

Beyond the Exit Interview: Five Nurse Executives Reveal the Hidden Work of Transition

Bob Dent, DNP, MBA, RN, NEA-BC, ACC, FACHE, FAAN, FAONL,
 Cole Edmonson, DNP, RN, NEA-BC, FACHE, FAONL, FNAP, FAAN,
 Pat Patton, DNP, MSN, RN, NEA-BC,
 Marena Hildebrandt, DNP, RN, PHN, NEA-BC, and
 Janice Walker, DHA, MBA-HCM, BSN, RN, NEA-BC

Executive leadership transitions are becoming more common every day and consequential in nursing, yet guidance often centers on search and onboarding, leaving a gap during the exit and liminal months. This article addresses that gap through 5 first-person vignettes from nurse executives, Marena, Pat, Cole, Janice, and Bob, whose transitions followed restructuring, mergers, values misalignment, burnout, or layoff. A thematic synthesis surfaces unexpected lessons: identity shock and ambiguous loss; benefit and contract blind spots; the value of a pause; network activation; and well-being practices that speed recovery and re-entry. We translate insights into tools for leaders and organizations, including a 48-h/30-d/90-d checklist, a “Top 10 Transition Moves” table, and recommendations for Chief Executive Officers, boards, and Human Resources to humanize exits through alumni pathways and access to coaching resources. These insights help executives navigate transitions with clarity while enabling health systems to reduce harm, retain goodwill, and protect leadership pipelines and readiness for following roles.

SETTING THE STAGE

C-suite churn remains a material risk for health systems and nursing. Recent data show that nearly one-third of hospital nurse leaders plan to change roles within 12 months and report high rates of burnout, factors that fuel both voluntary and involuntary departures.¹ Broader health care data echo persistent executive movement (e.g., 16% Chief Executive Officer [CEO] turnover), underscoring the need for deliberate succession and transition supports.² For nursing specifically, CNO turnover carries steep organizational costs (recruitment, onboarding, productivity) and destabilizes care environments if not well managed.³

When transitions are abrupt, triggered by reorganizations, budget resets, or culture misalignments, the disruption amplifies, and mistrust builds. AONL's guidance on nurse-leader succession warns that gaps in key roles degrade outcomes and heighten stress on teams; proactive pipelines and visible, humane

handoffs are protective.⁴ Empirical analyses also show that any nurse-manager transition is associated with a short-term drop in RN retention (\approx 2-4 percentage points) on the team left behind, an effect that

KEY POINTS

- **Executive transitions are identity events: normalize grief, uncertainty, and role re-commitments.**
- **Immediate support matters: protect benefits, close loops, secure coaching, debrief family, and consult legal.**
- **First 90 days set trajectory: use a structured plan (reflection, outreach, and routines).**
- **Organizations can humanize exits with transparent timelines, alumni pathways, well-being resources, and leader training.**

unplanned moves plausibly magnify.⁵ Together, these findings argue for transition playbooks that activate immediately: benefits protection, clear communication, coaching, and near-term operating stability.

Nurse-led perspectives are essential because CNOs and their leadership teams steward the largest clinical workforce and directly shape safety, quality, and culture. Their lived experience of transitions, especially abrupt ones, adds the practical nuance often missing from generic executive guidance, helping organizations humanize exits and sustain bedside confidence during leadership change.

METHOD: NARRATIVE INQUIRY

We employed a narrative inquiry design to explore the lived experiences of executive transitions. Rooted in social constructivism,⁶ narrative inquiry offers a meaningful way to understand the experiences of executive leaders navigating sudden transitions. It recognizes that meaning is influenced by social context and time, making these stories both personal and collective. By analyzing what occurred and its significance, 2 or 3 authors identified themes of resilience and strategies for managing change. These narratives offer vital insights to facilitate smoother transitions for individuals, the human resource team, CEOs, and Boards who are decision-makers in transitions.

This approach was most suitable, as it allowed 5 nurse executives to craft brief vignettes (\approx 200-250 words each). Organizational and third-party identifiers (such as organizations, locations, colleagues, and exact dates) were removed; authors chose to publish their own experiences under their names. Drafts were sent back to authors for confirmation (member checking). These narratives are not classified as human-subjects research; however, they were conducted using an approved methodology for narrative inquiry.

We then conducted reflexive thematic analysis across vignettes and follow-up notes: familiarization \rightarrow inductive coding \rightarrow theme generation \rightarrow review/refinement \rightarrow naming/definition, with analytic memos maintained as an audit trail.^{7,8} To strengthen practice relevance, emergent themes were mapped to the AONL Nurse Leader Core Competency Model, anchored by *Leader Within* and spanning *Communication & Relationship Management*, *Leadership*, *Knowledge of the Health Care Environment*, *Professionalism*, and *Business Skills & Principles*.⁹ Narrative framing guided interpretation and ensured the voices of nurse leaders remained primary.¹⁰

Turning Crisis into a Springboard

Contributing Author #1

I always imagined I would spot the signs or have time to plan. When my role was eliminated, it happened abruptly, something I could not have predicted—no

invitation to adapt, just a transactional moment that upended my trajectory. One day, I was leading multidisciplinary teams; the next, I was navigating severance language, legal consults, and insurance logistics. The speed and finality were stunning. Momentum shrank to a brief Human Resources (HR) conversation.

Then came the emotions. I grieved a sense of calling and purpose. Care for unfinished work clashed with frustration and disappointment. The real work after departure proved emotional: how do you process caring for a mission that no longer has space for you? With my identity braided tightly to my role, I felt untethered.

In that unfamiliarity, a new meaning surfaced: rediscovering purpose and recommitting to the values that drew me to nursing leadership. Forced transition was not a failure; it clarified what matters, separated self-worth from titles, and sparked renewal. I learned to lean on my network, trust my expertise, and stay true to my vision. Unexpected transitions demand courage. The road may be unplanned, but how we walk it sets a tone for others.

Actionable tip: Within 48 h, book 3 appointments: benefits/HR consult, legal review, and a coach/mentor; and block a daily 60-minute routine for reflection and outreach.

Alignment to AONL competencies: Communication & Relationship Management; Professionalism; Leadership.

Editorial note: Authors are named; organizations, locations, specific dates, and other third-party identifiers have been withheld or generalized to protect privacy.

Beyond “Not a Fit”

Contributing Author #2

I left a performance review believing the assessment was an affirmation of my efforts and recognition of my achievements toward desired metrics. I considered the review to be an external validation of my work performance. Based on the assessment and my own sense of accomplishments, I believe my performance met expectations and that my employer considered me a valued member of the leadership team. Weeks later, my employer’s representative described me as not being a culture fit for the organization, which, for me, was incongruent with my perception of the periodic review.

The hardest part was the whiplash between external validation and internal doubt. I wrestled with anger, disappointment, and the ache of unfinished work. What helped was naming what this was and was not. It was not a referendum on competence. It was a shift in power and priorities. I leaned on mentors outside the organization, documented outcomes I was proud of, and protected my reputation by staying measured and factual. A coach helped me reframe.

Excellence is not insurance; political capital and cultural alignment matter, too. With that clarity, I chose integrity over reactivity, pausing to reset my purpose before deciding my next move.

I emerged more grounded, with a renewed commitment to lead in places where values and voice align, and to build networks that outlast roles.

Actionable tip: Within 7 days, assemble a one-page “impact brief” (outcomes, endorsements, metrics), schedule 2 confidential conversations (mentor and coach), and draft a 100-word values statement to anchor every decision and discussion.

Alignment to AONL competencies: Communication & Relationship Management; Leadership; Professionalism; Business Skills & Principles.

Stay in Your Joy

Contributing Author #3

My path to nursing began at my father’s bedside, where I first saw the power of nursing and the importance of presence. Over time, I moved from nursing student to clinical nurse to manager, CNO, Chief Clinical Officer, and CEO roles. Across every seat, one truth held: leadership is influence in service of purpose; meaning, titles change, but purpose endures. After almost 35 years in health care, I have come to realize that the roles that I hold most dear and anchor me are deeply connected to my profession, but are also more personal, like husband, parent, friend, brother, and mentor.

Across my career, I struggled with doubt, doubt that I was good enough, or even worthy enough to be in the room or in the position. I did not know at the time, but it was imposter syndrome that plagued me most of my career. What I came to realize is that my worth is not in a credential, a role, a title, or even an accomplishment; it is in my commitment to relieve suffering from wherever I witness it and to lift others. I also realized that to keep giving, we must understand and protect what fuels us: clear boundaries, values, beliefs, movement, reflection, and our agency. My deepest beliefs have always supported that metrics matter, but people matter most, and that continues even today.

In reflective moments like career transitions, you will wrestle with past decisions and even your mistakes; I certainly did, but you also realize that you may have been given grace and lessons. Learning to extend it to others and to yourself can be challenging, but it is necessary for growth. As a result, my daily practice became centered on Gratitude, Respect, Accountability, Compassion, and Excellence (G.R.A.C.E.)¹¹ in action. It reminds me that accountability starts within and that you can hold your standards and your humanity at the same time.

When a title ends, your leadership does not. Transitions are liminal spaces where we recenter, release what no longer serves us, and choose again to lead with values, staying in our joy.

Actionable tip: Write a 100-word purpose statement, pair it with a daily G.R.A.C.E. practice, and block 30 min each day for movement or reflection. Then let that trio guide every decision and room you enter.

Alignment to AONL competencies: Communication & Relationship Management; Leadership; Professionalism; Knowledge of the Health Care Environment.

Blessings Beyond Your Belief – Everything Happens for a Reason

Contributing Author #4

Months before my exit, disappointment had crept in as trust eroded. When the meeting came, the news was abrupt, but a true blessing and a relief. I leaned hard on my faith that day. Believing that God knows the future steadied me; without that anchor, the moment would have been far more destabilizing. In prayer and spiritual reflection, I realized something simple and freeing: all jobs are interim. Our purpose as clinical leaders is larger than any organization or title; it is revealed in how we show up, in the easy seasons and the hard ones. Leadership purpose is revealed in our legacies, our outcomes, and collegial relationships.

Supportive peers helped me shift from asking “why?” to placing a period at the end of the sentence: this season has ended. That punctuation did not minimize loss; it created space for gratitude, closure, hidden blessings, godly blessings, and readiness for what comes next. My parents taught me that things happen for a reason. Experience has confirmed it. Redesigns, transitions, and even severance can become protection and a path toward more aligned work. What endures is not a line on a résumé but the legacy of relationships, calling, service, and integrity. Professional and personal trials make us stronger servant leaders and help us assist others in dark times. Understand and reflect on how organizational focuses, bosses, and structures change, but at the end of the season, there is a stronger power guiding you toward incredible blessings.

Actionable tip: Keep your faith or core values visible. Write a brief statement, carry it into your morning routine, and pair it with weekly outreach to 2 peers. Close the season with gratitude, record the successes, and be ready to support the next colleague who faces a similar exit.

Alignment to AONL competencies: Communication & Relationship Management; Leadership; Professionalism; Knowledge of the Health Care Environment.

Abrupt Exit, Intentional Re-Entry

Contributing Author #5

My regularly scheduled one-on-one turned into a termination meeting: I walked in to see the CEO and a system HR leader. Within 5 minutes, I was told that, due to a reorganization, my role was eliminated. The CEO stood and left; HR outlined severance, instructed me not to contact my team, and escorted me to collect a few belongings, taking my badge as I left. The timing stung: both hospitals I led earned Magnet recognition, we completed a strong Joint Commission triennial survey with only minor nursing findings, and our balanced scorecard results were among the organization's best.

Whiplash followed—one moment, stewarding culture and outcomes; minutes later, an outsider to the work I loved. The abrupt severing of unfinished commitments hurt most. I honored restrictions, then went to work on myself: name the loss, steady the story, and protect my reputation.

Over the next week, I created a structure that included reflection and an afternoon. I called trusted friends and mentors who reminded me who I am beyond a title. I reviewed benefits and legal details, cataloged accomplishments, and weighed 2 paths: remain in operations or build something of my own. I chose entrepreneurship, channeling urgency into purpose.

Actionable tip: Within 48 h, draft a neutral departure statement, book benefits/legal/coach calls, and block daily time for reflection and targeted outreach, while honoring restrictions on contacting your team.

AONL competencies: Communication & Relationship Management; Leadership; Professionalism; Business Skills & Principles.

Cross-Cutting Themes and Lessons

1) Identity loss (and repair).

Across stories, the sharpest pain was not only the job loss but the sudden identity gap, a badge, a calendar, and a team vanish in minutes while unfinished work remains. Leaders described feeling “untethered,” especially when exits followed strong performance. Repair began by separating self-worth from title and naming a durable purpose (e.g., a 100-word statement of why you lead). Practically: archive accomplishments (“impact brief,”) craft a neutral departure line, and ask 2 mentors to reflect on strengths you may not see in the moment.

2) The grief curve of leadership exits.

Abrupt transitions triggered a predictable mix of shock, anger, sadness, and meaning-making. People moved unevenly through that curve; progress accelerated when leaders normalized grief, honored what was lost, and created micro-rituals (a private debrief, a

thank-you note you may never send). Practically, in the first 30 days: schedule brief, structured reflections (15 min daily), avoid big irreversible decisions in week 1, and use a coach or trusted peer to check your narrative for balance and hope. Never underestimate that others in your network will reach out and disclose how they have navigated something similar and become peer supports for solutions.

3) Network capital as the first stabilizer.

Every vignette underscored the power of pre-existing, values-aligned networks. Early calls grounded the story, generated opportunities, and protected reputation. Leaders who activated a targeted list (10 confidants, 10 sponsors, 10 new bridges) saw faster momentum. Practically (days 2-14): send a short, strengths-forward update to your top 30; ask for perspective, not favors; offer help where you can. Reciprocity preserves dignity and keeps you in motion with substantial network capital and support, while redirection surfaces.

4) Financial readiness is leadership readiness.

The most practical antidote to uncertainty was a personal runway and fluency with benefits. Even with severance, leaders who quickly reviewed health coverage, retirement options, restrictive covenants, and tax timing reported less stress and clearer choices (stay in operations, consult, or build). Practically (48 h): book benefits/legal/financial touchpoints; (days 7-30) build a simple 6-12-month financial plan, pause discretionary spend, and map how you will monetize strengths in the near term (interim roles, advisory, project work).

5) Well-being as an operating system, not an add-on.

Exits are whole-person events. What worked: structured daily routines (sleep, movement, prayer/reflection), boundaries on rumination, and one tangible act of service each week to reconnect with meaning. Leaders reframed self-care as a duty to family, teams, and future patients, not an indulgence. Practically: protect a 60-minute “reset block” daily (30-minute movement, 15-minute reflection, 15-minute outreach) and commit to one community connection each week.

Together, these lessons convert abrupt endings into disciplined re-entry: protect identity, ride the grief curve with structure toward healing, activate network capital, get financially clear, and lead your well-being on purpose. Keep networks active even during quiet seasons; you will almost certainly be called upon to support peers facing similar exits. Below are recommendations presented as supportive checklists, and a quick-hit table, [Table 1](#).

Table 1. Practical Strategies

Move	How To Do It (Today)
<i>Name your identity (not your title)</i>	Draft one sentence: "I am a ___ who creates ___ for ___." use in intros, email, and LinkedIn headline.
<i>Neutral departure statement</i>	Two calm sentences; no blame, no details. Reuse verbatim for all inquiries.
<i>Three calls in 48 h</i>	Book benefits/HR, legal (agreements, covenants), and a coach/mentor. Put confirmations in writing.
<i>One-page impact brief</i>	Metrics, outcomes, endorsements, scope. PDF it; attach to outreach.
<i>30-in-30 network sprint</i>	Contact 30 people in 30 days (10 confidants, 10 sponsors, 10 bridges). Ask for perspective, not favors. Ask for permission for frequent, scheduled check-ins from support peers while healing is occurring.
<i>Daily 60-min reset block</i>	30 Movement, 15 reflection/journaling, 15 targeted outreaches. Put it on the calendar. Protect it.
<i>6-12-mo financial plan</i>	Simple spreadsheet: Income options, fixed/variable spend, runway, review weekly; pause non-essentials.
<i>Coverage and continuity check</i>	Decide between COBRA and the marketplace; confirm Rx refills, specialist visits, and disability/retirement options.
<i>Portfolio of paths</i>	Outline 3 near-term tracks (operate/consult/build). List the first experiment for each; start one by day 30.
<i>Reputation guardrails</i>	No venting online; one trusted confidant for emotion; keep a factual log of events and decisions. Define your trusted peer network and pause before extending it too widely.
<i>Refresh career assets</i>	Update résumé, LinkedIn banner/headline/featured items; add 3–5 achievement bullets and a values-anchored summary.
<i>Signal availability with value</i>	Post a short "how I can help now" note (advisory, interim, project). Include scheduling link.
<i>Family debrief and boundaries</i>	Align on budget, routines, communications, and what you will/will not discuss publicly.
<i>Service to re-center</i>	One act weekly (mentoring, committee, and community), which means first, visibility, second. Remember, this is your career pause/break/reflection time, and own the pause with purpose. Think of it as a season of blessing before the next well-deserved door/opportunity opens.
<i>For organizations (do this for your leaders)</i>	Preapproved talking points, alumni network, 90-d coaching stipend, and humane handoff protocol for teams.

RECOMMENDATIONS

Immediate-To-90-Day Support Checklist

0-48 hours (stabilize)

- Write a neutral departure statement; honor any communication restrictions.
- Schedule 3 calls: benefits/HR, legal counsel (contracts, covenants), and coach/mentor.
- Secure personal wellbeing: sleep, hydration, 30-60 min of movement.
- Family debriefs to align on finances, boundaries, and short-term routines.
- Preserve reputation: no venting online; designate one confidant for processing.

Days 2-30 (structure and signal)

- Build a one-page impact brief (outcomes, metrics, and endorsements).
- Financial triage: COBRA/insurance coverage choices, retirement options, severance tax plan, 6-12-month cash flow.
- Network activation: 30 targeted outreaches (10 confidants, 10 sponsors, and 10 new bridges).
- Reciprocity and gratitude: Send thank-you notes to those who gifted their time with you.
- Career assets: refresh résumé/LinkedIn, draft 100-word purpose statement, clarify 3 role paths (operate/consult/build).
- Well-being operating system: daily 60-minute “reset block” (30-minute movement, 15-minute reflection, and 15-minute outreach).

Days 31-90 (momentum)

- Pilot work: short consulting/interim assignments; 2-3 exploratory interviews/week.
- Skills/brand: 1 credential or course; post 2-4 thought-leadership notes.
- Financial tune-up: adjust cash plan; set quarterly review with advisor.
- Community: one act of service weekly; continue support check-ins.
- Decide and commit: select a primary path and a 90-day execution plan.
- Breathe, reflect, and pause, as it could be the first time in your career where you find yourself free of intense job commitments with extended benefits.

IMPLICATIONS FOR CEOs, BOARDS & HR

CEOs, Boards, and HR can reduce harm and protect the employer brand by instituting a Humane Exit Protocol with 4 stages: Notice, Handoff, Support, and Alumni.

- **Notice:** Prefer planned notice; if immediate, use a CEO/HR script and preapproved talking points. Permit a brief, vetted farewell note to staff to preserve dignity.
- **Handoff (0-48 h):** Name an interim, clarify decision rights, publish a timeline, and conduct leader rounding with nursing teams. Capture knowledge (initiatives, risks, stakeholder map) before access changes.
- **Support (0-90 days):** Standardize packages: 90-day coaching stipend, benefits navigator, legal/outplacement consults, mental health resources, and a neutral reference process. Balance covenants with the leader’s ability to maintain professional relationships.
- **Alumni:** Build an alumni network (directory, newsletter, mentoring, and boomerang pathways). Invite former leaders to teach or advise. Maintain access to select publications for 6-12 months.
- **Accountability:** Track time-to-stability, RN turnover; patient-experience trends, and team pulse scores; conduct an after-action review for the board. Require annual succession drills and tie CEO evaluation to humane transition practices. CHRO reports HEP metrics quarterly to the Board Quality/People committee.

CONCLUSION

Leadership transitions are inevitable; preventable harm is not. Across 5 executive vignettes, a consistent pattern emerged: abrupt exits trigger identity shock, grief, mistrust, and operational risk, yet disciplined supports convert disruption into momentum. A structured 48-h/30-d/90-d playbook, mapped to AONL competencies, helps leaders’ steady identity, activate networks, secure benefits and legal clarity, and lead their well-being.

For organizations, a humane exit protocol and alumni pathways protect teams, patients, and the brand. We offer these lessons in solidarity with leaders who have been transitioned, often without warning, and with those charged to steward them. Treat transitions as a safety process: planned, practiced, and person-centered. Keep the networks and peer support channels strong, as leadership transitions will often continue in health care executive roles.

In final reflection, always remember that we are not defined by title but by purposeful work as professional, highly skilled, and passionate clinical leaders.

CREDIT AUTHORSHIP CONTRIBUTION STATEMENT

Bob Dent: Writing – review & editing.

FUNDING

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

DECLARATION OF COMPETING INTEREST

Bob Dent, Cole Edmonson, Pat Patton,arena Hildebrandt, and Janice Walker have no competing interests to disclose.

ACKNOWLEDGMENTS

The authors acknowledge that the manuscript may be screened using Crossref Similarity Check or similar tools to verify originality and compliance with publication standards.

REFERENCES

1. AMN Healthcare. 2024 Survey of hospital nurse leaders: roles, challenges, and workforce solutions. 2024. Available at: <https://www.amnhealthcare.com/contentassets/6bc4f2d23e9d48f5aedd17b0a4f055ff/amn-survey-nurseleaders-2024-final.pdf>. Accessed September 1, 2025.
2. American College of Healthcare Executives (ACHE). Hospital CEO turnover rate remains steady. 2023. Available at: <https://www.ache.org/about-ache/news-and-awards/news-releases/hospital-ceo-turnover-rate-remains-steady>. Accessed September 1, 2025.
3. Sherman RO. The high cost of chief nursing officer turnover. *Nurse Lead*. 2023;21(4):426-427.
4. American Organization for Nursing Leadership (AONL): Workforce Committee. Nurse manager succession planning: an essential workforce strategy to retain and attract current and future leaders background. 2024. Available at: https://www.aonl.org/system/files/media/file/2024/02/AONL_WF_WhitePaper3_Succession_Planning.pdf. Accessed September 1, 2025.
5. American Organization for Nursing Leadership (AONL), Laudio Insights. Trends and innovations in nurse manager retention fall 2024 report. 2024. Available at: https://www.aonl.org/system/files/media/file/2024/10/AONL-Laudio-Trends-and-Innovations-in-Nurse-Manager-Retention_0.pdf. Accessed September 1, 2025.
6. Casey B, Proudfoot D, Corbally M. Narrative in nursing research: an overview of three approaches. *J Adv Nurs*. 2016;72(5):1203-1215.
7. Braun V, Clarke V. What can "thematic analysis" offer health and wellbeing researchers? *Int J Qual Stud Health Well-being*. 2014;9(1):26152.
8. Braun V, Clarke V. Toward good practice in thematic analysis: avoiding common problems and becoming a knowing researcher. *Int J Transgend Health*. 2023;24(1):1-6.
9. American Organization for Nurse Leadership (AONL). The AONL Nurse Leader Core Competency MODEL©. Available at: <https://www.aonl.org/resources/nurse-leader-competencies>. Accessed January 10, 2026.
10. Riessman CK. *Narrative Methods for Human Sciences*. Thousand Oaks: SAGE Publications, Inc; 2008.
11. Edmonson C. Stand firmly in your joy: lessons from the life of a leader, So far. *J Contin Educ Nurs*. 2025;56(7):264-266.

Bob Dent, DNP, MBA, RN, NEA-BC, ACC, FACHE, FAAN, FAONL, CEO & Founder, DBD Coaching & Consulting, Former Chief Nursing Officer, Atlanta, Georgia. He can be reached at bob.dent@drbobdent.com. Cole Edmonson, DNP, RN, NEA-BC, FACHE, FAONL, FNAP, FAAN, Chief Executive Officer, Nurses on Boards Coalition, Dallas, Texas. Pat Patton, DNP, MSN, RN, NEA-BC, Chief Nursing Officer, Providence Swedish, Seattle, Washington. arena Hildebrandt, DNP, RN, PHN, NEA-BC, Ellsworth, Wisconsin. Janice Walker, DHA, MBA-HCM, BSN, RN, NEA-BC, Gainesville, Florida.

1541-4612/2025/\$ See front matter
Copyright 2025 by Elsevier Inc.

All rights are reserved, including those for text and data mining, AI training, and similar technologies.
<https://doi.org/10.1016/j.mnl.2025.102644>