develop guidelines for internal leadership development policy.	Create a Leadership Succession Commission.	Form a committee with different categories of nurses. Form main committee and support committee. Identify nurses interested and willing to participate.	D2, C1, C2, C5, C6, L1, L5, S10*
2. Implementation of shared management	Consolidate shared management.	Two years	Develop professional appreciation actions.	Promote the integration of the nursing teams.	Promote the leadership succession process through social media.	Leadership Succession Committee
			Encourage participatory actions.	Involve nursing teams in decision-making processes.	In each unit, select a representative from each nursing category.	Sector teams
3. Top management closer to "front line" workers, carrying out participatory planning	Map jobs, predict retirements and identify skills.	Six months	Map out the leadership, pensions, promotions and positions to be filled, within the set timeline.	Carry out an official and personalized survey of potential retirements.	Survey retirements through an active search in the Personnel Management Division, with a personalized and humanized approach to people who are approaching retirement.	Leadership Succession Committee
Sharing decisions and greater team autonomy			Identify competencies.	Identify possible successors.	Identify successors based on team recommendations, professionals' performance assessments, and the observance of the criteria.	Sector teams
			Establish criteria for taking positions.	Seek rationale to define leadership skills and eligibility criteria.	Search for rationale in evidence found via literature review.	D1*
4. Creation of a leadership training program. Development of ethical attitudes and hierarchical respect in leaders Nurses' motivation for leadership. Implementation of leadership practice by analyzing indicators	Develop a leadership training program.	One and a half years	Develop leadership competency among nurses in the institution.	Implement a training program at different management levels.	Create a program based on the guidelines. Start the program	C3, C4, C7, C8, L1, L3, S8, S9, S14, S16*
5. Implement the plan to train new leaders	Implement a leadership development program.	Two years	Schedule implementation steps.	Promote the leadership succession training plan.	Official launch of the leadership training program at Nursing Week 2018.	D1, D2* and Leadership Succession Committee

* The codes were created to refer to study participants, using the first letter of the position held by the nurse in the institution, followed by a number corresponding to the order of interview transcriptions. Code "D" (D1 to D5) refers to nurse managers, heads of divisions and heads of sectors, called "directors"; code "C" (C1 to C8) refers to heads of units; code "L" (L1 to L8) refers to leaders; and code "S" (S1 to S16) refers to supervisors.

DISCUSSION

The participation of representatives from all categories of nurses allowed for the collective construction of a Nursing Leadership Succession Plan, conceived through broad, mature discussion that was faithful to institutional needs. Ensuring the presence of nurses from all hierarchical levels is fundamental and recommended in AI, as it reflects the plurality of ideas and opinions in the context studied[15]. In addition, the literature recommends the representation of all nurses' opinions for SP development, not just that of managers[6].

From the perspective of intergenerational studies, although most participants belonged to Generation X, attention was also given to ensuring generational diversity at this stage, so there were representatives of Generation Y and baby boomers. This diversity makes it possible for each generation's strengths, values and expectations to make a contribution in planning[24]. In addition, considering time since graduation, the SP was created by experienced people, an aspect that favors a view based on practice and the development of leadership skills[4,13,25-26].

The assumptions and fundamentals of AI facilitated the creation of the SP. Application of the 4 D Cycle allowed for a positive approach based on the institution's strengths[16], and organization of the participants' thinking, time and effort. In the 1st D, the positive aspects identified by nurses were observed to point to leadership facilitators, such as commitment, flexibility, qualification and commitment to doing their best. These are defined in the literature as personal and professional requirements of authentic and successful nursing leaders[10,27].

The results of work in the 2nd D pointed out that the dreams defined by the group referred, indirectly, to the elements that make up the SP model proposed by a pioneering study on this subject[28]: strategic planning, identification of desired skills (competencies), identification of key positions, selection of candidates, guidance and coaching, development processes, resource allocation, and evaluation. Although the dreams presented focus on leadership development, strategic planning and coaching, they referred to the specifics and needs perceived by nurses as important to the institution.

In the dreams listed in the 3rd and 4th D phases, the participants focused on what they could achieve as a group, for the specific situation experienced in the organization. In this case the SP, which is the result of the 4th D, was developed collectively by nurses and addressed three main axes: the institution's internal policy, with a focus on shared and participative management; creation of a leadership development program; and implementation of SP in the institution.

Adopting shared and participative management as an institution's internal policy enables an innovative and transformative work environment, as it encourages the updating and transmission of knowledge[29]. The representation of different nursing categories in decision-making processes, the creation of a succession committee, and the use of social media to promote the stages of the succession process can attract nurses to leadership positions, as it allows for sharing and exchanging experiences among professionals in different career stages[8,26,30].

The data generated in this study indicated that shared management is perceived by nurses of different hierarchical levels as an instrument that facilitates the understanding of leadership roles and decision-making processes. It also creates a culture of sharing, which allows for involvement of a variety of people in the hospital's administrative processes, enabling young nurses to also exercise leadership roles.

The second point addressed in the SP developed in this study was the creation of a leadership development program. Preparing future nursing leaders contributes greatly to the succession of leaders and the future of nursing, as these people will be able to continue management[13], which is fundamental for the success of health organizations[4].

Despite the importance of leadership development for SP, there is still no application of leadership development models based on evidence of best practices[3]. However, recent studies have indicated several ways to assist in leadership development programs: organization of strategies that allow for the exchange of experiences and the immersion in leadership roles[4,8]; definition of roles, job descriptions and expectations[5,10]; career mapping[5]; and robust mentoring programs[4,8,10].

Although scientific evidence points to incipience in the development of paths for best practices for leadership development, it is understood that they should be guided by institution needs in a personalized way and, therefore, they must be created collectively. It is essential to understand the different types of SP and their suitability and relevance for each type of institution, as well as their organizational culture, values and priorities[6,9].

It is worth mentioning one piece of data in the SP that was created. That is Dream 3, about the organization of participatory planning, regarding the contribution of experienced leaders and how careful they must be when their retirements come closer. These professionals, represented by baby boomers born between 1946 and 1964, are active, very hardworking and involved, and less influenced by negative aspects of work, with less intention to quit their jobs[24].

For this reason, out of respect for this group's work, it was made explicit in the planning that the responsible committee would deal with those who will soon leave their positions through a personalized and humanized approach in the process of mapping retirement time. This suggests that the group was concerned about recognizing the importance of respectful treatment of those who have dedicated years of work to the institution, while at the same time being able to predict how many will no longer be working in the short and medium term.

Thus, career mapping goes beyond simple description of the skills and needs required for each position, which is essential for the development of leaders oriented to hospital needs. However, it brings an additional aspect related to caring for the most experienced, which makes this data a rare piece of evidence in published studies.

In this same dream, the group was notably careful in seeking strategies that aimed beyond the indication of professionals to take over leadership positions, and also considered the contribution of teams in the indication of possible successors. In addition, concern about meeting the needs of generations Y and Z for training and development of structured leadership development programs is evident[24]. It is also possible to observe that the dream related to this aspect is detailed, with emphasis on the need for training based on ethics and the best evidence in the literature, which suggests that the group has the maturity to choose safe paths to conduct the succession process.

The use of Appreciate Inquiry in conducting the construction of the Nursing SP at the hospital in question shed light on the positive points of the institutional context and the group involved. This aspect favors the execution and implementation of the SP being based on the values and priorities of the institution. Consequently, the proposal may reflect the organization's mission and strategic plan[9].

The questions strategically presented to seek a positive perspective on institutional work (positive principle) mobilized changes (principle of simultaneity) to strengthen capacities and develop potential (anticipatory principle), which promoted the development of a possible plan for institutional conditions, created through the collaboration of those who will execute it in the future (constructionist principle)[16].

In this sense, the SP that was created gave the group that conceived it an important tool for enhancing leadership development in the hospital, reflecting the professionals' desires for an organized process of leadership continuity, focused on qualifications, in a collaborative environment committed to improving nursing care.

From the nurses' point of view, the institution presented favorable points for the implementation of leadership SP, as there is awareness and involvement of managers for this purpose, in addition to planning and motivation of the nurses themselves for succession. Furthermore, by choosing to focus on participatory management, the institution's Nursing SP can act as a major agent of change in internal policy, because it encourages the implementation of similar processes in other areas of the institution.

The AI principles (positive, constructivist, simultaneous, poetic and anticipatory) used during the stages of the 4D Cycle may have favored the elaboration of the Nursing Succession Plan. It should be noted that the attitude of the nurses participating in the study was one of collaboration and care for each other, with a perspective of participation and belonging during the creation of the plan.

Finally, we highlight that the results indicated in the SP that was created constitute an important advance in the construction of knowledge, since they allow a systemic look at SP developed in the light of AI. The union of these two references enabled an innovative perspective for approaching the theme in the context of hospital organizations, and could stimulate other researchers and managers to face this great current challenge. We point out the specificity of the organizational culture as a study limitation, which can restrict the generalization of results. Also, in view of the schedule for conducting the research, it was not possible to assess the planning and monitoring of the implementation steps, which could be done through other future investigations.

CONCLUSION

This study was carried out using the theoretical methodological perspective of AI, and considered the characteristics of the organization in which the different actors, nursing assistants and managers are inserted. It culminated in the proposal of a SP. The final product successfully integrated the theoretical foundations of the methodology used, and the principles adopted allowed the plan that was created to enhance leadership development actions in the hospital. Participants valued the collaborative environment between generations and developed a plan focused on participatory management. This aspect can alter the institution's internal policy in several areas and point out ways to implement SP in different contexts.

RESUMO

Objetivo: Descrever a construção de um planejamento de sucessão de lideranças de enfermagem para uma instituição hospitalar, com base na reflexão apreciativa de enfermeiros. **Método:** Estudo descritivo, exploratório, de abordagem qualitativa realizada com enfermeiros de um hospital público federal de ensino. A coleta de dados foi realizada em duas etapas, sendo a primeira, entrevista individual e a segunda, por mediação grupal conduzida com base no ciclo 4D e nos pressupostos da Investigação Apreciativa. Foi realizada análise descritiva dos achados. **Resultados:** Os dados apontaram para uma equipe de diferentes gerações e altamente qualificada, preocupada com um planejamento de sucessão baseado em evidências científicas, que tenha envolvimento das equipes, e realizado, de maneira cuidadosa, para os enfermeiros em diferentes etapas da carreira profissional. **Conclusão:** Os princípios da Investigação Apreciativa permitiram a construção de um planejamento de sucessão para potencializar ações de desenvolvimento de liderança no hospital. Nesse processo, o ambiente colaborativo entre gerações foi valorizado e um planejamento com foco na gestão participativa foi construído. Esse aspecto pode alterar, profundamente, a política interna da instituição em diversas áreas e apontar caminhos para a implementação do planejamento de sucessão em diferentes contextos.

DESCRITORES

Pesquisa em Administração de Enfermagem; Liderança; Educação Continuada em Enfermagem; Mão de Obra em Saúde; Enfermeiros Administradores; Pesquisa Qualitativa.

RESUMEN

Objetivo: Describir la construcción de una planificación de sucesión de liderazgos de enfermería para una institución hospitalaria, con base en la reflexión apreciativa de enfermeros. **Método:** Estudio descriptivo, exploratorio, de abordaje cualitativo, realizado con enfermeros de un hospital público de enseñanza. Datos recolectados en dos etapas: la primera consistió en una entrevista individual;

la segunda fue por mediación grupal dirigida en base a los ciclos 4D y los supuestos de la Investigación Apreciativa. Se realizó análisis descriptivo de los hallazgos. **Resultados:** Los datos describieron un equipo con miembros de diferentes generaciones, altamente calificado, preocupado con una planificación sucesoria basada en evidencias científicas, con involucramiento de los equipos y realizado de manera cuidadosa para los enfermeros en distintas etapas de su carrera profesional. **Conclusión:** Los principios de la Investigación Apreciativa permitieron construir una planificación sucesoria que impulse acciones de desarrollo y liderazgo en el hospital. En este proceso fue valorado el ambiente colaborativo entre generaciones, y se elaboró una planificación con foco en la gestión. Dicho aspecto puede cambiar significativamente la política interna de la institución en diversas áreas y señalar caminos para la implementación de la planificación de sucesiones en diferentes contextos.

DESCRIPTORES

Investigación en Administración de Enfermería; Liderazgo; Educación Continua en Enfermería; Fuerza Laboral en Salud; Enfermeras Administradoras; Investigación Cualitativa.

REFERENCES

1. Ross C, Olson JK, Kushner KE, Murad SS, Leung WSW, Daniels S, et al. Student preparation for nursing leadership: lessons from an undergraduate programs review. Int J Nurs Educ Scholarsh. 2018;15(1). https://doi.org/10.1515/ijnes-2017-0039
2. Warshawsky N, Cramer E. Describing nurse manager role preparation and competency: findings from a national study. JONA 2019;49(5):249-55. https://doi.org/10.1097/NNA.0000000000000746
3. LaCross E, Hall N, Boerger JA. Nurse manager succession planning: evaluating a pilot program's effect on self-perception of readiness. JONA 2019;49(6):331-5. https://doi.org/10.1097/NNA.0000000000000761
4. Ramseur P, Fuchs MA, Edwards P, Humphreys J. The implementation of a structured nursing leadership development program for succession planning in a health system [Internet]. J Nurs Adm. 2018;48(1):25-30. https://doi.org/10.1097/NNA.0000000000000566
5. Webb T, Diamond-Wells T, Jeffs D. Career mapping for professional development and succession planning. J Nurses Prof Dev. 2017;33(1):25-32. https://doi.org/10.1097/NND.0000000000000317
6. Scholes J, Trapani J. Succession planning: a case for revisiting the process in critical care. Nurs Crit Care. 2017;22(4):193-4. https://doi.org/10.1111/nicc.12308
7. Titzer JL, Shirey MR, Hauck S. A nurse manager succession planning model with associated empirical outcomes, J Nurs Adm 2017;47(10):49-58. https://doi.org/10.1097/01.NNA.0000525958.92512.ce
8. Pedersen A, Sorensen J, Babcock T, Bradley M, Donaldson N, Donnelly JE, et al. A nursing leadership immersion program: succession planning using social capital. J Nurs Adm. 2018 Mar;48(3):168-74. https://doi.org/10.1097/NNA.0000000000000592
9. Phillips T, Evans JL, Tooley S, Shirey MR. Nurse manager succession planning: a cost-benefit analysis. J Nurs Manag. 2018;26(2):238-43. https://doi.org/10.1111/jonm.12512
10. Fray B, Sherman RO. Best practices for nurse leaders: succession planning. Prof Case Manag. 2017;22(2):88-94. https://doi.org/10.1097/NCM.0000000000000214
11. Sessler Branden P, Sharts-Hopko NC. Growing clinical and academic nursing leaders: building the pipeline. Nurs Adm Q. 2017;41(3):258-65. https://doi.org/10.1097/NAQ.0000000000000239
12. Andrigue KC, Trindade LL, Amestoy SC. Academic formation and permanent education: influences on leadership styles of nurses. J Res Fundam Care. 2017;9(4):971-7. https://doi.org/10.9789/2175-5361.2017.v9i4.971-977
13. Amestoy SC, Trindade LL, Silva GT, Santos BP, Reis VR, Ferreira VB. Leadership in nursing: from teaching to practice in a hospital environment. Esc Anna Nery. 2017;21(4):e20160276. https://doi.org/10.1590/2177-9465-ean-2016-0276
14. Cooperrider DL, Srivastva S. Appreciative inquiry in organizational life. In: Pasmore WA, Woodman RW, editors. Research in organizational change and development. Greenwich: JAI Press; 1987. p. 129-69.
15. Cooperrider DL, Whitney D. Appreciative inquiry: a positive revolution in change. Oakland: Berrett-Koehler; 2005.
16. Cooperrider DL, Whitney D. Investigacao apreciativa: uma abordagem positiva para a gestao de mudancas. Rio de Janeiro: Qualitymark; 2006.
17. Magnussen IL, Alteren J, Bondas T. Appreciative inquiry in a Norwegian nursing home: a unifying and maturing process to forward new knowledge and new practice. Int J Qual Stud Health Well-being. 2019;14(1):1559437. https://doi.org/10.1080/17482631.2018.1559437
18. Burns E, Triandafilidis Z, Schmied V. Designing a model of breastfeeding support in Australia: an appreciative inquiry approach. Health Soc Care Community. 2020;28(5):1723-33. https://doi.org/10.1111/hsc.12997
19. Nease DE, et al. Making the random the usual: appreciative inquiry/boot camp translation-developing community-oriented evidence that J Prim Care Community Health. 2020;11: 2150132720904176. https://doi.org/10.1177/2150132720904176
20. Bleich MR, Hessler C. Appreciative Inquiry and Implementation Science in Leadership Development. J Contin Educ Nurs. 2016 May;47(5):207-9. https://doi.org/10.3928/00220124-20160419-04
21. Nogueira AL, Munari DB, Ribeiro LC, Bezerra AL, Chaves LD. Nurses expectations about the succession of leaders in the hospital context. Rev. Latino-Am Enfermagem 2019;27:e3178. https://doi.org/10.1590/1518-8345.2833.3178.
22. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19(6):349-57. https://doi.org/10.1093/intqhc/mzm042
23. Kirchherr J, Charles K. Enhancing the sample diversity of snowball samples: Recommendations from a research project on anti-dam movements in Southeast Asia. PLoS One 2018;13(8). https://doi.org/10.1371/journal.pone.0201710
24. Stevanin S, Palese A, Bressan V, Vehvilainen-Julkunen K, Kvist T. Workplace-related generational characteristics of nurses: a mixed-method systematic review. J Adv Nurs. 2018;74(6):1245-63. https://doi.org/10.1111/jan.13538

25. Martins BG, Silva LMC, Capaccioli BRBS, Neves VR, Balsanelli AP. Development and validation of a leadership training program for nurses. Texto Contexto Enferm. 2019;28:e20180048. https://doi.org/10.1590/1980-265x-tce-2018-0048

26. Munari DB, Nogueira ALG, Sousa ET, Ribeiro LCM, Sherman R. Leadership succession: a necessary reflection for the future of nursing. Rev Eletr Enf. 2019;21:54787-8. https://doi.org/10.5216/ree.v21.54787

27. Delamater L, Hall N. Charge nurse development: what does the literature say? Nurs Manage. 2018;49(7):34-40. https://doi.org/10.1097/01.NUMA.0000538914.53159.fc

28. Carriere BK, Muise M, Cummings G, Newburn-Cook C. Healthcare succession planning: an integrative review. J Nurs Adm. 2009;39(12):548-55. https://doi.org/10.1097/NNA.0b013e3181c18010

29. Stab N, Hacker W. Participatory redesign of work organisation in hospital nursing: a study of the implementation process. J Nurs Manag. 2018;26(4):382-392. https://doi.org/10.1111/jonm.12545

30. Cziraki K, Read E, Spence Laschinger HK, Wong C. Nurses' leadership self-efficacy, motivation, and career aspirations. Leadersh Health Serv (Bradf Engl). 2018;31(1):47-61. https://doi.org/10.1108/LHS-02-2017-0003

This is an open-access article distributed under the terms of the Creative Commons Attribution License.