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Original Article

Strengthening Sustainable Leadership in Public Health: An Integrative Approach for Managerial Transitions

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Abstract:

Introduction: The sustainable appointment and dismissal of managers in healthcare systems is essential for maintaining stability, efficiency, and fairness in governance. This study examines the key dimensions that can strengthen leadership sustainability in national health systems and offers an integrative framework for evidence-based managerial processes.
Methods: We applied a meta-synthesis approach based on Sandelowski and Barroso's (2022) method to integrate qualitative and quantitative evidence systematically. Comprehensive database searches combined with multi-stage screening ensured quality and relevance. Thirty-one credible studies were selected for in-depth synthesis.
Results: The findings led to the development of a six-dimensional model for sustainable management in the health sector. The model comprises: (1) Meritocracy in managerial selection, emphasizing expertise, scientific, managerial, and ethical competencies; (2) Stability and continuity in management, focusing on long-term planning and avoidance of frequent leadership changes; (3) Performance evaluation and accountability, based on clear performance indicators and periodic assessments; (4) Stakeholder participation in decision-making, highlighting the involvement of experts, NGOs, and professional associations; (5) Equity in managerial opportunities, ensuring non-discriminatory access and transparent promotion pathways; and (6) Development of internal managerial capabilities, including leadership training, succession planning, and systematic talent management.
Conclusion: The proposed framework provides policymakers with actionable guidance for embedding sustainability principles into managerial appointment and dismissal processes. Implementing these dimensions can enhance governance, improve healthcare system performance, and build long-term public trust in leadership structures.
Keywords: Sustainable Management Model; Health Sector Leadership; Merit-Based Appointment; Managerial Continuity; Performance-Based Accountability

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Introduction

The healthcare system is considered one of the fundamental pillars of sustainable development in any society, and its quality directly impacts social welfare and economic productivity. One of the key components in enhancing the quality of this system is effective and efficient management at various organizational levels. Among these, human resources—particularly managers—play a pivotal role in advancing the strategic objectives of the healthcare system (1).

In recent decades, the country's healthcare system has faced numerous challenges in the domains of management and human resources. One of the most significant of these challenges is the lack of managerial stability and the presence of non-transparent and non-standardized processes for the dismissal and appointment of managers at different levels of the healthcare system.

This situation has led to reduced efficiency, increased stakeholder dissatisfaction, and ultimately a decline in the quality of healthcare services nationwide.

Therefore, attention to sustainable models in human resource management, especially in the appointment and dimissal of managers, appears essential (2).

Managers, as key decision-makers, have a direct role in implementing overarching health policies. Their decisions regarding resources, structure, and services exert a direct influence on the outcomes of the healthcare system. Hence, their selection and appointment should be based on professional and rational principles (3). In many cases, however, dismissals and appointments in the healthcare system are influenced by political, personal, or non-specialized considerations, which contradict meritocracy, professional commitment, and evidence-based management principles. This issue has resulted in decreased managerial sustainability within the healthcare system and the fragmented, unstable implementation of health policies and services (4). On the other hand, the absence of accurate and independent performance evaluation mechanisms has exacerbated this disorder. Sustainability in organizational leadership is a prerequisite for achieving developmental goals and effectiveness in complex organizations such as the healthcare system. Any instability in this area leads to instability in policy-making, planning, and operational execution. Therefore, managerial stability is a necessity rather than a choice (5).

Research indicates that stability and efficiency in healthcare management are directly correlated with service quality, resource productivity, and public trust (6). In this regard, designing a model based on sustainable human resource principles can enhance managerial processes and improve health indicators in the country (7). In such a model, the dismissal and appointment of managers are not merely administrative acts but are regarded as part of a sustainable human resource development strategy (8). One of the weaknesses in health system policymaking in the country is the absence of a comprehensive framework for managing the managerial lifecycle, which begins with identification and selection and continues through performance evaluation to dismissal or continuation (9). The lack of such a framework results in fragmented, discretionary, and unstable decisions. Simultaneously, health policy institutions require a theoretical and practical framework for designing and implementing dismissal and appointment processes that align with local conditions, institutional contexts, and the developmental goals of the healthcare system. This framework must simultaneously consider organizational justice, meritocracy, sustainability in decision-making, and managerial accountability (10).

Despite significant advancements in prior research on sustainable human resource management and the processes of appointing and dismissing managers (11-12), many studies have focused narrowly on specific aspects such as legal challenges (13), managerial competencies (14), or the influence of stakeholders (15). There is a noticeable gap in integrating diverse managerial, organizational, and institutional factors into a comprehensive and systematic framework. Furthermore, previous research often treats theoretical and empirical perspectives separately, with limited attempts to combine qualitative and quantitative methods to develop a holistic understanding of the phenomena. This fragmentation limits the ability to address the complexity and multidimensionality inherent in sustainable management practices within the healthcare sector.

Although existing studies have addressed various aspects of human resource management and managerial appointment and dismissal in healthcare systems, the literature remains fragmented and lacks a unified perspective. Most prior research has examined these processes in isolation, often emphasizing legal, political, or competency-based considerations, without conceptualizing them within a coherent sustainability-oriented framework. Moreover, there is limited effort to integrate dispersed empirical evidence into a structured model that can guide consistent and transparent managerial decision-making. As a result, healthcare systems—particularly in developing and transitional contexts—lack a comprehensive and context-sensitive framework to support sustainable managerial selection, evaluation, and continuity. This gap highlights the need for an integrative approach that synthesizes existing knowledge into a systematic model for sustainable management practices in the healthcare sector.

The present study addresses these gaps by employing a mixed-methods approach, specifically utilizing a meta-synthesis framework, to integrate scattered knowledge and derive a cohesive theoretical model for sustainable human resource management in the appointment and dismissal processes of healthcare managers. Unlike earlier works that tend to focus on isolated factors or singular contexts, this research offers a comprehensive model grounded in both theory and empirical evidence, tailored to the institutional and cultural specificities of the national healthcare system. By doing so, it provides a robust foundation for evidence-based decision-making that promotes managerial stability, transparency, and sustainability—an imperative for improving organizational performance and public trust in the healthcare sector.

Materials and Methods

Study Design

This study is applied research in terms of purpose and follows a descriptive–interpretive design with an inductive logic. To develop a sustainable human resource management model for the appointment and dismissal of healthcare managers, a meta-synthesis methodology was employed. This approach enables the systematic integration and reinterpretation of existing research findings to generate a coherent conceptual framework. The time frame of the study covered publications from 2015 to 2025.

Search Strategy and Keywords

A systematic search was conducted using predefined keywords relevant to sustainable human resource management and managerial appointment and dismissal in the health system. The main search terms included:

Sustainable Human Resources
Manager Appointment
Manager Selection
Dismissal of Managers
Appointment and Dismissal Process in Health System
Meritocracy in Managerial Appointments and Dismissals
Justice and Transparency in Managerial Appointments
Managerial Appointment and Dismissal Policy

These keywords were used individually and in combination to ensure comprehensive coverage of the literature.

Inclusion and Exclusion Criteria

To ensure relevance and quality, explicit inclusion and exclusion criteria were applied.

Inclusion criteria:

Articles published between 2015 and 2025;
Studies with accessible abstracts and full texts;
Research directly addressing managerial appointment and dismissal or closely related variables;
Articles published in reputable national or international scientific journals;
Studies employing clear and analyzable research methods (qualitative, quantitative, or mixed).

Exclusion criteria

Articles published outside the defined time period;
Studies with abstracts or contents unrelated to managerial appointment and dismissal;
Research addressing general organizational issues without a specific managerial focus;
Articles with unclear, weak, or inappropriate research methodologies;
Duplicate publications or studies published in journals lacking scientific credibility.

Study Selection Process

The study selection process was conducted in four consecutive screening stages, as illustrated in Figure 1. Initially, 18,831 articles were identified through keyword-based searches. After removing duplicates, 11,234 unique records remained. Among these, 404 articles had accessible full texts. Following abstract screening for relevance, 165 articles were retained. In the subsequent content-based screening, 93 articles met the relevance criteria. Finally, after excluding 62 studies due to inappropriate or weak research methodologies, a total of 31 articles were selected for the final meta-synthesis.

Data Extraction and Analysis

Data extraction focused on identifying key concepts, themes, and mechanisms related to sustainable human resource management in managerial appointment and dismissal processes. The selected studies were systematically reviewed, and relevant findings were coded and categorized. Through iterative comparison and synthesis of extracted data, conceptual similarities and differences were identified, enabling the aggregation of findings into higher-order themes.

Reliability and Consensus Process

To ensure the reliability and trustworthiness of the meta-synthesis findings, several methodological rigor strategies were employed. The processes of study selection, data extraction, and coding were conducted using predefined and transparent criteria. Coding and theme development were performed iteratively, with continuous comparison across studies to maintain analytical consistency. To minimize subjective bias, preliminary codes and emerging themes were reviewed multiple times and refined through analytical

discussion. Disagreements in interpretation were resolved through deliberation and re-examination of source texts until conceptual consensus was achieved. This consensus-oriented approach enhanced the stability of the findings and strengthened the credibility of the final synthesized model.

Meta-Synthesis and Model Development

The meta-synthesis process involved the integration of extracted themes to construct a comprehensive and coherent conceptual model. Through inductive analysis, initial codes were grouped into sub-themes, which were subsequently synthesized into overarching dimensions representing the core components of a sustainable human resource management framework for healthcare managers' appointment and dismissal. The final model reflects both theoretical convergence across studies and alignment with the institutional context of the national healthcare system.

Results

In this study, the following keywords were used for the systematic search: 1) Sustainable Human Resources, 2) Manager Appointment, 3) Manager Selection, 4) Dismissal of Managers, 5) Appointment and Dismissal Process in Health System, 6) Meritocracy in Managerial Appointments and Dismissals, 7) Justice and Transparency in Managerial Appointments, and 8) Managerial Appointment and Dismissal Policy. The inclusion criteria for studies were as follows:

Articles published between 2015 and 2025;

Articles with at least an accessible abstract and full text;

Research directly addressing managerial dismissal and appointment or examining related variables;

Studies published in reputable domestic or international scientific-research journals;

Articles with clearly defined research methods (qualitative, quantitative, or mixed) that were analyzable.

Conversely, the exclusion criteria, aimed at eliminating irrelevant or low-quality studies, included:

Articles published outside the 2015–2025 timeframe;

Articles with abstracts or content unrelated to managerial appointment and dismissal;

Studies that dealt only with general issues without specific focus on managerial appointment and dismissal;

Articles with unclear, weak, or inappropriate research methods;

Duplicate studies or those published in journals lacking sufficient scientific credibility.

Using a keyword-based search, relevant articles were initially identified. Subsequently, for screening the extracted articles, criteria such as abstract relevance, article content, and research methodology were applied. This screening process was conducted in four consecutive stages, schematically presented in Figure 1. Initially, from a total of 18,831 articles, after removing duplicates, the count reduced to 11,234. Then, among these, only 404 articles had accessible full texts. After excluding articles with unrelated abstracts, 165 articles remained. Based on content relevance, 93 articles were selected in the next step, and finally, due to inappropriate research methods, 62 articles were excluded, leaving a final sample of 31 articles.

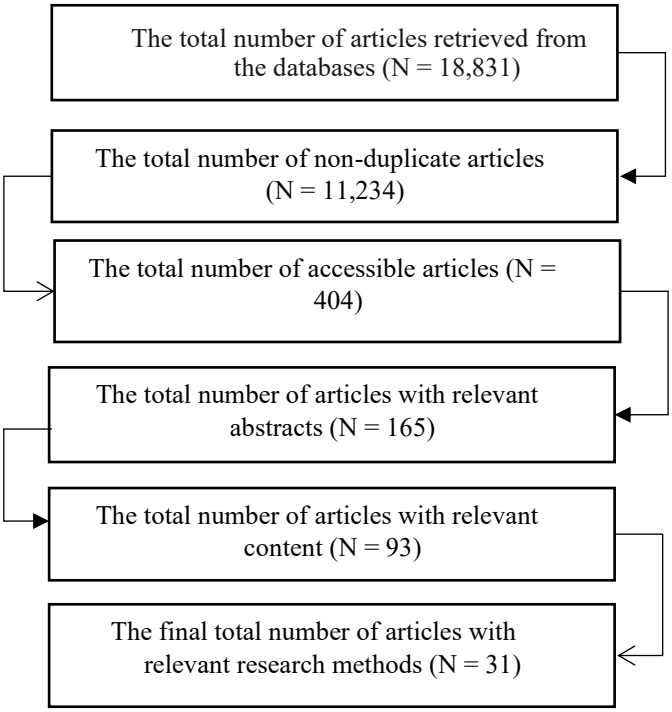

Figure 1: Results of Article Search and Selection Process

The CASP (Critical Appraisal Skills Programme) tool was also employed to evaluate the selected articles. The CASP (Critical Appraisal Skills Programme) method is a well-established instrument for assessing the quality of research studies, particularly in systematic reviews and qualitative research. This tool provides a set of checklists tailored to different types of studies (qualitative research, case-control studies, randomized trials, systematic reviews, etc.). The checklist consists of 10 key questions aimed at examining the validity, significance, and applicability of the study findings.

Table 1: CASP Evaluation Questions

No.	Evaluation Question
1	Is the research objective clearly stated?
2	Is the qualitative methodology appropriate to answer the research question?
3	Is the sampling method well described?
4	Were the data collected in a proper way?
5	Has the relationship between the researcher and participants been considered?
6	Were ethical issues adequately addressed?
7	Was the data analysis sufficiently rigorous and transparent?
8	Are the findings clearly stated?
9	Is the research valuable?
10	Are the results transferable to other contexts?

The scoring was conducted as follows:

A score of 0 indicates "not addressed at all," 1 means "addressed to a very small extent," 2 represents "partially addressed but insufficiently," 3 indicates "addressed fairly appropriately," 4 means "addressed well and clearly," and 5 represents "addressed completely and accurately."

According to the CASP method, articles are classified into five categories based on their total scores: Excellent (41 to 50), Very Good (31 to 40), Good (21 to 30), Average (11 to 20), and Poor (0 to 10).

The results of the quality assessment of the articles using this scoring system are illustrated in the figure below.

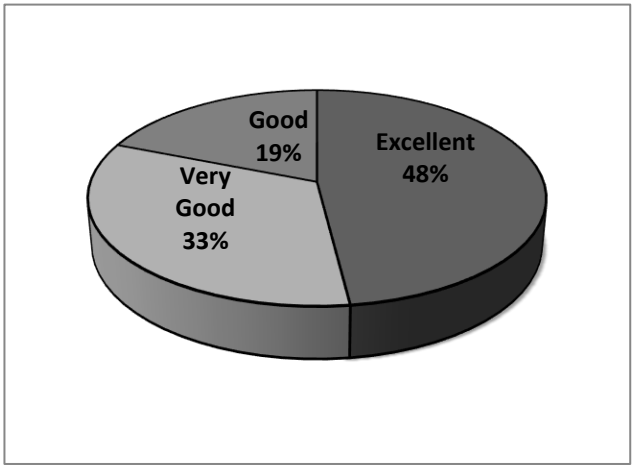

Figure 2: Results of Article Ranking Based on the CASP Scale (Values Presented as Percentages)

Through repeated review of the final 31 selected articles in the meta-synthesis method, the relevant information was extracted and coded. In total, 63 codes were identified in this study and then finalized according to the references, researchers' names, and publication years, as presented in Table 2.

Table 2: Codes Extracted from the Selected Articles

Conceptual Code	Sources
Having a specialized degree in health system-related fields	(17); (18); (1); (15)
Executive experience in healthcare or medical centers	(5); (19); (20)
Familiarity with referral system and service leveling	(5); (21); (2)
Understanding health system structure and challenges	(9); (21); (17)
Valid scientific and research background in health	(2); (22); (1)
Skills in strategic decision-making and human resources	(23); (20); (24)
Adherence to professionalism and integrity	(25); (26); (27)
Capability in resource management during crises	(9); (17); (9)
Track record of improving service quality	(12); (21); (19)
Achievement of key organizational performance indicators	(28); (26); (11)
Success in cost reduction without quality decline	(9); (4); (21); (15)
Employee and client satisfaction during management period	(29); (30); (6); (31)
Average management tenure shorter than global standard	(26); (32); (20)
Sudden changes without performance evaluation reports	(28); (26); (25)
Lack of succession planning	(20); (29); (33)
Defined time period for management responsibility	(26); (27); (28)
Alignment of short-term goals with health system vision	(17); (18); (5)
Use of institutionalized development programs	(22); (11); (34)
Formation of specialized and independent appointment committees	(28); (35); (18)
Development of non-political criteria for manager selection	(28); (14); (6)
External supervision of appointment and dismissal processes	(26); (25); (32)
Use of data-driven criteria for evaluation	(36); (28); (25)
Standard guidelines for performance evaluation	(2); (30); (27)
Comparative analysis of managers' performance with ministry goals	(28); (26); (17)
Annual progress reporting on plans and projects	(26); (11); (20); (15)
Periodic feedback meetings with senior experts	(17); (37); (29)
Utilization of performance ranking systems	(36); (11); (28)
Matching manager tenure with achievement of key goals	(26); (20); (32)
Defining rewards and demotions based on actual performance	(36); (30); (25)
Performance review before each renewal or dismissal	(26); (28); (25)
Using scientific associations' capacity in manager selection	(34); (18); (1)
Consulting experts at various levels	(1); (5); (13)
Structured surveys from health staff	(30); (6); (34)
Public announcement of manager selection criteria	(28); (2); (26)
Establishment of public and expert evaluation panels	(2); (25); (24)
Reporting selection process to specialized media	(25); (26); (17); (31)
Continuous communication with scientific communities in policy making	(18); (34); (1)
Presence of association representatives in evaluation boards	(34); (13); (5)
Publication of scientific reports on effectiveness of selected managers	(2); (25); (29)
Gender balance in proposed manager lists	(32); (20); (28)
Performance evaluation without cultural or regional bias	(6); (13); (3)
Ensuring the presence of local forces in candidate lists	(6); (6); (13)
Developing a clear career path for internal growth	(29); (20); (11)
Identifying talents among frontline and headquarters staff	(34); (36); (20)
Creating equal competition opportunities in exams and interviews	(18); (6); (13)
Defining promotion and training criteria for internal staff	(11); (20); (29)
Public announcement of qualification requirements for management posts	(27); (28); (30)
Strengthening competency-based system for vertical growth of managers	(2); (34); (20)
Holding specialized health management courses	(1); (18); (19)
Developing soft skills (leadership, negotiation, decision-making)	(1); (34); (37)
Cooperation with universities and management training centers	(1); (20); (18)
Designing a process to identify managerial talents	(34); (18); (36)

Conceptual Code	Sources
Creating mentoring programs for successor development	(20); (11); (1)
Defining a clear career path for promotion to management level	(29); (20); (11)
Collecting performance and educational data of staff	(36); (2); (30)
Evaluating management potential at different organizational levels	(2); (34); (1)
Continuous updating of internal talent database	(36); (34); (11)

Subsequently, the codes extracted in the previous stages were categorized into themes (Table 3).

Table 3: Initial categorization of the extracted codes from the selected articles

Sub-theme	Conceptual Code
Assessment of relevant qualifications and experience in health	Having a specialized degree in health system-related fields
	Executive experience in healthcare or medical centers
	Familiarity with referral system and service leveling
	Understanding the structure and challenges of the national health system
Selection based on scientific, managerial, and ethical competencies	Valid scientific and research background in health
	Skills in strategic decision-making and human resources
	Adherence to professionalism and honesty in performance
	Capability in resource management during crises
Prioritizing successful past management performance	Track record of improving service quality
	Achievement of key organizational performance indicators
	Success in cost reduction without quality decline
	Satisfaction of staff and clients during management period
Avoiding frequent and temporary changes in management levels	Average management tenure shorter than global standards
	Sudden changes without performance evaluation reports
	Lack of succession planning
Long-term planning based on sustainable policies	Defining a specific term for managerial responsibility
	Aligning short-term goals with the overall health vision
	Using institutionalized development programs
Establishing supervisory structures to prevent political interference	Forming an appointment committee with specialized and independent members
	Developing non-political criteria for selecting managers
	External monitoring of the appointment and dismissal process
Defining clear and measurable performance indicators	Using data-driven criteria for evaluation
	Developing standard guidelines for performance evaluation
	Comparative analysis of managers' performance with Ministry of Health's strategic goals
Periodic evaluation of managers' performance	Annual reporting on the progress of plans and projects
	Holding periodic feedback sessions with senior experts
	Utilizing performance ranking systems
Linking dismissal and continuity of management to organizational goals	Matching managers' tenure with achievement of key objectives
	Defining rewards and demotions based on actual performance results
	Reviewing performance before each renewal or dismissal
Involving experts and elites in the health sector	Using scientific associations' capacity in selecting managers
	Inviting consultation from specialists at different levels
	Structured surveying of health sector employees
Clarifying the selection process with participation of NGOs	Public announcement of managerial selection criteria
	Establishing public and specialized evaluation panels
	Reporting the selection process to specialized media
Utilizing opinions of scientific and	Continuous communication with scientific communities in appointment policymaking

Sub-theme	Conceptual Code
professional associations	Presence of association representatives in evaluation boards
	Publishing scientific reports on the efficiency of selected managers
Avoiding gender, ethnic, and regional discrimination	Gender balance in proposed manager lists
	Performance evaluation without cultural or regional bias
	Guaranteeing the presence of local forces in candidate lists
Creating equal opportunities for talented forces	Developing a clear career path for growth from within the organization
	Identifying talented individuals among frontline and headquarters staff
	Creating equal competition opportunities in tests and interviews
Clarifying growth and promotion paths for potential managers	Defining criteria for promotion and job training for internal staff
	Public announcement of conditions for managerial posts
	Strengthening a competency-based system for vertical growth of managers
Designing training programs to enhance leadership skills	Holding specialized health management courses
	Developing soft skills (leadership, negotiation, decision-making)
	Collaboration with universities and management training centers
Succession planning and preparing capable forces	Designing processes to identify managerial talents
	Establishing mentoring programs to nurture successors
	Defining a clear career path for promotion to management level
Creating a database of talented personnel	Collecting performance and educational data of employees
	Evaluating management potential at various organizational levels
	Continuously updating the internal talent database

After the initial categorization of codes and before identifying the main themes, an additional coding stage was conducted. This stage helped to further aggregate and refine the codes, ultimately leading to the identification and extraction of the main themes related to the dismissal and appointment of managers.

Table 4: Final Classification of Codes within the Main Categories of Managerial Dismissal and Appointment

Main Theme	Sub-theme
Meritocracy in Manager Selection	Evaluation of relevant expertise and experience in the health sector
	Selection based on scientific, managerial, and ethical competencies
	Prioritizing a successful track record in previous management positions
Stability and Continuity in Management	Avoiding frequent and temporary changes in management levels
	Long-term planning based on sustainable policies
	Establishing supervisory structures to prevent political interference
Performance Evaluation and Accountability	Defining clear and measurable performance indicators
	Periodic evaluation of managers' performance
	Linking dismissal and continuation of management to achieving organizational goals
Stakeholder Participation in Decision-Making	Involving experts and elites in the health sector
	Transparency of the selection process with participation of NGOs
	Utilizing opinions of scientific and professional associations
Equity in Managerial Opportunities	Avoiding gender, ethnic, and regional discrimination
	Creating equal opportunities for talented individuals
	Clarifying the career growth and promotion path for potential managers
Development of Internal Managerial Capabilities	Designing training programs to enhance leadership skills
	Succession planning and preparation of capable personnel
	Creating a database of talented individuals

One of the most widely accepted methods for assessing the reliability of coding in qualitative research is the calculation of Cohen's Kappa coefficient. This statistic is computed using the following formula:

$k = (Po - Pe) / (1 - Pe)$

Po (observed) = the proportion of observed agreement between two raters (the number of cases where both raters agree on the same category divided by the total number of cases).

Pe (expected/by chance) = the probability of agreement expected by chance, calculated from the product of the category distributions of each rater (the sum of the products of each category's proportion for rater the same category's proportion for rater two).

The calculated Kappa value of 0.711 indicates substantial agreement, exceeding commonly accepted benchmarks for reliability. Moreover, the associated significance level ($p = 0.002$) is well below the conventional alpha threshold of 0.05, providing strong evidence of statistically significant concordance between the two coders' assessments.

Based on the obtained results and the confirmed validity of the examined themes and dimensions, the final research model is presented as follows.

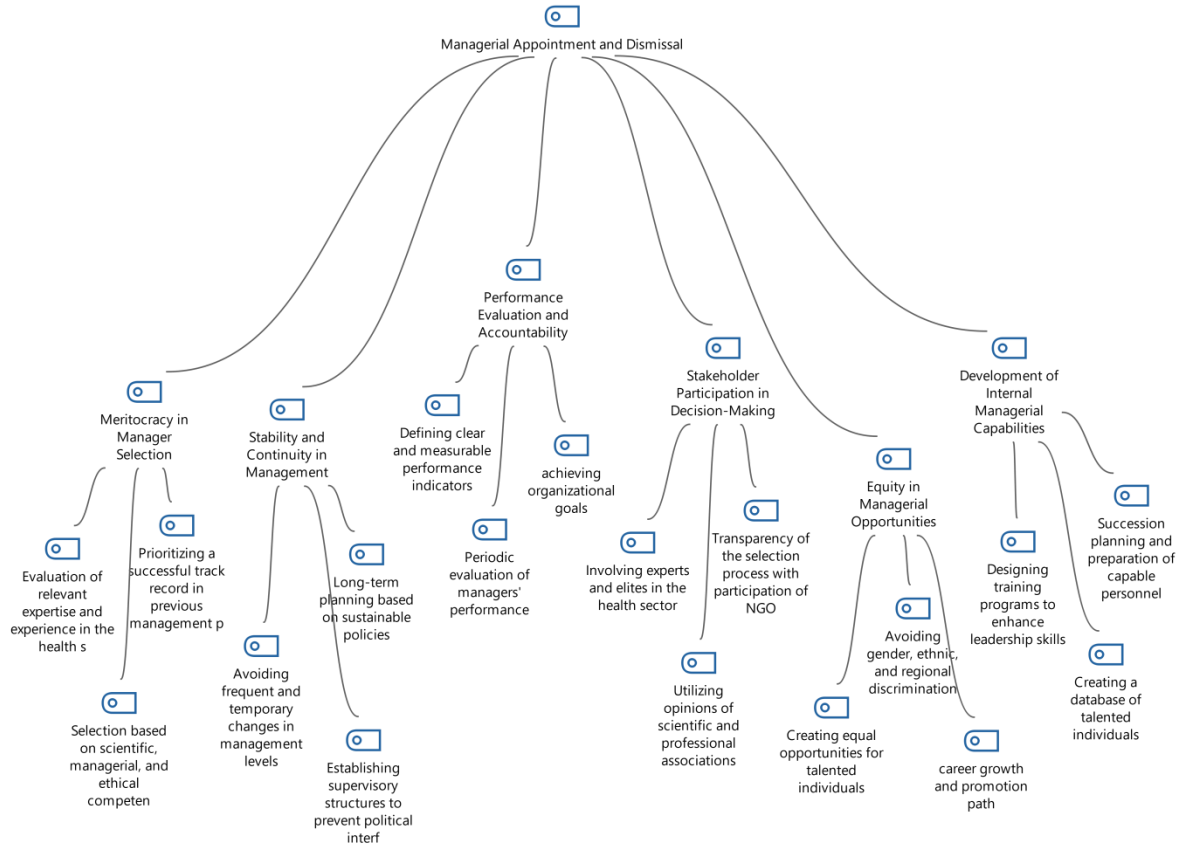

Figure 4: Final Model of Managerial Appointment and Dismissal

Discussion

The theme of *meritocracy in managerial selection* constitutes a central pillar of sustainable appointment and dismissal processes in healthcare systems; however, its conceptualization and operationalization vary across the literature. Several studies strongly support competency-based and merit-oriented selection frameworks. For instance, Pihlainen et al. (17) emphasize that healthcare managers equipped with domain-specific expertise and leadership competencies demonstrate superior strategic and operational performance, reinforcing the argument that merit-based selection enhances system effectiveness. Similarly, Gulzar and Durrani (21) highlight meritocracy as a prerequisite for sustainable human resource management in healthcare, arguing that transparent and competency-driven selection processes foster

organizational trust, continuity, and long-term performance. In contrast, other studies challenge the sufficiency of meritocracy as a standalone principle. Lokke et al. (13) demonstrate that in public-sector organizations, formal rules and merit-based criteria do not necessarily shape actual managerial selection practices, as political influence and institutional constraints often override competency considerations. Likewise, Jiang et al. (6), through a role congruity perspective, show that managerial selection and dismissal decisions may be influenced by gendered expectations rather than objective merit, indicating structural biases that undermine purely meritocratic models.

Beyond this dichotomy, some scholars adopt a more nuanced position. Lega and Sartirana (24) argue that while managerial competence is essential, healthcare leadership effectiveness also depends on contextual adaptability and professional legitimacy, which are not always captured by formal merit indicators. Similarly, Lehene (25) questions whether formal management education alone adequately reflects managerial merit, suggesting that experiential learning and sector-specific exposure may be equally influential in selection decisions. Taken together, the literature reveals a critical gap between the normative appeal of meritocracy and its practical realization within healthcare systems. While competency-based selection is widely endorsed (17, 21), empirical evidence indicates that institutional, social, and contextual factors can constrain its implementation (6, 13). The present study advances the literature by integrating meritocracy within a broader, system-oriented framework that acknowledges these constraints and situates merit-based selection alongside governance mechanisms, transparency, and managerial continuity.

The theme of *stability and continuity in management* is widely recognized in the literature as a core requirement for sustainable appointment and dismissal processes, particularly within complex and sensitive systems such as healthcare. Several studies emphasize that managerial stability enables long-term planning, organizational learning, and consistent policy implementation. Edirisinghe et al. (14) argue that stability in managerial positions facilitates the integration of sustainability principles into management control systems, thereby supporting continuous improvement and strategic alignment. Similarly, Kramer and Son (22) highlight that stable leadership and structured succession planning in healthcare organizations contribute to institutional memory retention and improved service quality, reinforcing the importance of continuity for system performance. However, other studies caution against interpreting managerial stability as an unconditional virtue. Fanelli et al. (32) suggest that prolonged managerial tenure without adequate competency renewal may hinder adaptability, particularly in dynamic healthcare environments that require continuous skill development and responsiveness to change. In a related vein, Lega and Sartirana (24) note that stability alone does not guarantee effectiveness; rather, leadership continuity must be accompanied by managerial competence and contextual fit to avoid organizational stagnation.

From an institutional perspective, regulatory and governance frameworks play a decisive role in shaping managerial stability. Matjošaityte (3) demonstrates that legal and regulatory weaknesses in public-sector human resource management can undermine continuity by enabling arbitrary appointments and dismissals, leading to inefficiency and instability. Conversely, Biea et al. (12) show that structured recruitment and oversight mechanisms—particularly those emphasizing professional and transparent selection processes—can mitigate political interference and enhance managerial continuity. Taken together, the literature reveals a nuanced understanding of stability in management. While frequent and episodic managerial changes are consistently associated with organizational disruption, loss of tacit knowledge, and reduced employee motivation (14, 22), excessive stability without accountability and performance evaluation may constrain innovation and adaptability (24, 32). The present study extends prior research by conceptualizing stability and continuity not as static tenure,

but as a dynamic balance between sustained leadership, performance-based evaluation, and transparent governance mechanisms within a comprehensive sustainable human resource management framework for healthcare systems.

The theme of performance evaluation and accountability represents a critical dimension of sustainable appointment and dismissal processes in healthcare systems, as it provides the empirical and institutional basis for evidence-based managerial decisions. A substantial body of literature emphasizes that clearly defined and measurable performance indicators are a prerequisite for fair and objective evaluation. Rahmita et al. (2) argue that comprehensive performance management systems—integrating quantitative outcomes with qualitative behavioral and leadership indicators—enhance managerial accountability and organizational alignment. Similarly, GhaniZadeh et al. (11) highlight that transparent, data-driven evaluation mechanisms in public-sector organizations reduce arbitrariness in managerial retention and dismissal, thereby strengthening governance and managerial legitimacy. Consistent with this perspective, several studies underline the importance of linking managerial tenure to performance outcomes rather than personal or political considerations. Pihlainen et al. (17) demonstrate that continuous performance monitoring supports corrective learning and improves managerial effectiveness, particularly in complex service systems such as healthcare. These findings suggest that systematic evaluation transforms accountability from a symbolic requirement into an operational mechanism that supports sustainability in human resource management.

However, other studies challenge the assumption that formal evaluation systems automatically lead to effective accountability. Lokke et al. (13) show that in many public organizations, performance evaluation frameworks exist largely on paper, while actual dismissal and appointment decisions remain influenced by informal power relations and political pressures. In a similar vein, Fanelli et al. (32) argue that excessive reliance on rigid performance indicators may oversimplify managerial roles and fail to capture contextual complexities, potentially resulting in unfair evaluations or strategic gaming of indicators. From an institutional standpoint, legal and regulatory frameworks play a decisive mediating role. Matjošaityte (3) notes that weak enforcement of employment and evaluation regulations undermines accountability, even when formal performance systems are in place. Conversely, studies such as Biea et al. (12) emphasize that independent evaluation bodies and legally binding accountability mechanisms can mitigate political interference and ensure that performance assessments meaningfully inform managerial appointment and dismissal decisions. Overall, the literature indicates that performance evaluation and accountability function effectively only when embedded within robust governance and regulatory structures. While transparent indicators and data-based evaluations are widely endorsed as drivers of accountability and efficiency (2, 11, 17), their impact is constrained in the absence of institutional independence and enforcement mechanisms (3, 13, 32). The present study advances this body of knowledge by conceptualizing performance evaluation not merely as a technical tool, but as an integrated governance mechanism that links managerial continuity, dismissal decisions, and sustainable human resource management in healthcare systems.

Stakeholder participation in decision-making is widely recognized as a key dimension of sustainable managerial appointment and dismissal in healthcare systems, as it enhances transparency, legitimacy, and decision quality. Several studies support the role of involving professionals, experts, and healthcare personnel in managerial processes. For example, study (19) emphasizes that healthcare professionals are both willing and capable of assuming managerial roles when participatory mechanisms are in place, thereby strengthening the professional legitimacy of appointments. Similarly, findings from (22) demonstrate that engaging healthcare staff and service users improves management effectiveness and aligns managerial decisions with real system needs.

However, other studies caution that stakeholder participation is not without challenges. Research by (1) suggests that participatory approaches require managers with specific facilitation and coordination skills; otherwise, stakeholder involvement may become symbolic or ineffective. Moreover, some evidence indicates that without clear governance frameworks, stakeholder participation can slow decision-making processes or create conflicts among interest groups, potentially undermining managerial efficiency. Overall, the literature suggests that stakeholder participation contributes positively to sustainable managerial appointment and dismissal when embedded within structured, transparent, and well-governed decision-making frameworks. The present study conceptualizes participation not as unrestricted involvement, but as an institutionalized mechanism that balances inclusiveness with accountability to support sustainable healthcare management.

Equity and equal opportunity constitute a foundational principle for sustainable managerial appointment and dismissal in healthcare systems, ensuring that selection processes are free from gender, ethnic, or regional discrimination. Several studies support the role of transparent and fair opportunity structures in strengthening organizational justice and sustainability. Study (36) demonstrates that accurate and unbiased identification of managerial talent enhances retention of key personnel, suggesting that equitable selection mechanisms contribute directly to long-term system stability. Similarly, research by (7) emphasizes that eliminating discriminatory practices and providing equal access to managerial opportunities are critical for effective human resource management, particularly in complex and diverse organizational contexts. However, other studies highlight that equity cannot be achieved through formal policies alone. Rokadikar et al. (2025) argue that while modern recruitment technologies and standardized criteria can promote fairness, they may also reproduce hidden biases if not carefully designed and contextually adapted. This indicates that equal opportunity requires not only transparent criteria but also continuous monitoring and refinement of selection tools. Overall, the literature suggests that equity in managerial opportunities strengthens motivation, organizational justice, and sustainability when embedded within clear career pathways and robust governance mechanisms. The present study conceptualizes equity as a dynamic process that integrates transparent promotion systems, unbiased evaluation methods, and institutional safeguards to ensure fair and sustainable managerial appointments in healthcare systems.

Developing internal managerial capabilities represents a core pillar for sustainability in the appointment and dismissal of healthcare managers. The literature consistently emphasizes that targeted and structured training programs are essential for preparing future managers to handle complex organizational responsibilities. Studies highlight that such programs should extend beyond technical competencies to include leadership, decision-making, crisis management, and communication skills, thereby enhancing managerial readiness and resilience. Empirical evidence supports this perspective. Study (32) underscores that alignment between managerial roles and individual competencies significantly reduces the risk of premature dismissal, reinforcing the importance of systematic capability development. Similarly, (23) argues that managerial authority without adequate skills and efficiency leads to serious performance gaps, ultimately undermining organizational effectiveness. Furthermore, (28) emphasizes that clearly defined selection criteria and structured succession planning supported by continuous internal capacity building are among the most influential factors in achieving sustainable managerial appointment and dismissal processes. However, the literature also suggests that capability development must be institutionalized rather than ad hoc. Without formal succession planning, mentoring mechanisms, and reliable databases of qualified internal candidates, training efforts may fail to translate into sustainable managerial continuity. Accordingly, the present study conceptualizes internal capability development as an integrated

system combining continuous training, succession planning, and evidence-based talent identification, which collectively strengthen managerial stability and long-term sustainability in healthcare systems.

In the following, recommendations are presented for each key theme related to ensuring sustainable appointment and removal of managers within the health system. These suggestions aim to strengthen the effectiveness, fairness, and stability of managerial processes to ultimately improve the overall performance and governance of health organizations.

Meritocracy in Manager Selection:

Health system managers should pay special attention to relevant expertise, experience, and successful managerial records during the selection process to ensure that competent, scientific, and ethical individuals are appointed to key positions. It is also essential to prevent appointments based on personal relationships or political considerations.

Stability and Continuity in Management:

To maintain managerial stability and avoid abrupt changes, long-term planning for appointments is recommended. Strong and independent supervisory structures should be established to prevent political interference and unprofessional pressures in the appointment and removal processes.

Performance Evaluation and Accountability:

Clear and measurable performance indicators should be defined, and periodic evaluations based on real data should be conducted. This will ensure that managers are accountable for their performance outcomes and that decisions regarding their continuation or replacement are made based on accurate evidence.

Stakeholder Participation in Decision-Making:

The manager selection process should actively involve experts, elites, health sector staff, and non-governmental organizations to ensure management decisions are based on collective wisdom and greater transparency, responding effectively to the real needs of the health community.

Equity in Managerial Opportunities:

The pathways for promotion and selection should be designed to uphold gender, ethnic, and regional equity, giving all talented internal candidates equal opportunities for growth and advancement. Transparency in processes and selection criteria is also highly important.

Development of Internal Managerial Capabilities:

It is recommended to design continuous and specialized training programs to enhance managerial skills and establish a strong succession planning system that includes identifying, training, and supporting internal talents for future managerial positions.

The proposed model offers actionable guidance for health policymakers seeking to enhance the sustainability of managerial appointment and dismissal processes. First, it can inform the formulation of merit-based regulatory frameworks by defining transparent criteria for managerial selection, evaluation, and removal, thereby reducing discretionary and politically driven decisions.

Second, the model supports the institutionalization of succession planning and leadership continuity, enabling policymakers to link managerial appointments to documented competencies, performance histories, and targeted development programs. This reduces leadership instability and mitigates risks associated with abrupt managerial turnover.

Third, policymakers can operationalize the model through standardized performance evaluation and accountability mechanisms, ensuring that continuation or dismissal decisions are evidence-based rather than subjective.

Fourth, the model provides a structured basis for stakeholder engagement, allowing controlled and meaningful participation of professionals and experts in decision-making while preserving governance efficiency.

Finally, by emphasizing equity and internal capacity development, the model helps policymakers promote organizational justice, motivate qualified internal candidates, and align managerial governance with long-term health system sustainability goals.

One of the main limitations of this study is the restricted sampling and limited access to active managers and experts within the health system. Due to the sensitivity of the subject and constraints related to time and geography,

it may not be possible to collect comprehensive and diverse data from all managerial levels and different regions. This limitation can affect the generalizability of the research findings. Therefore, it is recommended that future studies employ broader and more diverse sampling methods and conduct multi-center and comparative research across various regions or even countries to obtain more accurate and generalizable results.

The second limitation concerns the reliance on available quantitative and qualitative data, which may be influenced by individual biases of respondents or reporting limitations. Such factors can impact the accuracy and validity of performance evaluations and merit-based selections of managers. To address this limitation, future research should consider adopting mixed methods approaches that integrate both quantitative and qualitative data collection and analysis simultaneously. This would provide a more comprehensive and nuanced understanding of the processes involved in the appointment and removal of health system managers.

Conclusion

This study offers a comprehensive conceptual framework for strengthening sustainable leadership in national health systems through an integrated model of managerial selection and removal. By synthesizing theoretical perspectives from human resource management, strategic management, change sustainability, and governance, the article underscores that leadership sustainability is inseparable from the integrity, transparency, and evidence-based nature of appointment processes. The framework highlights the interdependence of merit-based selection, continuity, accountability, equitable opportunities, stakeholder engagement, and capacity development as mutually reinforcing pillars in building resilient health governance structures. By framing these dimensions within a theoretical and empirical context, the study provides decision-makers with a grounded methodology for improving leadership stability, operational efficiency, and public trust in healthcare institutions. From a broader policy and research standpoint, these findings reveal that the health system's success in achieving strategic goals depends not only on the technical competence of its managers but also on the governance mechanisms that ensure fairness, accountability, and long-term vision. The proposed integrative model serves as both a diagnostic and prescriptive tool for policymakers, enabling them to align managerial processes with sustainable governance principles. While this research has certain limitations, its conceptual contributions lay the groundwork for cross-national comparisons and future empirical exploration. Ultimately, by embedding sustainability into the core of leadership structures, health systems can move closer to achieving equitable, transparent, and adaptive management capable of responding effectively to evolving societal and healthcare challenges.

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Availability of Data and Materials

The datasets used are available upon reasonable request.

Ethics Approval and Consent to Participate

The study was conducted at Islamic Azad University, Yasuj Branch, and was approved under the ethical approval ID IR.IAU.YASOOJ.REC.1404.010. The online link to the approval is also accessible via the National Ethics Committee in Biomedical Research website.

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