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## Sustainable Human Resource Practices for Managerial Transitions in the National Health System: Evidence from Shiraz University of Medical Sciences

Seyed Kousha Mirmasoudi<sup>1</sup>, Serajeddin Mohebi<sup>1\*</sup>, Ali Pirzad<sup>1</sup>

<sup>1</sup>Department of Management, Yas.C., Islamic Azad University, Yasuj, Iran

#### **Abstract**

**Introduction:** Transitions in the national health system. By focusing on long-term environmental, social, and governance (ESG) impacts, the research addresses key issues related to leadership selection and exit This study aims to develop a sustainable human resource model for managing managerial processes.

Methods: The study employs a qualitative, exploratory design using the grounded theory approach. Data were collected through 22 semi-structured interviews with human resource experts and senior officials from the Ministry of Health, selected via snowball sampling Data coding and analysis were conducted using MAXQDA 2020 software.

**Results**:Findings reveal six core components influencing sustainable HRM in managerial transitions: sustainable recruitment and development, performance management, a culture of sustainability, succession planning, and challenges related to transparency and political interference. A paradigmatic model was developed based on these themes.

**Conclusion:** The proposed model provides a structured framework for selecting and removing managers based on sustainability principles. It offers practical implications for health sector policymakers by promoting merit-based, transparent, and future-oriented HR practices that enhance organizational stability and service quality.

**Keywords:** Sustainability, Removal and installation of managers, Sustainable performance management, Sustainability culture

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#### \*Correspondence to:

Serajeddin Mohebi, Department of Management, Shi.C., Islamic Azad University, Shiraz, Iran

Email: 2471444547@iau.ac.ir

## Introduction

In recent years, the concept of sustainable human resource management (SHRM) has gained increased attention as organizations seek to align their internal practices with broader environmental, social, and governance (ESG) objectives. SHRM emphasizes long-term thinking in talent acquisition, development, and leadership transitions while considering fairness, accountability, and inclusivity (1, 2). This holistic approach not only addresses immediate organizational needs but also integrates ethical and environmental considerations into human resource strategies, promoting resilience and adaptability in a rapidly changing world.

In public sectors, especially in healthcare systems, managerial transitions are pivotal, as they directly affect service quality, employee morale, and institutional continuity. Despite growing recognition of SHRM principles,

public sector organizations in many developing countries—including Iran—struggle with opaque appointment processes, political interference, and weak succession planning (3, 4). These challenges often lead to the appointment of underqualified managers, reduced organizational efficiency, and high turnover rates, which collectively undermine the capacity of public health institutions to deliver consistent and quality care.

For example, Adamus and Ballová Mikušková (2024) highlight how discriminatory or biased selection and dismissal processes can exacerbate leadership instability, further undermining gender equity and organizational credibility (5). In Iran's national health system, the challenge is particularly acute. The Ministry of Health has undergone frequent leadership changes, often driven by administrative turnover and informal networks rather than merit-based evaluations. Prior research confirms that without structured

and sustainability-aligned HR systems, public health institutions remain vulnerable to politicization and inefficiency (6-8). Moreover, the limited integration of digital tools and forward-looking HR practices hinders long-term workforce development, restricting the system's ability to adapt to evolving health sector demands (9).

While numerous studies have addressed sustainable HRM in the private sector, far fewer have explored its application in public healthcare contexts—especially regarding managerial transitions (2, 10). Additionally, few models effectively integrate sustainability principles into both the selection and removal processes of managers. This gap is particularly evident in qualitative research, where most existing studies are either conceptually focused or lack practical, context-specific frameworks (10-13).

Therefore, this study aims to develop a sustainable HR model tailored to managerial transitions in Iran's national health system. By focusing on the case of Shiraz University of Medical Sciences, the research provides an empirically grounded framework to improve leadership continuity, transparency, and sustainability in public health governance, addressing critical gaps in both theory and practice.

# **Methods** *Setting and Participants*

Given that the primary objective of this study is to develop a sustainable human resource model for the appointment and dismissal of managers in the national health system, it falls within the domain of applied research. In terms of approach, this study is classified as exploratory research. It employs a qualitative exploratory research method, utilizing a qualitative approach to identify the dimensions, components, and indicators of a sustainable human resource model in the appointment and dismissal of health system managers, leading to the development of the research model.

The study participants included theoretical experts (human resource management professors) and practical experts (senior managers of the Ministry of Health, Treatment, and Medical Education). The selection criteria for experts included a minimum of 10 years of work experience in the Ministry of Health, an academic background in human resource

management, and at least a postgraduate degree. A purposive sampling method was used, and the sample size in the qualitative phase was determined based on theoretical saturation. This means that interviews with experts continued until theoretical saturation was achieved (a total of 22 interviews).

Snowball sampling was chosen due to the sensitive nature of the research topic, particularly political interference in managerial appointments. This non-probability technique allowed the researchers to identify and reach knowledgeable participants—such as senior officials and HR experts—who may not be accessible through conventional sampling due to political or organizational constraints. Initial participants were selected purposively and asked to recommend others who met the criteria, ensuring both relevance and trust. To address potential bias, the researchers ensured diversity in roles and affiliations and guaranteed participants' anonymity to encourage candid responses.

#### Data Collection

Given the research topic and objectives, semi-structured interviews were conducted for data collection. To assess the reliability and validity of the interviews, two methods—retest reliability and inter-coder agreement-were used. This study employed the Grounded Theory method for qualitative data analysis. The coding process followed an inductive approach based on grounded theory. Initial codes were generated from interview transcripts through open coding, with no predefined themes. Two researchers independently coded a sample of transcripts and discussed discrepancies to reach consensus, ensuring inter-coder reliability. Axial coding was then applied to cluster codes into categories based on conceptual similarity. Theoretical saturation was used to confirm that no new categories emerged in later interviews. To validate the derived categories, findings were presented to selected participants for member checking and revised based on their feedback.

Reflexivity was maintained throughout the research process. The researchers acknowledged their professional backgrounds in health management and potential preconceptions regarding political interference. To minimize bias, reflective memos were kept during coding, and interpretations were regularly discussed with

peer researchers not involved in data collection. Additionally, key findings were presented to selected participants (member checking) to ensure credibility and reduce the influence of the researchers' assumptions. Data analysis in the qualitative phase was performed using MAXQDA 2020 software.

According to the grounded theory research method, there are three main stages of coding:

**Open Coding**: In this stage, data is broken down into smaller parts, and initial concepts are identified. The aim is to extract key themes and concepts from the data.

**Axial Coding**: At this stage, relationships between concepts and categories are established. The researcher attempts to organize the concepts identified during open coding and determine the connections among them.

**Selective Coding**: In this final stage, a core category is selected, and other concepts and categories are organized and explained around this core category. This stage focuses on completing and strengthening the theory.

To assess the validity of qualitative data, two methods were used: test-retest reliability and inter-coder agreement. Test-retest reliability in qualitative research refers to examining the consistency and reliability of the data. This method involves repeating data collection under similar conditions and comparing the results to ensure their consistency and coherence. Intercoder agreement is a measure used to evaluate the level of agreement and coordination among analysts or coders in the process of coding qualitative data. This percentage is calculated by examining the consistency in assigning codes to similar data. Its purpose is to ensure the accuracy and validity of the research findings. Data analysis in the qualitative phase was performed using MAXQDA 2020 software.

#### **Ethical Considerations**

This research was conducted in accordance with ethical principles, and the confidentiality of all interviewee data was maintained. This study has been approved under ethical code IR.IAU. YASOOJ.REC.1404.010.

#### **Results**

The table below presents the demographic characteristics of the expert participants in the interviews, categorized by gender, age, education, and work experience (Table 1).

Based on the output of the MAXQDA software, theoretical saturation was reached in interview number 20.

To calculate the test-retest reliability, a sample of interviews was selected from the conducted interviews, and the identified codes in two different time intervals were compared for each interview.

## Reliability Percentage Calculation Formula

$$Reliability \ Percentage = \left(\frac{Number \ of \ Agreements \times 2}{Total \ Data \ Count}\right) \times 100$$

In this study, three interviews were selected as samples and were re-coded after a one-month interval. Given that the test-retest reliability was 84%, which is greater than the 60% threshold, the coding reliability is considered acceptable.

The inter-coder agreement percentage, which serves as an indicator of reliability, is calculated using the following formula:

$$\mbox{Reliability Percentage} = \left( \frac{\mbox{Number of Agreements} \times 2}{\mbox{Total Data Count}} \right) \times 100$$

Since the inter-coder reliability was found to be 81%, which is also greater than the 60% threshold, the coding reliability is deemed acceptable.

Table 1: Demographic Characteristics of Experts

Category	Subcategory	Frequency	Percentage
Gender	Male	15	%68
	Female	7	%32
Age	Under 35 years	1	%5
	35 to 45 years	10	%45
	Over 45 years	11	%50
Education	Master's Degree	5	%23
	DR & PhD	17	%77
Work Experience	Less than 10 years	3	%14
	10 to 20 years	9	%41
	Over 20 years	10	%45
Total		22	%100

## Open Coding

This stage involves categorizing various codes into potential themes and organizing all coded data summaries within the identified themes. Essentially, the researcher begins analyzing their codes and considers how different codes can be combined to form overarching themes.

The initial open coding process generated recurring concepts such as "green HR skills," "political influence," and "sustainability-based selection." These codes reflect participants' growing concern with value-based leadership and reflect gaps in traditional HR models, particularly in the health sector.

## Axial Coding

In this stage, categories were determined based on the indicators obtained from the open coding phase. As a result, 11 main categories and 71 subcategories were identified. These findings are presented in separate tables below.

The axial coding process identified six major thematic categories that collectively reveal the structural, contextual, and procedural dynamics of managerial transitions within the national health system. These categories go beyond descriptive classification and provide deeper insight into the challenges and enablers of sustainable human resource management in politically sensitive environments.

#### a. Causal Conditions:

Themes such as sustainable recruitment, human resource development, and retention strategies highlight the urgent need to move beyond reactive or politically motivated hiring practices. The focus on value-based recruitment and long-term skill development emphasizes the importance of strategic alignment of talent to navigate complex transitions. One participant noted,

"We need to hire people not just based on who they know, but on what they can contribute longterm to the system." Participants also emphasized the growing importance of environmental and ethical competencies in leadership development. b. Contextual Conditions:

Themes related to sustainability culture and succession planning reveal fundamental structural weaknesses in strategic HR thinking within the public health system. These findings point to the absence of formalized leadership development mechanisms, which leads to

overreliance on informal networks or political affiliations. A participant explained, "There is no clear plan for who takes over when leaders leave, so often it's whoever has the right connections, not the right skills."

The lack of embedded sustainability norms tends to encourage short-term decision-making and diminishes employee engagement.

## c. Intervening Conditions:

Recurring issues such as political interference, unclear regulations, and bureaucratic inertia consistently, reported representing significant factors that constrain the effective implementation of sustainable HR practices. These issues highlight systemic fragility and the influence of external political forces on internal HR processes. One interviewee stated, "Sometimes decisions are made based on politics rather than what is best for the organization, and that really slows progress." The lack of transparent governance frameworks further increases uncertainty in managerial appointments and dismissals.

### d. Core Phenomenon:

The central theme emerging from the data is the need for sustainable human resources as a guiding principle for all HR activities. This involves not only technical skills but also alignment with ethical, social, and environmental responsibilities. Participants consistently stressed the importance of cultivating a workforce that embodies sustainability values, signaling a necessary mindset shift across HR systems that goes beyond structural reforms to cultural transformation. As one participant put it, "Sustainability is not just a policy; it must be part of our everyday decisions and values."

## e. Strategies:

Participants proposed strategies such as establishing transparent appointment guidelines, enforcing sustainability criteria, and implementing performance-based advancement systems to create a more predictable and equitable managerial environment. One participant remarked, "Clear rules and fair evaluations will help remove favoritism and build trust in leadership." These approaches aim to reduce political arbitrariness by introducing objective and replicable criteria into leadership transitions.

## f. Outcomes:

The anticipated outcomes—improved decision-making, enhanced service quality, and

increased accountability—highlight the broader institutional benefits of adopting a sustainability-focused HR model. A participant emphasized, "When leaders are chosen for their skills and commitment to sustainability, the whole system runs more smoothly and serves people better." These results suggest that aligning leadership processes with sustainability principles can strengthen overall organizational integrity and resilience, with positive ripple effects throughout

the health system (Table 2).

## Selective Coding

After axial coding, selective coding should be conducted. In this step, the categories identified from axial coding are classified into six categories of the paradigmatic model. These categories include causal conditions, contextual conditions, intervening conditions, core phenomenon, strategies, and consequences (Figure 1).

**Table 2:** Summary of Axial Coding Results

<b>Selective Coding</b>	<b>Axial Coding</b>	Open Coding
Causal	Sustainable	Developing a Program for Sustainable Human Resource Recruitment
Conditions		• Reviewing Employment Criteria Based on Sustainability Principles
	Selection	Conducting Sustainability-Based Job Interviews
		• Prioritizing and Screening Applicants Based on Sustainability Principles
		• Recruiting Human Resources Who Are Knowledgeable and Committed to Sustainability Principle
	Human	Conducting In-Service Training Programs on Sustainability
	Resource Development	• Developing Green Competencies in Human Resources
		Enhancing HR Skills in Achieving Sustainable Health System Goals
		• Identifying HR Weaknesses in Understanding Sustainability Concepts
		Increasing Social and Environmental Responsibility Among HR
		• Empowering Human Resources in Health System Sustainability
	Sustainable	Implementing Preventive Measures Against Employee Turnover
	Retention and Utilization	• Identifying Reasons for Turnover Intentions and Strategic Actions
		Ensuring Job Security for Health System Employees
	of Human	Providing Adequate Salaries and Benefits for Sustainable Human Resources
	Resources	Clear Reward and Punishment Policies Based on Sustainability Principles
		• Strengthening Job Commitment in Human Resources
		Job-Employee Skill Alignment in Human Resources
		Staffing and Allocating Individuals to Appropriate Positions
	Sustainable	Performance Evaluation of Human Resources Based on Sustainability Standards
	Human Resource Performance Management	Identifying Weaknesses in Human Resources Regarding Sustainability
		Providing Constructive Feedback to Human Resources for Sustainability
		Continuous Improvement of Sustainable Human Resource Performance
		Improving Environmental Performance of Human Resources in the Health System
		Improving Environmental Performance of Human Resources in the Health System Improving the Social Performance of Human Resources in the Health System
Core	Sustainable	Having Capable Human Resources in the Field of Sustainability
Phenomenon	Human Resources	Ethical Adherence and Green Attitude of Human Resources
Thenomenon		Professional Expertise and Capability of Human Resources in Sustainability
		Deep Knowledge and Insight of Human Resources in Sustainability
		Creativity and Innovation of Human Resources in Sustainability
		Practical Experience and Background in Sustainability
		Alignment of Human Resources with the Sustainability Culture of the Health System
		Green and Sustainable Performance of Human Resources in the Health System
Stratogics and	Sustainable	• Shaping the Vision for the Appointment and Dismissal of Managers Based on the Sustainability
Strategies and Actions	Strategy for the Appointment and Dismissal of Managers	of the Health System
		• Strategic Planning for the Appointment and Dismissal of Managers Based on Sustainability Goals
		• Goal Setting for the Appointment and Dismissal of Managers in the Health System Based on Sustainability Principles
		Determining Executive Policies for Career Advancement Based on Sustainability Goals
		• Issuing Clear Regulations for the Appointment and Dismissal of Managers in the Health System
		• Ensuring the Enforcement of Appointment and Dismissal Regulations Based on Sustainability Principles

<b>Selective Coding</b>	<b>Axial Coding</b>	Open Coding
Contextual	Sustainability	Sustainability Governance and Atmosphere in the National Health System
	Culture and	• Strengthening and Expanding Sustainability Values in the National Health System
	Sustainable Development of the Health System	• Developing and Strengthening Human Resources' Beliefs in Sustainability Issues
		• Providing Adequate Attention to Sustainability Norms in the National Health System
		• Institutionalizing Sustainability Culture in the National Health System
	Sustainable Succession Planning in the National Health System	• Determining Succession Planning Standards Based on Sustainability Principles
		Planning for Identifying Talented Individuals for Health System Management
		• Evaluating Human Resources' Knowledge and Specialized Skills Regarding Sustainability
		Career Advancement Based on Meritocracy and Sustainability in the Health System
		• Enhancing and Strengthening Sustainable Roles in Human Resource Management
		Sustainable Job Rotation for Human Resources
Intervening	Challenges	• Lack of Clear Higher-Level Regulations for the Appointment and Dismissal of Health System Managers
Conditions	in the	• Political Influence and Patronage in the Appointment and Dismissal of Health Sector Managers
	Appointment	• Bureaucracy and Complexity of Regulations Governing the Appointment and Dismissal of Managers
	and Dismissal of	• Lack of Transparent Governance in the National Health Sector
	Managers in the National Health System	• Insufficient Will and Commitment for Sustainability in the Health Sector
		• Non-administrative Practices and Procedures in Health System Management
		• Dominance of Traditional Systems and Fragmented Hierarchies in Health System Management
Consequences	Dismissal of Managers	• Dismissal Through the Board of Directors or General Assembly of the Health System
		• Dismissal of Managers Based on Legal Provisions of the Health System
		Dismissal of Managers Based on Dialogue and Voluntary Resignation
		• Dismissal Based on the Votes of Shareholders and Stakeholders in the Health System
		Dismissal of Managers Through Media and Public Opinion
		• Dismissal of Managers Through Political Influence and Higher Oversight Authorities
	Appointment of Managers	• Selection of Managers Based on Adherence to Sustainability Principles
		Selection of Health System Managers Based on Legal Guidelines
		• Selection of Managers Through Participatory Internal Organizational Processes
		• Selection of Managers Based on Senior Health System Officials
		• Selection of Managers Through External Consultants and Experts
		• Selection of Health System Managers Aligned with Sustainability Goals
		Selection of Managers with Clear and Transparent Mechanisms
		Selection of Managers Based on Sustainability Standards and Regulations

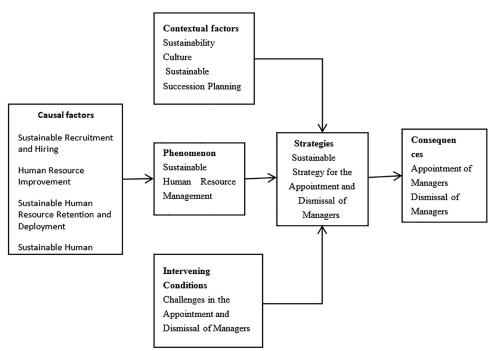


Figure 1: The Paradigm Model of Sustainable Human Resources in the Appointment and Dismissal of Healthcare System Managers in the Country

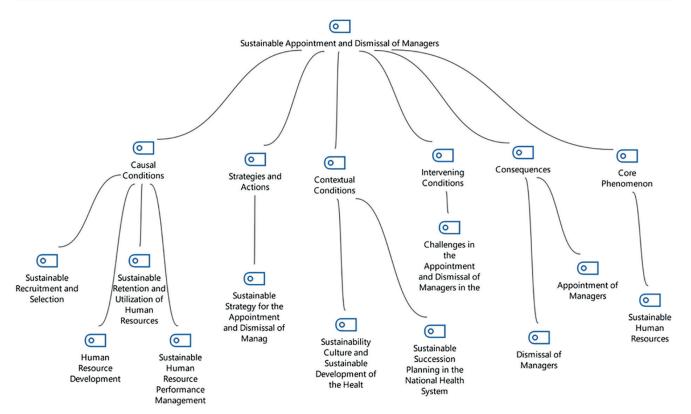


Figure 2: Output of MAXQDA20 Software

The final output of the MAXQDA20 software is presented in Figure 2.

#### Discussion

The findings of this study highlight that cultivating a culture of sustainability and implementing sustainable succession planning represent critical contextual conditions for advancing sustainable human resource management (SHRM) in the healthcare sector. A strong culture of sustainability goes beyond promoting environmental consciousness—it institutionalizes organizational values that align with sustainable development, fostering collective responsibility and enhancing employee engagement in socially and environmentally responsible practices (11, 12).

Such a cultural foundation reinforces employee commitment and organizational loyalty, supports corporate social responsibility (CSR) initiatives, strengthens public trust, and enhances the organization's brand image in increasingly competitive healthcare markets (13). This deeply ingrained ethos ensures that sustainability is not merely an add-on initiative but a fundamental aspect of the organization's identity and operations, influencing decision-making at all levels.

Sustainable succession planning complements this cultural foundation by ensuring a consistent pipeline of skilled, visionary leaders able to manage both anticipated and sudden changes. Systematic identification and development of internal talent reduce external recruitment costs, preserve critical institutional knowledge, and motivate employees by providing transparent career advancement opportunities (14, 15). These benefits strengthen organizational resilience, particularly during crises or leadership transitions, corroborating prior findings in the healthcare sector (16, 17).

Operationally, SHRM is supported by four interdependent pillars: sustainable recruitment and hiring, human resource development, employee retention, and sustainable performance management (18).

#### Sustainable Recruitment and Hiring

Purpose-oriented recruitment strategies that prioritize candidates committed to sustainability values create mission-aligned teams capable of improving cohesion and performance (19). This involves not only assessing technical skills but also evaluating candidates' alignment with the organization's sustainability vision and values.

## Human Resource Development

Human resource development—via targeted training, empowerment, and professional growth—equips organizations to adapt to environmental, technological, and economic fluctuations (20, 21).

## **Employee Retention**

Retention practices that enhance work-life balance and well-being help reduce turnover while improving morale. Initiatives such as mental health support, flexible schedules, and structured career services are associated with improved retention in healthcare institutions (22).

## **Sustainable Performance Management**

Sustainable performance management strengthens accountability by linking managerial evaluations to transparent, goal-driven criteria, supported by regular reviews, continuous feedback, and clear development frameworks (23).

However, managerial appointments and dismissals in healthcare often face obstacles including political interference and cumbersome bureaucracy, which undermine trust and efficiency. These practices compromise merit-based decision-making and foster dissatisfaction, echoing findings from governance studies in healthcare (24, 25). Conversely, transparent, competency-based frameworks for leadership selection and replacement enhance organizational stability and performance outcomes, though these remain undermined where strategic HR planning and performance monitoring are weak (7).

To address systemic shortcomings, the study recommends sustainable, evidence-based managerial policies, including competency frameworks, performance-based evaluation tools, and stringent oversight in appointment processes (26, 27). Centralized databases of qualified leadership candidates can shorten transition periods and minimize disruptions (28). Incorporating artificial intelligence for predictive analytics in managerial performance evaluation offers further potential (29, 30), aligning with recent calls for tech-enabled leadership governance in healthcare (31). Furthermore, the recently proposed application of artificial intelligence for HR sustainability and leadership modeling offers an additional perspective for building adaptive managerial systems in healthcare (32).

#### *Limitations and Recommendations*

As a limitation, This study is limited by its focus on the health system in Shiraz, which may affect the generalizability of the findings to other contexts. While the sample included key stakeholders involved in managerial transitions, a broader participant pool could provide additional perspectives. Additionally, as with qualitative research, data interpretation involves some level of subjectivity despite careful analysis. Future research could expand on these findings by exploring other regions and including complementary quantitative data.

As a recommendation, Based on the study's findings, the following actionable recommendations are proposed, with consideration for their feasibility and the roles of relevant stakeholders:

Design and Implement Comprehensive Training Programs: Develop targeted training initiatives for managers focused on sustainable management principles and social responsibility. These programs should include practical workshops and managerial simulations to enhance real-world applicability. Ministry of Health training units and HR departments should collaborate to ensure curriculum relevance and accessibility.

Establish Merit-Based Selection and Appointment Processes: Create transparent, meritocratic procedures for managerial selection and appointment, grounded in sustainability criteria. Clear scientific evaluation metrics and oversight committees must be established to guarantee fairness and reduce political interference. Responsibility lies primarily with HR leadership and policy-makers within the ministry.

**Develop Sustainable Succession Planning Policies:** Identify and nurture internal managerial talent to build a resilient leadership pipeline, reducing dependency on external recruitment. This requires coordinated efforts between senior management and HR units to regularly assess and prepare potential successors.

Implement Transparent Performance Evaluation Systems: Introduce standardized performance indicators to monitor managerial effectiveness and minimize subjective or politically motivated decisions. Regular feedback mechanisms and accountability structures should be managed by HR units in partnership with departmental leaders.

Reduce the Impact of Non-Transparent Policies: Reform administrative and regulatory frameworks to eliminate arbitrary appointments. This calls for systemic policy review led by governance bodies and compliance units to enforce transparency and consistency.

Develop Integrated Management Models: Establish evaluation frameworks that consider both technical skills and behavioral competencies, steering managerial practices towards sustainability and ethical standards. This approach should involve collaboration among HR specialists, organizational development experts, and executive leadership.

**Utilize Digital Technologies and Information Management Systems:** Leverage advanced digital tools and data analytics to increase transparency and efficiency in managerial decision-making. IT departments alongside HR management should prioritize implementing such technologies to support evidence-based appointments and evaluations.

These recommendations are prioritized based on their immediate impact and feasibility, with transparent selection processes and performance evaluation systems identified as critical first steps. Engaging key stakeholders early and fostering cross-unit collaboration will be essential for successful implementation

As a recommendation, future research: To build upon the findings of this qualitative study, future research should consider several directions. First, extending the study to other regions and provinces would help assess the generalizability of the findings across different socio-political and organizational contexts. Comparative studies between public and private healthcare sectors could also provide deeper insights into how sustainable human resource management practices vary in different institutional environments.

Second, quantitative research methods, such as surveys or longitudinal studies, are recommended to validate and measure the impact of the proposed sustainable HRM models. These approaches would allow for testing hypotheses derived from the qualitative data and provide empirical evidence on the effectiveness of specific strategies.

Third, future studies could focus on developing and evaluating specific interventions, such as training programs or digital tools, to understand their practical implementation challenges and outcomes. Experimental or mixed-method designs could offer robust evidence to support policy and managerial decisions.

Lastly, addressing the limitations of this study, such as sample size and regional focus, through broader and more diverse participant recruitment, will enhance the depth and applicability of future research findings.

#### **Conclusion**

This study is one of the first to examine sustainable human resource management in the appointment and dismissal of healthcare system managers and can serve as a foundation for future policymaking. Establishing scientific and transparent criteria in the selection and dismissal processes enables organizations to appoint individuals who, in addition to possessing managerial competencies, demonstrate a strong commitment to sustainability and social responsibility.

The findings of this research can influence high-level decision-making in the healthcare system and contribute to improving the quality of healthcare services. Moreover, by providing practical solutions, this study can enhance human resource management policies, increase organizational efficiency, and help establish a sustainable management system.

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## **Ethical Approval and consent to Participate**

This research is derived from a doctoral dissertation conducted in accordance with ethical principles, ensuring the confidentiality of all interviewee data. The study was approved by the Ethics Committee of Islamic Azad University, Yasouj Branch, under the ethical code IR.IAU. YASOOJ. REC. 1404.010.

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#### **Conflict of Interest**

There are no conflicts of interest.

#### References

- 1. World Health Organization. Health systems governance for universal health coverage: action plan 2014–2019. Geneva: World Health Organization; 2014.
- 2. Frenk J, Moon S. Governance challenges in global health. *New England Journal of Medicine*. 2013;368(10):936-42. doi: 10.1056/NEJMra1109339.
- 3. Dodek PM, Wong H, Norena M, Ayas N, Reynolds SC, Keenan SP, et al. Moral distress in intensive care unit professionals is associated with profession, age, and years of experience. *Journal of Critical Care*. 2016;31(1):178-82. doi: 10.1016/j.jcrc.2015.10.011.
- 4. Kreindler SA. Policy learning and performance measurement as management interventions. *Health Serv Manage Res.* 2018;31(2):77-83.
- 5. Mikkelsen B, Williams J, Rakovac I, Wickramasinghe K, Hennis A, Shin HR, et al. Life course approach to prevention and control of non-communicable diseases. *BMJ*. 2019;364:1257. doi: 10.1136/bmj.l257.
- 6. Liang Z, Howard PF, Leggat S, Murphy G. A framework to improve health service managerial capacity. *J Health Organ Manag.* 2011;25(2):183–97.
- 7. Drolet BC, Lorenzi NM. Translating research into practice: leadership challenges and opportunities. *Acad Med.* 2011;86(10):1222–6.
- 8. Clark J. Medical leadership and engagement: no longer an optional extra. *J Health Organ Manag.* 2012;26(4-5):437-43. doi: 10.1108/14777261211251517.
- 9. Mikkelsen A, Jacobsen DI. Managing organizational change: the role of leaders' self-efficacy. *J Organ Change Manag.* 2015;28(5):653–69.
- 10. Resnick B. Building leadership capacity for quality care. *J Nurs Adm*. 2017;47(1):1–2.
- 11. Shaw J, Taylor R, Dix K, et al. Enhancing healthcare leadership: the responsibility of nursing management. *J Nurs Manag.*

- 2020;28(5):1005-10.
- 12. Beer M, Dwight D, Schrader M, Nanda A. Leadership that gets results. *Harvard Bus Rev.* 2017;95(3):70–82.
- 13. Fennell ML, Alexander JA. Governing boards and organizational performance: the accountability paradox. *Health Serv Res.* 1987;22(3):291-303.
- 14. Denis JL, van Gestel N. Medical managers: careers and leadership in healthcare. New York: Springer Nature; 2016.
- 15. Storey J, Holti R. Towards a New Model of Leadership for the NHS. Leeds: NHS Leadership Academy; 2013.
- 16. Bohmer RM. Leading clinicians and clinicians leading. *N Engl J Med*. 2013;368(16):1468-70. doi: 10.1056/NEJMp1301814.
- 17. Øvretveit J. Leading improvement effectively: review of research. London: Health Foundation; 2012.
- 18. O'Reilly CA, Caldwell DF, Chatman JA, Lapiz M, Self W. How leadership matters: The effects of leaders' alignment on strategy implementation. *The Leadership Quarterly*. 2010;21(1):104-13. doi: 10.1016/j. leaqua.2009.10.008.
- 19. Yukl G. Leadership in organizations. 8th ed. London: Pearson; 2013.
- 20. Day DV, Fleenor JW, Atwater LE, Sturm RE, McKee RA. Advances in leader and leadership development: A review of 25years of research and theory. *The Leadership Quarterly*. 2014;25(1):63-82. doi: 10.1016/j. leagua.2013.11.004.
- 21. Northouse PG. Leadership: theory and practice. 8th ed. Thousand Oaks (CA): Sage Publications; 2019.
- 22. Goleman D. What makes a leader? *Harvard Bus Rev.* 2004;82(1):82–91.
- 23. Zhang Y, LePine JA, Buckman BR, Wei F. It's not fair... or is it? The role of justice and leadership in explaining work stressor—job performance relationships. *Academy of Management Journal*. 2014;57(3):675-97. doi: 10.5465/amj.2011.1110.
- 24. Avolio BJ, Walumbwa FO, Weber TJ. Leadership: current theories, research, and future directions. *Annu Rev Psychol.* 2009;60:421-49. doi: 10.1146/annurev. psych.60.110707.163621.
- 25. Bass BM, Avolio BJ. Transformational leadership and organizational culture. *Public*

- administration quarterly. 1993:112-21.
- 26. Stefanovic S, Jovanovic A, Djordjevic M. Leadership models in healthcare organizations. *Serbian J Manag.* 2018;13(2):281–93.
- 27. Jiang L, Shalley CE. Creativity in the workplace: a new perspective on managing innovation. *Acad Manag Ann.* 2014;8(1):1-34.
- 28. Collins DB, Holton III EF. The effectiveness of managerial leadership development programs: A meta-analysis of studies from 1982 to 2001. *Human Resource Development Quarterly.* 2004;15(2):217-48.doi: 10.1002/hrdq.1099.
- 29. Chamakiotis P, Dekoninck E, Panteli N. Factors influencing creativity in virtual

- teams: an integrative literature review. *Comput Hum Behav.* 2013;29(3):701-8.
- 30. Andersen JA. Distributed leadership and organizational design. *Eur Manag Rev.* 2008;5(3):197-208.
- 31. Mikalef P, Krogstie J, Pappas IO, Pavlou P. Exploring the relationship between big data analytics capability and competitive performance: The mediating roles of dynamic and operational capabilities. *Information & management*. 2020;57(2):103169. doi: 10.1016/j.im.2019.05.004.
- 32. Bhattacharya S, Jha MK, Mukherjee A. Artificial intelligence and human resource modeling: a strategic framework. *J Bus Res.* 2021;129:239–52.