

A Leadership Framework for Implementation of an Organization's Strategic Plan

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ABSTRACT

Many schools of nursing have employed strategic planning as resources have become limited and demands for organizational efficiency have increased. Although the process of developing a strategic plan has been described in the literature, there is little information about how to implement and evaluate a plan. In this paper, we provide an overview of one nursing school's strategic plan development and the implementation and evaluation processes. Our paper provides a detailed description of the leadership framework used to shape, implement and evaluate the plan and makes recommendations for their application to other schools engaging in strategic planning.

Introduction

Traditionally, strategic planning has been the purview of organizations in the business sector. That has changed as universities embraced the practice (Kulage et al., 2013; Best, Jarrin, Butterheim, Bowles, & Curley, 2015). Public support and research funding had dwindled, and tuition caps became common. It was clear that universities, like businesses, needed to make crucial decisions about how to better manage resources in tight financial times. This mandate became important for private schools as well as public universities. Likewise, schools of nursing began to look closely at strategic planning as a means of bridging gaps between resources, whether their funds flowed directly and solely from university administrations or they operated under a responsibility-centered budgeting model (Broome, Bowersox, & Relf, 2017).

The purpose of strategic planning is defined as a set of processes undertaken to develop a range of strategies to help an organization achieve its goals and objectives over a three- to five-year period (Tapinos, Dyson, & Meadows, 2005; Broome, Bowersox, & Relf, 2017). This kind of planning becomes especially important when there is a transition of authority at the organizational level (i.e., dean, provost, president).

In schools of nursing, strategic planning is an essential activity as resources are increasingly limited, faculty shortages prevail, and demands for new programs continue. Further, expectations for the school to be involved in university-level initiatives (e.g., global health,

community engagement) increase the workload for faculty and staff. Part of strategic planning includes assessing the strengths and weaknesses of a school's human resources, and supporting them in their contributions to the profession, the school and the university. The purpose of this paper is to provide an overview of the strategic planning process, and to describe how one school developed a framework to design, implement and evaluate its strategic plan.

Overview of the strategic planning process

Strategic planning takes many forms, but all processes have several steps in common (Fig. 1).

Ideally the entire school participates at some point in the development process. In order to gain widespread input and feedback this would include inviting the participation of faculty, staff and students. This often proves challenging, given the workload and demands of their many roles. Busy faculty and staff expect to help develop the plan, but do not want to attend excessive committee meetings over a long period of time. They want to have their expertise and feedback recognized, and to see their efforts reflected in the final plan.

Key features of any strategic planning process include (Schaffner, 2009):

- Collection of relevant data that can influence thinking about future directions: from existing evaluation databases, interviews with stakeholders and leaders outside of the school, benchmark data and

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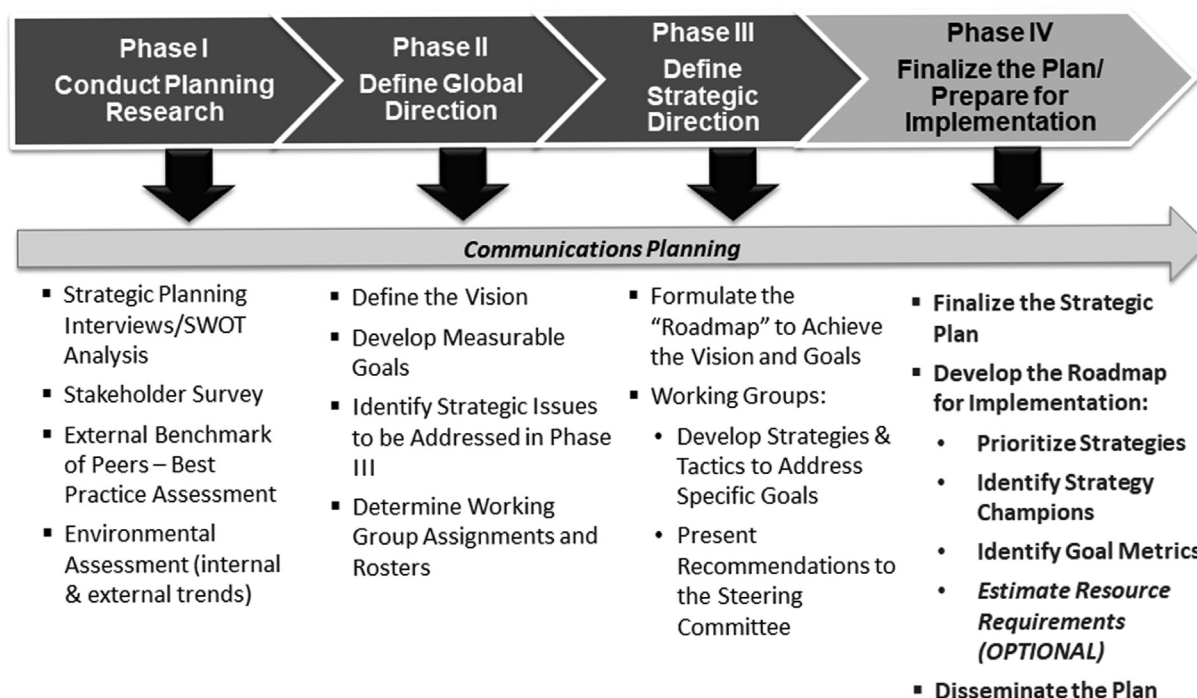


Fig. 1. Strategic plan process (used with permission of AMC Strategies, LLC).

Strategic Focus Areas

- Education** Prepare nursing leaders who will shape the future
- Research** Lead and accelerate nursing science and its translation
- Clinical Practice** Provide and promote unparalleled clinical expertise
- Community Health Improvement** Collaborate with the community to advance health
- Global Health** Take DUSON to the world and bring the world to DUSON
- People and Environment** Be the destination for outstanding talent

Fig. 2. Strategic plan foundational focus areas.

recommendations from national associations, as well as societal, health care and higher education trends.

- Involvement of all faculty and staff in developing the vision, mission, goals and strategies. Participants usually focus on one dimension of the plan (i.e. education, global, research, etc.) in which they have interest and expertise. Most commonly, the plan's initial framework is pieced together at a retreat.
- Gaining input on the initial framework by posting it for comment, holding open forums, etc. This process should include alumni, all faculty and staff who have not had the opportunity to provide input, as well as students and other stakeholders.
- Communication and dissemination of the plan via written and verbal presentations.
- Development of processes for implementation and evaluation.

An exemplar of a strategic planning process

At the school, our first step in 2015 was to create a steering committee to oversee the strategic planning process. We were assisted by a consulting group, the [Center for Creative Leadership](http://www.ccl.org)® (2016) (www.ccl.org) that conducted a survey of faculty and staff (Cullen, Palus, & Appaneal, 2017). This survey enabled employees to identify (electronically and anonymously) individuals they looked to as leaders and change agents in the school, when they needed information about change and how the school made meaning of the change. Thirteen “influencers” were identified and asked to join the Strategic Plan Steering Committee. All invitees accepted. At that time, the steering committee consisted of 25 faculty members (representing all ranks and tracks) and 8 staff members.

We then worked with AMC Strategies, LLC (www.amcstrategies.com), to create our four-year strategic plan over an eight-month period

in 2015–2016. The consultants conducted interviews with campus and academic health center leaders, as well as focus groups with advisory boards and individuals within the school. In the spring of 2016, at the end of this eight-month period, more than 100 faculty, staff, students and external stakeholders had been interviewed, and the school had a plan. The plan identified six foundational focus areas: Education, Research, Clinical Practice, Community Health Improvement, Global Health, and People & Environment (Fig. 2).

For each of the focus areas, the steering committee developed goals, strategies and priorities to guide the school from 2016 to 2020. The next step was to begin the challenging task of implementing the plan.

Implementation of a strategic plan

While nursing school leaders can focus on strategic plan development and dissemination, many struggle with implementation (Marshall & Broome, 2016). In many organizations, individuals often complain after a year or so that they don't know “what happened” to the plan, leaving the impression that strategic plans just “gather dust on a shelf.” Implementation of a comprehensive strategic plan is not an easy task and requires organization, resource allocation and continual assessment of the plan's progress.

Dedicating resources

To successfully implement a strategic plan, our school's leaders realized they needed to articulate the process and goals of implementation, and locate resources to support this work. We realized early on that committing both financial and management resources to strategic plan implementation would increase our likelihood of achieving our goals.

Our main goal was to create a sound implementation phase as a foundation upon which to build success. To that end, we developed a set of aims and key principles (Fig. 3) that would inform our decision making and shape the implementation process, in a culture of inclusiveness that involved as many faculty and staff members as possible.

We encouraged faculty and staff to become engaged in a focus area of interest and created distinct roles with defined responsibilities to empower participants. This enabled us to gather meaningful insight from many, and it ensured “buy-in” to help execute the plan's strategies. We took measures to stagger faculty and staff involvement, to provide breaks in work between semesters, and to let them know that their involvement was valued always. Lastly, we agreed that our plan was not set in stone, but was a “living document” to be edited during its remaining years. Our overarching aim was to articulate the school's vision statement not only throughout the nursing school, but the health system and university. We saw the strategic plan as a vehicle to create a culture of innovative thinking, which in turn would continue to support academic excellence by leveraging key strengths and addressing challenges.

A leadership approach for implementation

Like most academic organizations, the school of nursing is both dynamic and complex—comprised of faculty and staff, with a variety of academic programs, divisions and centers. During the first year of

strategic plan implementation, we utilized the Bolman and Deal leadership framework (Bolman & Deal, 2013) to help organize, plan and evaluate our initial implementation activities. Viewing our implementation from a comprehensive framework, we found it easier to reflect, add context, identify gaps and strengthen our strategic plan. The Bolman and Deal framework, which requires using multiple frames or lenses for viewing the work of an organization, helped leadership stay focused.

A multi-frame approach

Reframing is one strategy utilized to improve organizations (Bolman & Deal, 2013). Frames may be thought of as lenses through which to view a strategic plan, or windows, maps and tools that capture pieces of the whole that needs to be conveyed. A frame is a mental model—a set of ideas and assumptions—that an individual carries in his or her head to help understand and negotiate a particular “territory.” Bolman and Deal believe that frames are vital because organizations don't come with navigation systems to guide them turn by turn to a destination. This kind of thinking requires moving beyond the narrow, mechanical approaches used to understand organizations, and looking at the same thing from multiple points of view. The four-framed approach includes structural, political, human resource and symbolic frames (Bolman & Deal, 2013) (Fig. 4).

Structural frame

The structural frame focuses on the architecture of the organization—the design of units and subunits, rules, roles, goals and policies (Bolman & Deal, 2013). Approaching our strategic plan implementation from a structural perspective was something we did as a first order of business, since practically speaking, we needed to assign accountability, prioritize, divide and coordinate work. Utilizing a project management approach, we designed the implementation around the plan's six strategic focus areas. Our planning team, composed of the dean and executive committee, created a relatively simple hierarchical structure, with the guiding principles and our school's unique cultural aspects in mind.

This well-defined organizational structure—along with roles and responsibilities for school leaders, faculty and staff members—was developed (Fig. 5).

As an example of accountability, we assigned responsibility for oversight of each strategic focus area to individuals called *executive sponsors*, who answered to the dean and executive leadership. The executive sponsors chose two or more priority strategies from the plan in their respective focus areas, and recruited *strategy leads* to work with smaller groups of faculty and staff. The school's emerging leaders, both senior staff and junior faculty, also volunteered as strategy leads to coordinate the activities of *strategy teams*.

The strategy team was at the core of the implementation structure, as the organizational unit with authority for planning and recommending implementation of a strategy. These small teams of faculty and staff shared common interests and had the right mix of expertise. The teams met in semester blocks and were tasked to give 10 h of their time during the fall and spring semesters. Many of the teams, passionate about completing their list of strategies and recommendations, worked

Create an inclusive process to engage our community
Promote faculty and staff engagement, leadership, and creativity
Maintain flexibility to implement a “living document” for the future
Ensure sustainability

Fig. 3. Strategic plan guiding principles.

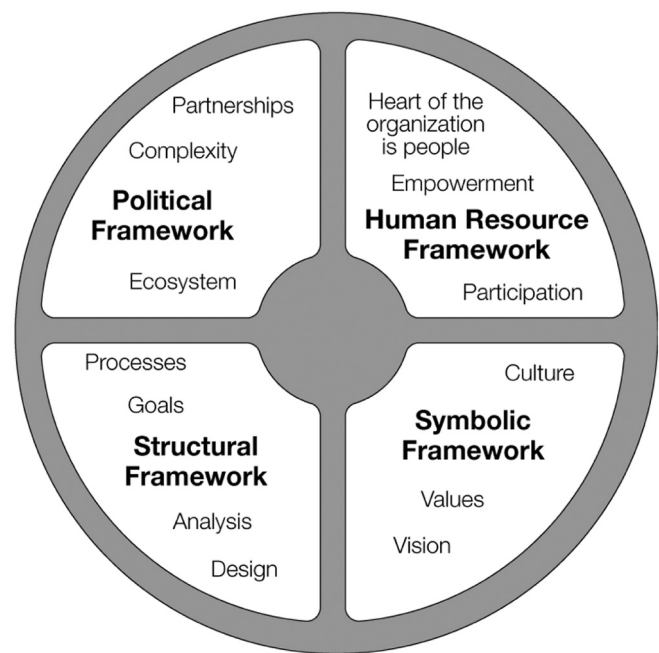


Fig. 4. Graphic adaptation of Bolman and Deal Four Framework Approach (used with permission).

more than 10 h each semester, and several continued through the summer break. Dedicating time for strategy work was one challenge for faculty and staff with demanding workloads. We worked hard therefore, to acknowledge their contributions during all faculty and staff meetings, and in published progress reports.

In summary, the implementation structure, developed over several months prior to launch, provided the necessary framework and management tools to aid all planning roles to successfully work on operationalizing the tactics outlined in strategic plan. Yet, individuals in the various roles were afforded autonomy to implement their priority strategies. Some teams chose to revise the plan's tactics to achieve their strategy, while others invited individuals from stakeholder organizations to participate on strategy teams.

Human resource frame

The human resource frame emphasizes understanding people—their strengths and foibles, reason and emotion, desires and fears. This frame focuses on what organizations and individuals do to and for one another. It highlights the relationship between individuals and organizations (Bolman & Deal, 2013). At the school, we built our implementation framework with the school community at the core. We committed to honoring the strengths and creativity of our faculty and staff members, by engaging their talent and energy in hopes of creating a plan and process of implementation supported by all. The challenge to any implementation plan is to communicate and then engage. From the onset, the dean and executive team worked to build awareness and

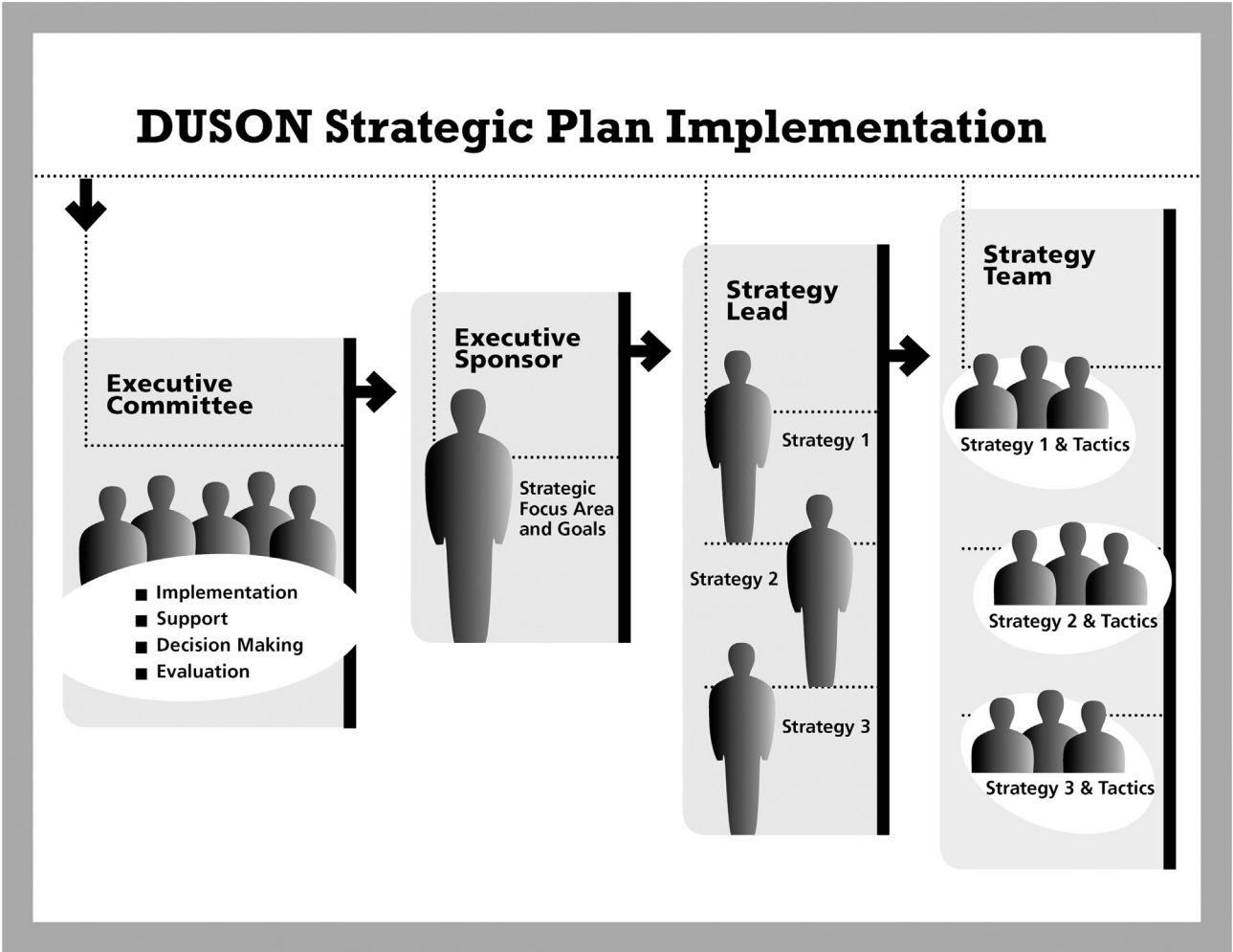


Fig. 5. Organization-wide implementation structure.

understanding of our strategic plan. After all, an organization cannot implement a plan that they do not identify with and understand. A communications plan was carefully crafted to disseminate strategic plan messages by various means including social media, digital monitor signage, electronic newsletters, website (<http://nursing.duke.edu/strategic-planning>), etc. Our weekly update and Dean's presentations were organized by strategic focus area to deliver a consistent message. Although challenging, we made every effort to deliver focused and consistent messages to inform and engage our faculty, staff, students, board of advisors, nurse alumni council, and university stakeholders.

Our human resource focus created ongoing opportunities for members of all teams to share information and learn about each other's experiences. Shortly after launching implementation, monthly "Coffee with the Dean" sessions provided an opportunity for small groups to learn more about the overall plan and share information about their team's work. Feedback from these sessions was overwhelmingly positive, indicating that individuals found their work with others across the organization to be satisfying and meaningful.

While strategy teams were given autonomy as they tackled their to-do lists, the dean's office offered project management and leadership support as needed. Placing all strategy work on a shared computer drive spoke to the commitment to transparency.

Implementation updates and new strategic plan initiatives were also discussed at meetings held throughout the organization and throughout the year. Formal mid-year and year-end progress reports were created and distributed to our school community during the first year of implementation. We worked hard to recognize our faculty and staff's hard work, and provide enough information to keep our community informed and engaged without overload.

Political frame

The political frame sees organizations as competitive areas of scarce resources, competing interests, and struggles for power and advantage (Bolman & Deal, 2013). Those who are politically savvy are effective in outlining agendas, understanding the political terrain, networking, coalition-building, negotiating and balancing competing interests. Our challenge was to make sure our plan was both aligned with the organization, yet tailored enough at the strategy level to be useful.

Our strategic plan was purposely built using the same framework as our parent organization. Our priorities aligned closely with health system and the school of medicine. We deliberately engaged the same consulting firm (AMC Strategies, LLC) to provide consistency, information, and alignment with the larger health organization's strategic focus areas; that served to increase opportunities for collaboration university-wide. The strategic plan was our blueprint to articulate the school's vision to stakeholder groups throughout the university, garner institutional support, promote engagement, and develop partnerships with the university and our broader community. At the same time, we had to be intentional to assert ourselves and involve the school's faculty

and staff in the health care organization and university's strategic plan implementation task forces. This political approach demonstrated the value of nursing and allowed our nursing presence, influence and ability to promote change and grow.

Symbolic frame

The symbolic frame focuses on issues of meaning and faith. It places ritual, ceremony, story, play and culture at the heart of organizational life (Bolman & Deal, 2013). Imaging and symbols create a long-lasting message because they have relevance to us as humans. The school's leadership worked closely with the internal communications team to plan our roll out three months prior to the implementation launch date in September 2016. They recommended branding the plan, which would help connect the plan to our community and unique culture. To that end, a website was created (<http://nursing.duke.edu/strategic-planning>) and a strategic plan brochure was distributed to the school, including alumni, board and external stakeholders. One challenge was how to communicate clearly and concisely to appeal to different audiences.

The school's vision and core values were placed front and center at every opportunity. The plan implementation was launched with a school vision coffee mug event. Our core values were depicted graphically, posted on easels and banners, and priority strategies were communicated using digital monitors. A strategic plan video helped our community understand the relevance of the plan to our future. We realized the value of embedding the strategic plan and associated images in all school updates, magazines, and social media. Adapting to this new "strategic plan" mindset is at times challenging. School updates, presentations of teams' work, and correspondence from the dean were clearly linked to the plan. For example, the dean organized her annual State of the School presentations to address the strategic focus areas and to recognize and build community engagement.

Recommendations and conclusion

Although the dean worked with consultants to create the strategic plan, we realize that not all schools of nursing are able to do so due to limited resources and fiscal constraints. In resource contained organizations, one option is to identify and leverage university-wide university resources to contribute their expertise and knowledge. Doing so will prove valuable as an alternative process when developing a strategic plan. These resources may include planning departments, human resources, finance, and business strategy staff and graduate students. We recommend designating a member of the school's leadership team with dedicated time (20–25%) to liaise with consultants or university resources, and manage the plan's development and implementation. Other recommendations are detailed in Fig. 6.

The first year of the four year plan's implementation (2016–2017) has been a learning experience for all. Leadership vigilance is

- ✓ Develop guiding **PRINCIPLES** to facilitate engagement
- ✓ Commit financial & management **RESOURCES** to implementation
- ✓ Create a **STRUCTURE** to assign accountability of leaders
- ✓ Deliver clear & focused **COMMUNICATIONS** to inform & engage school community
- ✓ Elicit faculty and staff **FEEDBACK**
- ✓ Evaluate implementation **PROCESSES** each year
- ✓ Recognize **CONTRIBUTIONS** & celebrate **ACCOMPLISHMENTS** annually

Fig. 6. Recommendations for successful strategic plan implementation.

important, yet challenging given a school's multiple juggling priorities. The dean, for example, said she learned how critically important it is to facilitate on-going communication about the plan, what the strategic teams are doing, and what happens to the recommendations they make; and encourage widespread participation by recognizing the contributions of faculty, staff, and external stakeholders.

Reflection about how some aspects of the implementation process could be improved in the future include: 1) providing and requesting the use of a few simple templates by strategy teams (e.g., a mini-business plan) so that leadership could evaluate new initiatives, 2) exploring strategies to keep faculty and staff engaged long term, and 3) and encouraging executive sponsors to develop annual metrics to measure the success of priority strategies.

Keeping the implementation teams engaged and informed during the five-year process will be invaluable for building a community of engaged faculty and staff. However, there are several challenges to doing so. Both faculty and staff must be focused on their day-to-day education and academic operations. It is difficult to continue to infuse energy and make progress over an extended period of time without dedicated resources to support this work. In addition, continual recognition of their efforts and outcomes is crucial. Successful recruitment of faculty and staff not yet involved in implementation, and new faculty and staff, will be essential for our future success.

Our school of nursing created and put into action a plan for achieving long-term success. By relying on a diverse community of faculty, staff and stakeholders, we gathered a wealth of experience and knowledge. By engaging this community in decision making and reflection, we found answers to hard questions. The result is a market-driven and transformational approach to change that is a significant culture shift for an academic organization, and one that can be replicated over a year period.

It is incumbent on a school's leadership to create a diverse and inclusive team of faculty and staff, and guide them to develop and implement a strategic plan that will carry a school from the present to a desired place in the future. This diversity of thought not only leads to a better plan, but a more cohesive community. Faculty and staff across

any academic organization have very different and often siloed jobs. Developing a strategic plan, and then following through with an implementation road map is one way to bridge siloes and illicit good ideas. This provides individuals with a way to see how their work contributes to and adds to the strategic plan outcomes and progress of the school.

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References

- Best, K., Jarrin, O., Butterheim, A., Bowles, K., & Curley, M. (2015). Innovation in creating a strategic plan for research within an academic community. *Nursing Outlook*, 63(4), 456–461.
- Bolman, L. G., & Deal, T. E. (2013). *Reframing organizations* (Fifth edition). San Francisco, CA: Jossey-Bass.
- Broome, M., Bowersox, D., & Relf, M. (2017). A new funding model for nursing education through business development initiatives. *Journal of Professional Nursing*, 34(2), 97–102.
- Center for Creative Leadership (2016). Duke University School of Nursing: Leveraging networks for change. Retrieved from www.ccl.org/2016/06/DUSON.
- Cullen, K., Palus, C., & Appaneal, C. (2017). *Developing network perspective: Understanding the basics of social networks and their role in leadership* (White paper, 28 pp.) Center for Creative Leadership www.ccl.org.
- Kulage, K., Ardizzzone, L., Enlow, W., Hickey, K., Jeon, C., Kearney, J., ... Larsen, E. (2013). Refocusing research priorities in schools of nursing. *Journal of Professional Nursing*, 29(4), 191–196.
- Marshall, E., & M. Broome. (2016). Understanding contexts for transformational leadership. In E. Marshall & M. Broome, M. (Eds), *Transformational leadership in nursing*, (pp. 37–62). New York, NY: Springer Publishing Company.
- Schaffner, J. (2009). Roadmap for success: The 10-step nursing strategic plan. *Journal of Nursing Administration*, 39(4), 152–155.
- Tapinos, E., Dyson, R., & Meadows, M. (2005). The impact of the performance measurement in strategic planning. *International Journal of Productivity and Performance Management*, 54(5/6), 370–384.