

Kanu, A. F. (2025). Perceptions and preferences of succession planning and management practices in the Sierra Leone health sector: A cross-sectional survey. *Journal of Health Systems and Policies (JHESP)*, VII, 77-97, DOI: 10.52675/jhesp.1758985

# Perceptions and Preferences of Succession Planning and Management Practices in the Sierra Leone Health Sector: A Cross-Sectional Survey

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## ABSTRACT

Ensuring continuity of both public and private health care organizations requires effective succession planning and management (SPM) systems in place. However, public sector performance in corporate succession planning lags behind the private sector because of several reasons. This study therefore sought to explore perceptions and preferences of SPM practices among civil servants in the Sierra Leone public health sector. The present cross-sectional quantitative study used a semi-structured online questionnaire. The study population was middle and senior management personnel of the Ministry of Health (MoH). A total of 1,264 were surveyed, and the overall response rate was 32% (n=402). Data were analyzed in SPSS v25. The study established that the perceptions of middle and senior management in relation to succession planning practices are universally negative. Across the seven (7) SPM practices considered in this study, participants perceived the current SPM efforts in MoH as lacking or insufficient. Except for the talent management process, which was found to be statistically different with the length of service of participants [ $F(5,396)=2.21, p=.053$ ], all other independent variables showed no statistical relationship with the participants' perceptions on SPM practices. Overall, participant characteristics (gender, cadre, role, grade, and years of service) did not significantly influence their perceptions on the current status of SPM practices in MoH. On the preferred SPM practices in MoH, overall, middle

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and senior management staff consider internal leadership grooming and restructuring of MoH as suitable for effective succession planning in the health sector. Overall, findings indicate that SPM practices in MoH are perceived by middle and senior managers as lacking or inadequately implemented. The study recommends that the Human Resources Management Office (HRMO) and the Health Service Commission (HSC) should develop a policy framework together that will foster efficient SPM practices in the health sector, prioritizing internal talent grooming and organizational restructuring in fostering a culture of effective SPM in MoH.

**Keywords:** Succession Planning, Succession Management, Public Health, Public Sector, Talent Management

## INTRODUCTION

Succession management is widely used by both private and public organizations as a means of ensuring stability and continuity during leadership change (Groves, 2018). Succession planning has a critical role not only in business continuity but also in ensuring the performance of an organization. In the absence of succession planning, organizational performance will be undermined as the wrong people are sometimes placed in positions that they do not deserve (Dodd & Simons, 2005). The lack of succession planning also will affect the overall staff morale and retention when succession is not merit-based (Aladwan et al., 2013; Ali & Mehreen, 2019). Succession management therefore ensures organizations appropriately plan to replace individuals that may leave the organization in the future.

Every organization inherently faces the challenge of staff movements that would require replacement. This is also true with the public health sector, where staff departures are also likely due to several reasons, including career-related movements, infirmity, and retirement. In recent times in Africa, the migration of health workers abroad has also been another attrition factor (Chan et al., 2013; Walton-Roberts et al., 2017). Generally, when leaders leave healthcare organizations, this potentially will result in a loss of institutional knowledge that will affect the overall change management as well as performance in the organization (Committee on Pediatric Workforce et al., 2015; Thompson et al., 2012; Trepanier & Crenshaw, 2013). Mitigating such negative effects on the organization therefore requires strong leadership (Sherman et al., 2013; Streeter, 2015). It is therefore evident that both public and private health care organizations require succession planning as a means of developing a pool of internal candidates that would fill vacant leadership positions when the need

arises. Succession planning is an approach that inherently benefits middle-level staff in every organization because talented staff can be adequately developed to fill vacant leadership roles in the future (Belasen & Belasen, 2016). Effective succession planning and management (SPM) practices are therefore essential in promoting staff satisfaction and retention (Ali & Mehreen, 2019).

Succession planning policies are used to ensure transfer of scarce skills by those preparing to exit the organization, and while they may exist on paper in the public sector, there is very little evidence that they are practiced (Manzini & Malatjie, 2023). In the public sector in low- and middle-income countries (LMIC) like Sierra Leone, succession planning practices are limited. The problem, according to Zepeda et al. (2012), is that leaders in the public sector rarely identify qualified successors for leadership roles, and this has dire consequences for workplace productivity. Evidence has it that lack of succession planning is rife in the healthcare sector, as reported by an estimated 70% of industry leaders (Trepanier & Crenshaw, 2013). In comparison with the private sector, it is widely reported that the public sector lags behind the private sector in the aspect of succession planning (Zepeda et al., 2012). Several factors have been reported to account for this difference, and this includes organizational culture and costs associated with implementing succession strategies (Manzini & Malatjie, 2023; Trepanier & Crenshaw, 2013; Zepeda et al., 2012).

In Sierra Leone, the Ministry of Health (MoH) is the key health service provider in the public sector. Staff of the MoH is recruited into the civil service through the Government of Sierra Leone Human Resources Management Office (HRMO). The Directorate of Human Resources for Health is responsible for the overall planning, coordination, deployment, monitoring, and evaluation of human resources in the health sector. MoH faces health worker shortages due to several reasons, including the numerous pending retirements at age 60 years and also due to staff leaving the MoH for “greener pastures” and private practices, while others work for health-related NGOs. The longstanding assumption is that the perceived low remuneration for health professionals in the public sector is the main factor influencing staff attrition. The response then has largely been the reviewing and increasing of staff remuneration. Another government’s response to staff shortages is the prompt recruitment of additional staff and the establishment of retention schemes aimed at curbing attrition trends. Also, staff at the management level in MoH who have reached retirement age have been retained. The reasons for such retentions are always linked to the limited skills in their specialties and the challenges of experienced individuals to replace these retirees. There are, however, disadvantages to

retaining retired staff in their existing portfolios, and this includes the potential risks of burnout, resistance to change, lack of innovation, poor management, and demotivation of other staff (De Sousa Sabbagha et al., 2018; Jacobs & Piyapromdee, 2016). The current healthcare professional shortages and the high attrition rates inherently threaten the sustainability and efficacy of the Sierra Leone health system.

Organizations such as the Sierra Leone MoH are expected to have policies and manuals that facilitate effective SPM practices, however, little is known on the extent to which these policies are being utilized by the Sierra Leone public health sector in guiding successful SPM practices. Given this background, understanding the situation of SPM practices within MoH is important to provide insightful answers to questions bordering on the availability and implementation of succession planning in the public health sector. This study therefore sought to determine the perceptions and preferences of SPM practices in the Sierra Leone health sector through evaluating seven (7) SPM practices from the literature (Mateso, 2010) as follows: assessment of organizational leadership; talent management process; identification and development of leadership potentials; selection, evaluation, and rewarding of groomed candidates; internal recruitment and replacement of outgoing leaders; top management leadership commitment to SPM; and integration of SPM practices into organizational culture.

Every organization, at one point, must undergo leadership change at different levels of management. Succession planning can be used as a strategic tool to ensure potential leaders are identified and transition management is swift, thereby improving the legacy and efficiency of the institution. Succession planning and management within healthcare organizations would provide a mechanism for the provision of a leader pipeline to appropriately fill leadership positions (Desir, 2014; Hall-Ellis, 2015; Titzer et al., 2013; Trepanier & Crenshaw, 2013) when leader movement occurs through all management levels in organizations. Succession management can also increase job security, enhance employee attitudes, and reduce turnover (Ali & Mehreen, 2019). Professional literature is scanty on leadership development and its link to succession planning and management in the public health sector (Zepeda et al., 2012). Exploration is therefore needed to pursue this contemporary issue to obtain a perspective on the public health sector and provide an opportunity to improve understanding and awareness of the importance of leader pipelines to ensure qualified individuals are available to fill planned leader vacancies. Understanding existing succession processes within the public health sector and identifying areas impacting present practices would provide an ability

for senior leaders to incorporate reliable methods and systems, proactively preparing for leader gaps and leadership continuity.

### **Research Questions**

**RQ 1.** What are the perceptions of middle and senior managers on succession planning and management (SPM) practices in the Ministry of Health (MoH)?

**RQ 2.** What are the preferred succession planning practices among middle and senior managers in the Ministry of Health (MoH)?

### **METHODOLOGY**

A cross-sectional quantitative study design was used. Data collection was done using an adapted semi-structured online questionnaire (Mateso, 2010). The survey was conducted between April 2024 and May 2024. This study was carried out nationwide across the 16 districts of Sierra Leone, targeting employees of the Ministry of Health (MoH). Participants were drawn from the national level: district health management teams (DHMTs), hospitals, and health training institutions. The target population is middle and senior leaders within the civil service between Grade 9 and Grade 14 in MoH. These officials are targeted because of their roles in managing leadership gaps and development in the ministry. The target population consists of healthcare professionals and administrative staff at national and sub-national levels of the public health sector. To be considered in the study, participants must be full-time pin-coded civil servants between grades 9 and 14 working within the public health sector. Individuals are excluded if they are below grade 9; working in the private sector, including NGOs; or embedded consultants/technical assistants in MoH. The Human Resource for Health (HRH) database served as the sample frame for this study. The HRH database has a population of 1,264 civil servants between grade 9 and grade 14 who are the target and eligible population of the study. The sample size calculation was done using G\*Power 3.1.9.7 software, using a statistical power of .80 and an alpha error ( $\alpha$ ) of .05, yielding a sample of 305 for a two-tailed test. However, 1,264 (100%) of the target study population were later considered in the study to achieve a higher number of respondents. A total of 402 respondents completed the survey. This represented 32% of all 1,264 targeted participants. The survey instrument is a 34-item questionnaire using a 4-point Likert scale, which ranged from “Strongly Agree” to “Strongly Disagree” for research question 1 and from “Very Suitable” to “Not Suitable” for research question 2. Seven (7) succession planning and management (SPM) practices from the literature were

evaluated in this study. The participants are spread across the 16 districts of the country. A Google form was prepared and shared via email and social media, requesting eligible officials to complete the survey. The HRH officers across the 16 districts coordinated the survey, ensuring that eligible participants are guided to complete the survey within a period of one (1) month. A local ethics approval from the Sierra Leone Ethics & Scientific Review Committee (SLESRC) (SLESRC No.008/03/2024) was sought and granted for this study. Furthermore, the researcher obtained permission from participants prior to completion of the survey. All data collected was treated in confidence, and efforts were made to avoid unethical practices in this study. Data from 402 cases were exported from the online Google form, first to Microsoft Excel and then to SPSS. Prior to data analysis, data screening was conducted, but no abnormal data entry that requires rectification was found. Therefore, all 402 cases were considered for further analysis, using SPSS version 25.

RESULTS

The findings of this study are presented as per the research questions.

The HRH database has a population of 1,264 civil servants between grade 9 and grade 14 that meet the criteria for inclusion in this study. Below is a table presenting the distribution of the study population.

Table 1: Distribution of target study population (Grades 9-14)

| Professional Cadres          | Male | Female | Total |
|------------------------------|------|--------|-------|
| Medical Doctors              | 416  | 196    | 612   |
| Nurses                       | 78   | 148    | 226   |
| *Allied Health Professionals | 270  | 145    | 415   |
| **Administrative Staff       | 9    | 2      | 11    |
| Total                        | 773  | 491    | 1264  |

*\*Allied Health Professionals applies to CHOs, EHOs, lab technicians, pharmacists, nutritionists, etc.*

*\*\*Administrative Staff applies to non-health professionals (e.g. accountants, procurement and HR officers).*

The findings presented below account only for the 402 respondents to the survey.

Participants’ Characteristics

Table 2: Socio-demographic variables of the participants

| Variable            | Category                      | N=402 | %    |
|---------------------|-------------------------------|-------|------|
| Gender              | Female                        | 148   | 36.8 |
|                     | Male                          | 254   | 63.2 |
| Age                 | Below 25 Years                | 2     | 0.5  |
|                     | 25-34 Years                   | 20    | 5.0  |
|                     | 35-44 Years                   | 129   | 32.1 |
|                     | 45-54 Years                   | 125   | 31.1 |
|                     | 55 Years and Above            | 126   | 31.3 |
| Occupational Roles  | Health Professionals          | 384   | 95.5 |
|                     | Administrative Staff          | 18    | 4.5  |
| Professional Cadres | Allied Health Professionals   | 221   | 55   |
|                     | Medical Doctors               | 69    | 17.2 |
|                     | Nurses                        | 94    | 23.4 |
|                     | Administrative Staff          | 18    | 4.5  |
| Grades              | Grades 9-10 (Upper Mid-Level) | 338   | 84.1 |
|                     | Grades 11-12 (Senior Level)   | 58    | 14.4 |
|                     | Grades 13-14 (Top Level)      | 6     | 1.5  |
| Years in Service    | Less than 10 Years            | 97    | 24.1 |
|                     | 10-14 Years                   | 83    | 20.6 |
|                     | 15-19 Years                   | 82    | 20.4 |
|                     | 20-24 Years                   | 75    | 18.7 |
|                     | 25-29 Years                   | 25    | 6.2  |
|                     | Over 30 Years                 | 40    | 10.0 |

Table 2 shows the distribution of respondents in terms of gender, age, occupational role, professional cadre, grade, and service years. Regarding gender, out of the 402 participants, 63.2% (n=254) and 36.8% are male and female respectively. In terms of age, those between 35 years and 44 years old had the largest group with 129 (32.1%), followed by 55 years and above with 126 (31.3%). The mean age of the participants is 45 years ( $M=45.08$ ;  $SD=9.04$ ). With regards to the occupational roles, 384 (95.5%) are health professionals (doctors, nurses, and allied health practitioners) while 18 (4.5%) are administrative staff. It can be observed that there is a difference in the numbers of administrative staff in the HRH database (n=11) and those who participated in the survey (n=18). A possible explanation for this difference could be that individuals have applied for grade upgrades and are waiting for official letters. They supposedly used their new anticipated grade during the survey completion. Also, it is likely that promotions have been made but the HR is yet to update the database.

Of the professional cadres of participants, the majority, 221 (55%), are allied health professionals, followed by nurses, 94 (23.4%). Administrative staff is least represented in the survey, 4.5% (n=18). On the civil service employment grade, the majority of the respondents are upper middle-level personnel (grades 9-10), accounting for 84.1%, followed by senior level personnel (grades 11-12), 14.4% (n=58), and top-level personnel (grades 13-14), 1.5% (n=6). Regarding the number of service years at the Ministry of Health (MoH), the majority, 97 (24.1%), were found to have served MoH less than 10 years. Those who served between 10 and 19 years were the majority, accounting for 41% (n=165). The mean year in service is 20 years ( $M=20.23$ ;  $SD=68.47$ ).

### **RQ1. What are the perceptions of middle and senior managers on succession planning and management (SPM) practices in the Ministry of Health (MoH)?**

On the perceptions of SPM practices, participants were asked to indicate the extent to which they agreed to the implementation of each of the seven SPM practices in Ministry of Health (MoH). A Likert scale of 1 to 4 was used whereby 1 depicts “Strongly Disagree”, 2 stands for “Disagree”, 3 represents “Agree”, and 4 stands for “Strongly Agree”. The questionnaire did not include the option of “Neutral” in the multiple-choice items of the Likert scale. This was to ensure that respondents had either to skip the item if they had no answer or select an answer that was close to their opinions.

**Table 3:** Participants’ perceptions on SPM implementation at MoH

| SPM Practices                                              | Mean | SD   | 95% CI    |
|------------------------------------------------------------|------|------|-----------|
| Assessment of Organizational Leadership Needs              | 2.29 | .854 | 2.20-2.37 |
| Talent Management Process                                  | 2.30 | .842 | 2.21-2.38 |
| Identification and Development of Leadership Potentials    | 2.14 | .773 | 2.06-2.21 |
| Selection, Evaluation, and Rewarding of Groomed Candidates | 2.09 | .780 | 2.01-2.16 |
| Internal Recruitment and Replacement of Outgoing Leaders   | 2.07 | .798 | 1.99-2.14 |
| Top MoH Leadership Commitment to SPM                       | 2.19 | .797 | 2.12-2.27 |
| Integration of SPM Practices in MoH Culture                | 2.17 | .876 | 2.09-2.26 |

Table 3 presents the mean scores and standard deviations for each of the SPM practices. The mean scores for all seven SPM practices range from 2.07 to 2.30, indicating respondents’ perceptions are slightly above a score of 2 that represents “Disagree”. Two practices have higher scores even though they do not reach a score of 3, representing “Agree”. These are talent management processes (M=2.30, SD=.84, n=402) and assessment of organizational leadership needs (M=2.29, SD=.85, n=402). On the other hand, internal recruitment and replacement of outgoing leaders has the lowest score (M=2.07, SD=.80, n=402). Overall, SPM practices in MoH are perceived as inadequate.

Further analysis was conducted to establish any perception differences in five independent variables, namely gender, occupational role, professional cadre, grade, and service years. Determining the distribution of these variables was important for choosing appropriate statistical methods. The distributions for all the variables did not show evidence of non-normality according to Shapiro-Wilk tests ( $p>0.05$ ). Accordingly, a parametric test was considered for analysis, using two methods. The first method uses a t-test of independent samples to examine the perception difference between gender (male and female) and occupational roles (health professionals and administrative staff).

The second method employs one-way ANOVA to examine the perception differences between three groups (professional cadre, grade, and service years).

**Perception Differences by Gender**

To examine perception differences by gender, a t-test of independent samples was conducted. The mean score for all seven succession planning and management (SPM) practices ranges from 2.03 to 2.39. The mean scores of all the SPM practices and for both groups are close to 2, which represents “Disagree”. Results of the t-tests indicate that there were no statistically significant perception differences between female and male for all seven SPM practices ( $p>0.05$ ).

**Table 4:** Perception differences in SPM practices by gender

| Dependent Variables (SPM Practices)                       | Gender | N   | Mean | SD   | t    | p    |
|-----------------------------------------------------------|--------|-----|------|------|------|------|
| Assessment of Organizational Needs                        | Female | 148 | 2.38 | 0.84 | 1.61 | 0.11 |
|                                                           | Male   | 254 | 2.24 | 0.86 |      |      |
| Talent Management Process                                 | Female | 148 | 2.39 | 0.92 | 1.59 | 0.11 |
|                                                           | Male   | 254 | 2.25 | 0.79 |      |      |
| Identification and Development of Leadership Potentials   | Female | 148 | 2.23 | 0.86 | 1.76 | 0.08 |
|                                                           | Male   | 254 | 2.08 | 0.72 |      |      |
| Selection, Evaluation and Rewarding of Groomed Candidates | Female | 148 | 2.17 | 0.85 | 1.55 | 0.12 |
|                                                           | Male   | 254 | 2.04 | 0.73 |      |      |
| Internal Recruitment and Replacement of Outgoing Leaders  | Female | 148 | 2.1  | 0.81 | 0.66 | 0.51 |
|                                                           | Male   | 254 | 2.05 | 0.79 |      |      |
| Top MoH Leadership Commitment to SPM                      | Female | 148 | 2.26 | 0.83 | 1.21 | 0.23 |
|                                                           | Male   | 254 | 2.16 | 0.78 |      |      |
| Integration of SPM Practices in MoH Culture               | Female | 148 | 2.23 | 0.87 | 0.97 | 0.33 |
|                                                           | Male   | 254 | 2.14 | 0.88 |      |      |

**Perception Differences by Occupational Role**

To examine perception differences by occupational role (health professionals and administrative staff), a t-test of independent samples was conducted. The mean score for all seven succession planning and management (SPM) practices ranges from 1.89 to 2.39. The mean scores of all the SPM practices and for both groups are close to 2, which represents “Disagree”. The t-test analysis shows that there were no significant differences between health professionals and administrative staff on their perceptions of succession planning and management practices in the Ministry of Health (MoH) ( $p>0.05$ ).

**Table 5:** Perception differences in SPM practices by occupational role

| Dependent Variables (SPM Practices)                        | Occupational Roles   | N   | Mean | SD   | t     | p   |
|------------------------------------------------------------|----------------------|-----|------|------|-------|-----|
| Assessment of Organizational Leadership Needs              | Health Professionals | 384 | 2.29 | .84  | .055  | .96 |
|                                                            | Administrative Staff | 18  | 2.28 | 1.07 |       |     |
| Talent Management Process                                  | Health Professionals | 384 | 2.30 | .84  | .12   | .91 |
|                                                            | Administrative Staff | 18  | 2.28 | .90  |       |     |
| Identification and Development of Leadership Potentials    | Health Professionals | 384 | 2.13 | .77  | -.48  | .63 |
|                                                            | Administrative Staff | 18  | 2.22 | .94  |       |     |
| Selection, Evaluation, and Rewarding of Groomed Candidates | Health Professionals | 384 | 2.08 | .77  | -.44  | .66 |
|                                                            | Administrative Staff | 18  | 2.17 | .92  |       |     |
| Internal Recruitment and Replacement of Outgoing Leaders   | Health Professionals | 384 | 2.05 | .79  | -1.76 | .08 |
|                                                            | Administrative Staff | 18  | 2.39 | .85  |       |     |
| Top MoH Leadership Commitment to SPM                       | Health Professionals | 384 | 2.19 | .79  | -.46  | .65 |
|                                                            | Administrative Staff | 18  | 2.28 | .90  |       |     |
| Integration of SPM Practices in MoH Culture                | Health Professionals | 384 | 2.19 | .88  | 1.42  | .16 |
|                                                            | Administrative Staff | 18  | 1.89 | .76  |       |     |

One-way ANOVA was utilized to examine the perception difference by professional cadre (between four groups), by service grade (between six groups), and lastly by service years (between six groups).

Perception Difference by Professional Cadres

To examine perception differences by professional cadres, a one-way ANOVA test was conducted. The mean score for all the practices ranges from 2.06 to 2.56. The mean scores of all the succession planning and management (SPM) practices and for almost all the groups are close to 2, which represents “Disagree”. The ANOVA results suggest that there were no significant perception differences among the four cadres in the Ministry of Health (MoH) for each of the seven SPM practices ( $p>0.05$ ).

Table 6: Perception differences in SPM Practices by professional cadres

| Dependent Variables<br>(SPM Practices)                     | Allied Health Professionals |       | Medical Doctors |       | Nurses |       | Administrative Staff |       | F    | p     |
|------------------------------------------------------------|-----------------------------|-------|-----------------|-------|--------|-------|----------------------|-------|------|-------|
|                                                            | M                           | SD    | M               | SD    | M      | SD    | M                    | SD    |      |       |
| Assessment of Organizational Leadership Needs              | 2.3                         | 0.848 | 2.23            | 0.789 | 2.31   | 0.88  | 2.28                 | 1.074 | 0.13 | 0.94  |
| Talent Management Process                                  | 2.3                         | 0.865 | 2.3             | 0.734 | 2.3    | 0.865 | 2.28                 | 0.895 | 0.01 | 0.99  |
| Identification and Development of Leadership Potentials    | 2.13                        | 0.801 | 2.13            | 0.592 | 2.14   | 0.798 | 2.22                 | 0.943 | 0.08 | 0.97  |
| Selection, Evaluation, and Rewarding of Groomed Candidates | 2.07                        | 0.8   | 2.12            | 0.676 | 2.09   | 0.785 | 2.17                 | 0.924 | 0.12 | 0.949 |
| Internal Recruitment and Replacement of Outgoing Leaders   | 2.07                        | 0.85  | 2.06            | 0.639 | 2.39   | 0.85  | 2.39                 | 0.85  | 1.21 | 0.30  |
| Top MoH Leadership Commitment to SPM                       | 2.21                        | 0.795 | 2.29            | 0.666 | 2.06   | 0.865 | 2.28                 | 0.895 | 1.28 | 0.28  |
| Integration of SPM Practices in MoH Culture                | 2.33                        | 0.886 | 2.35            | 0.783 | 2.29   | 0.825 | 2.56                 | 0.984 | 0.51 | 0.68  |

Perception Differences by Service Grade

On the perception differences by service grade, the mean score for almost all the practices across the various grades are close to 2, representing “Disagree”. However, 5 out of the 7 succession planning and management (SPM) practices have a mean score of 3 representing “Agree” for grade 14. This indicates that senior management (Grade 14) personnel agreed that talent management process; identification and development of leadership potentials; internal recruitment and replacement of outgoing leaders; top management

commitment to SPM; and integrating SPM practices in the Ministry of Health (MoH) culture are taking place. The ANOVA results suggest that there were no significant perception differences between service grades in MoH for each of the seven SPM practices ( $p>0.05$ ).

**Table 7:** Perception differences in SEVEN SPM practices by grade

| Dependent Variables                                        | Grade 9 |      | Grade 10 |      | Grade 11 |      | Grade 12 |      | Grade 13 |      | Grade 14 |    | F    | p    |
|------------------------------------------------------------|---------|------|----------|------|----------|------|----------|------|----------|------|----------|----|------|------|
|                                                            | M       | SD   | M        | SD   | M        | SD   | M        | SD   | M        | SD   | M        | SD |      |      |
| Assessment of Organizational Leadership Needs              | 2.33    | 0.85 | 2.22     | 0.89 | 2.26     | 0.83 | 2.15     | 0.75 | 2.4      | 1.14 | 2.0      | .  | 0.42 | 0.83 |
| Talent Management Process                                  | 2.33    | 0.86 | 2.17     | 0.81 | 2.42     | 0.86 | 2.3      | 0.80 | 2.6      | 0.89 | 3.0      | .  | 0.97 | 0.43 |
| Identification and Development of Leadership Potentials    | 2.18    | 0.78 | 2.08     | 0.81 | 2.0      | 0.62 | 2.15     | 0.67 | 2.2      | 1.1  | 3.0      | .  | 0.77 | 0.57 |
| Selection, Evaluation, and Rewarding of Groomed Candidates | 2.1     | 0.80 | 2.0      | 0.77 | 2.08     | 0.71 | 2.3      | 0.73 | 2.6      | 0.89 | 2.0      | .  | 1.01 | 0.41 |
| Internal Recruitment and Replacement of Outgoing Leaders   | 2.12    | 0.84 | 1.9      | 0.73 | 2.05     | 0.70 | 2.3      | 0.73 | 2.4      | 0.89 | 3.0      | .  | 1.96 | 0.08 |
| Top MoH Leadership Commitment to SPM                       | 2.24    | 0.83 | 2.04     | 0.76 | 2.26     | 0.69 | 2.2      | 0.70 | 2.6      | 0.89 | 3.0      | .  | 1.49 | 0.19 |
| Integration of SPM Practices in MoH Culture                | 2.37    | 0.87 | 2.18     | 0.86 | 2.39     | 0.79 | 2.4      | 0.82 | 2.6      | 0.89 | 3.0      | .  | 1.05 | 0.39 |

**Perception Differences by Years in Service**

On the perception differences by years in service, ANOVA results below suggest that there were no significant perception differences between the four cadres in the Ministry of Health (MoH) for six out seven succession planning and management (SPM) practices ( $p>0.05$ ). However, ANOVA results indicate that there was significant perception difference between service years and the talent management process,  $F(5,396)=2.21$ ,  $p=.053$  in relation to succession planning and management practices.

**Table 8:** Perception differences in seven SPM practices by years in service

| Dependent Variables                                        | <10 Years |       | 10-14 Years |      | 15-19 Years |      | 20-24 Years |      | 25-29 Years |      | ≥30 Years |       | F    | p     |
|------------------------------------------------------------|-----------|-------|-------------|------|-------------|------|-------------|------|-------------|------|-----------|-------|------|-------|
|                                                            | M         | SD    | M           | SD   | M           | SD   | M           | SD   | M           | SD   | M         | SD    |      |       |
| Assessment of Organizational Leadership Needs              | 2.28      | 0.8   | 2.14        | 0.95 | 2.23        | 0.74 | 2.43        | 0.95 | 2.4         | 0.96 | 2.4       | 0.709 | 1.12 | 0.33  |
| Talent Management Process                                  | 2.32      | 0.785 | 2.19        | 0.89 | 2.12        | 0.84 | 2.47        | 0.91 | 2.32        | 0.85 | 2.53      | 0.679 | 2.21 | .053* |
| Identification and Development of Leadership Potentials    | 2.15      | 0.667 | 2.1         | 0.82 | 2.04        | 0.79 | 2.09        | 0.81 | 2.4         | 0.82 | 2.4       | 0.816 | 1.32 | 0.25  |
| Selection, Evaluation, and Rewarding of Groomed Candidates | 2.03      | 0.728 | 2.08        | 0.78 | 2           | 0.79 | 2.13        | 0.81 | 2.36        | 0.81 | 2.15      | 0.802 | 1.02 | 0.40  |
| Internal Recruitment and Replacement of Outgoing Leaders   | 2.08      | 0.717 | 2.08        | 0.87 | 2.02        | 0.83 | 2.07        | 0.83 | 2.16        | 0.75 | 2.03      | 0.768 | 0.05 | 0.98  |
| Top MoH Leadership Commitment to SPM                       | 2.25      | 0.693 | 2.18        | 0.9  | 2.16        | 0.75 | 2.17        | 0.81 | 2.2         | 0.91 | 2.2       | 0.853 | 0.13 | 0.99  |
| Integration of SPM Practices in MoH Culture                | 2.32      | 0.785 | 2.34        | 0.95 | 2.28        | 0.85 | 2.29        | 0.90 | 2.48        | 0.77 | 2.42      | 0.844 | 0.33 | 0.89  |

In the analysis of perception differences in five independent variables, namely gender, occupational role, professional cadre, grade, and service year, it was found that there is no statistical relationship among the 5 independent variables and SPM practices. However, ANOVA results indicate that there was significant perception difference between service years and the talent management process,  $F(5,396)=2.21$ ,  $p=.053$  in relation to succession planning and management practices.

Overall, participants’ differences in terms of gender, professional cadre, occupational role, grade, and length of service do not significantly influence their perceptions on the status of SPM practices in MoH.

**RQ 2. What are the preferred succession planning practices among middle and senior managers in the Ministry of Health (MoH)?**

This research question sought to explore the preferred succession planning and management (SPM) practice(s) currently taking place in the Ministry of

Health (MoH). Participants were requested to indicate the degree of suitability for 5 SPM approaches in MoH, i.e., (i) Internal leadership grooming and retention program, (ii) Searching for talents abroad, (iii) Rehiring retired officials, (iv) Restructuring the MoH, and (v) Doing nothing (continue business as usual).

A 4-item Likert scale was used, ranging from 1=Not Suitable; 2=Fairly Suitable; 3=Suitable; and to 4=Very Suitable. The questionnaire did not include the option of “Neutral” in the multiple-choice items of the Likert scale. This was to ensure that respondents had either to skip the item if they had no answer or select an answer that was close to their opinions.

**Table 9:** SMP preferred approaches

| SPM Approach                                       | Preference      | n   | %    |
|----------------------------------------------------|-----------------|-----|------|
| Internal Leadership Grooming and Retention Program | Not Suitable    | 27  | 6.7  |
|                                                    | Fairly Suitable | 57  | 14.2 |
|                                                    | Suitable        | 186 | 46.3 |
|                                                    | Very Suitable   | 132 | 32.8 |
| Searching for Talents Abroad                       | Not Suitable    | 142 | 35.3 |
|                                                    | Fairly Suitable | 171 | 42.5 |
|                                                    | Suitable        | 77  | 19.2 |
|                                                    | Very Suitable   | 12  | 3    |
| Rehiring Retired Officials                         | Not Suitable    | 122 | 30.3 |
|                                                    | Fairly Suitable | 151 | 37.6 |
|                                                    | Suitable        | 107 | 26.6 |
|                                                    | Very Suitable   | 22  | 5.5  |
| Restructuring the MoH                              | Not Suitable    | 50  | 12.4 |
|                                                    | Fairly Suitable | 124 | 30.8 |
|                                                    | Suitable        | 155 | 38.6 |
|                                                    | Very Suitable   | 73  | 18.2 |
| Doing Nothing (Continue Business as Usual)         | Not Suitable    | 320 | 79.6 |
|                                                    | Fairly Suitable | 43  | 10.7 |
|                                                    | Suitable        | 31  | 7.7  |
|                                                    | Very Suitable   | 8   | 2    |

Out of the 5 approaches, only 2 were considered “Suitable” and “Very Suitable”, and these are internal leadership grooming (n=318; 79.1%) and restructuring MoH (n=228; 56.8%). Two approaches were considered “Fairly Suitable”, and these are searching for talents from abroad, 171 (42.5%) and rehiring the retired officials, 151 (37.6%). Doing nothing about SPM is considered “Not Suitable” by the majority of the respondents, 320 (79.6%).

Overall, middle and senior management consider internal leadership grooming and restructuring of MoH as suitable for effective SPM in the health sector. Maintaining the status quo in relation to SPM practices is overwhelmingly perceived as “Not Suitable”.

## DISCUSSION

This study was set out to examine the perceptions and preferences of middle and senior management on succession planning and management (SPM) practices in the Sierra Leone Ministry of Health (MoH). The study revealed a negative perception of SPM practices in MoH. Participants widely “disagreed” that the seven SPM practices considered in this study, i.e., assessment of organizational leadership; talent management process; identification and development of leadership potentials; selection, evaluation, and rewarding of groomed candidates; internal recruitment and replacement of outgoing leaders; top management leadership commitment to SPM; and integration of SPM practices into MoH, are sufficiently being practiced in MoH. The findings demonstrate that MoH’s effort in fostering effective succession management is unsatisfactory. The study further sought to understand the relationship between the perception of SPM practices in MoH and the participants’ gender, occupational role, professional care, grade, and years in service. The study found that there is no statistical relationship between gender, occupation role, professional cadre, grade, and six (6) out of seven (7) SPM practices (assessment of organizational leadership; identification and development of leadership potentials; selection, evaluation, and rewarding of groomed candidates; internal recruitment and replacement of outgoing leaders; top management leadership commitment to SPM; and integration of SPM practices into MoH). However, there was a perception difference between service years and the talent management process,  $F(5,396)=2.21, p=.053$ .

These study findings are consistent with Mehrtak et al. (2014) on the Iranian health sector, where succession planning was found to be lacking. In a similar study in South Africa, Mhlongo & Harunavamwe (2017) found a negative perception of succession planning. The studied population perceived

efforts of the company as inadequate in implementing programs related to succession planning. Further, the study finding corroborates with those of Ngcamu's (2019) study within a higher institution of learning, where succession planning is found to be non-existent. Furthermore, the study noted that the staff are insufficiently prepared and incompetent in their current roles and responsibilities. This is the implication of poorly managed succession planning when the wrong and inadequately prepared individuals uncontrolledly fill vacant leadership positions. The absence of succession planning has been reported to undermine performance and affect staff morale, satisfaction, and retention (Ali & Mehreen, 2019; Mehrtak et al., 2014; Zepeda et al., 2012). Capacity development needs of employees through job training, coaching, and mentoring, for example, should therefore be given serious consideration in any succession planning program with a view to preserve and retain talented staff (Mehrabani & Mohamad, 2011; Garg & Van Weele, 2012).

On the preferred SPM practices in MoH, overall, middle and senior management staff consider internal leadership grooming and restructuring of MoH as suitable for effective SPM in the sector. Maintaining the status quo by doing nothing in relation to SPM practices is overwhelmingly perceived as "Not Suitable". Approaches such as searching for talents abroad and rehiring the retired officials were considered "Fairly Suitable". The preference for internal leadership grooming as found in this study re-echoes Pita et al.'s (2016) work in South Africa to examine the intention to leave public service organizations. The findings showed that corporate succession planning practices and internal succession barriers are negatively related to intentions to leave in the public service. In their exploratory study on the recruitment and selection practices in public sector institutions in Sierra Leone, Konateh et al. (2023) found that critical skill shortages in some MDAs as well as the deep politicization of human resources are major challenges to the recruitment and selection procedures in the public sector. Inherently, their findings have implications on SPM practices across government institutions, and their findings may not be unconnected from the negative perceptions on SPM practices in MoH, as revealed in this study. On the preferred SPM practices, Gothard and Austin (2013) noted that no single practice of corporate succession planning can fit all organizations. Notwithstanding, the practice of grooming successors is considered very important in any organization. In the public sector, for example, successor grooming serves as the appropriate mechanism through which improved public service delivery can be fulfilled (Goodman et al., 2015; Sonnino, 2013). Succession planning is a valuable strategy that organizations like the Sierra Leone MoH should consider minimizing the impact of continual turnover, and if implemented, it has an impact on professionalizing the public

service (Manzini & Malatjie, 2023). It can be used as a strategy to manage talent and continuous change brought about by high staff turnover that affects the performance of the public sector overall.

## CONCLUSION

Leadership is an essential health sector practice that can have a direct impact on clinical and organizational outcomes and an indirect effect on all other elements of the operational environment. The need to develop high-performing leaders through effective succession planning and management practices is important if the vision for transforming the Sierra Leone public health sector is to be realized. Generally, it can be concluded in this study that the perceptions of middle and senior managers in relation to succession in the health sector are universally negative, indicating that succession planning and management (SPM) practices are lacking or inadequate. Overall, participants' differences in terms of gender, professional cadre, occupational role, grade, and length of service do not significantly influence their perceptions on the current status of SPM practices in the Ministry of Health (MoH). The lack of effective SPM practices in the health sector inherently affects the effectiveness, efficiency, and impact of health services provision and outcomes. The optimal utilization of human resources for health could be enhanced by efficacious SPM practices, leading to a motivated staff, improved performance, and ultimately reduced staff attrition. The issue of succession planning in the MoH should be prioritized by the government and development partners involved in health system strengthening efforts for sustainable transformation of the health sector. In the absence of an effective SPM system, wrong individuals with little experience will likely occupy leadership roles that they do not deserve. This will result in an increase in both the level of dissatisfaction among deserving staff and staff attrition rates. It is obvious that when experienced and passionate leaders leave the healthcare organizations, this often results in a loss of institutional knowledge and affects organizational performance. On the preferred SPM practices in MoH, overall, middle and senior management staff consider internal leadership grooming and restructuring of MoH as suitable for effective SPM practices in the sector. This study is significant to policy and practice for providing awareness on the use of effective succession planning strategies for achieving sustainability by retaining talented staff and developing future leaders to benefit the continuity of healthcare services for all Sierra Leoneans. It is expected that this study will generate discussion within MoH and its partners on the importance of succession planning as part of health system strengthening efforts.

It is no gainsaying that succession planning has become one of the most significant human resource management responsibilities within today's public and private organizations. Organizations, including the public health sector, cannot afford to attract, invest in, and then lose their high-potential employees. Retaining and developing potential employees is critical for the growth and performance of the Sierra Leone public health sector through effective succession planning and management practices. Based on the findings, the study recommends that the Human Resources Management Office (HRMO) and the Health Service Commission (HSC) put in place a policy framework that will foster effective SPM practices in the health sector. Internal talent grooming and organizational restructuring in order to create a culture of effective succession planning and management in MoH should be prioritized.

**Ethical Approval:** Sierra Leone Ethics & Scientific review Committee (SLESRC No.008/03/2024).

**Authors' Contributions:** AK is the only author of the article.

**Funding and Acknowledgment:** This piece of work is part of the thesis titled "Health Systems Leadership & Governance: Succession Planning & Management Practices" in Sierra Leone—a requirement for the award of PhD degree in Health Planning Policy and Management. The author would like to thank the study participants, without whom, this study would not have been possible.

**Conflict of Interest Statement:** The author declares that there are no competing interests.

## REFERENCES

- Aladwan, K., Bhanugopan, R., & Fish, A. (2013). Why do employees jump ship? Examining intent to quit employment in a non-western cultural context. *Employee Relations*, 35(4), 408–422. <https://doi.org/10.1108/ER-03-2012-0027>
- Ali, Z., & Mehreen, A. (2019). Understanding succession planning as a combating strategy for turnover intentions. *Journal of Advances in Management Research*, 16(2), 216–233. <https://doi.org/10.1108/JAMR-09-2018-0076>
- Belasen, A., & Belasen, A. R. (2016). Value in the middle: Cultivating middle managers in healthcare organizations. *Journal of Management Development*, 35(9), 1149–1162. <https://doi.org/10.1108/JMD-12-2015-0173>
- Chan, Z. C. Y., Tam, W. S., Lung, M. K. Y., Wong, W. Y., & Chau, C. W. (2013). A systematic literature review of nurse shortage and the intention to leave. *Journal of Nursing Management*, 21(4), 605–613. <https://doi.org/10.1111/j.1365-2834.2012.01437.x>
- Committee on Pediatric Workforce, Rimsza, M. E., Hotaling, A. J., Keown, M. E., Marcin, J. P., Moskowitz, W. B., Sigrest, T. D., & Simon, H. K. (2015). The use of telemedicine to address access and physician workforce shortages. *Pediatrics*, 136(1), 202–209. <https://doi.org/10.1542/peds.2015-1253>

- De Sousa Sabbagha, M., Ledimo, O., & Martins, N. (2018). Predicting staff retention from employee motivation and job satisfaction. *Journal of Psychology in Africa*, 28(2), 136–140. <https://doi.org/10.1080/14330237.2018.1454578>
- Desir, E. (2014). Exploring obstacles to success for early careerists in healthcare leadership. *Journal of Healthcare Management*, 59(4), 250–253. <https://doi.org/10.1097/00115514-201407000-00004>
- Dodd, K., & Simons, C. (2005). Succession planning—securing your organization’s future. *Home Health Care Management & Practice*, 17(5), 401–402. <https://doi.org/10.1177/1084822305275604>
- Garg, A. K., & Van Weele, E. (2012). Succession planning and its impact on the performance of small micro medium enterprises within the manufacturing sector in Johannesburg. *International Journal of Business and Management*, 7(9), 96–107. <https://doi.org/10.5539/ijbm.v7n9p96>
- Goodman, D., French, P. E., & Battaglio Jr., R. P. (2015). Determinants of local government workforce planning. *The American Review of Public Administration*, 45(2), 135–152. <https://doi.org/10.1177/0275074013486179>
- Gothard, S., & Austin, M. J. (2013). Leadership succession planning: Implications for nonprofit human service organizations. *Administration in Social Work*, 37(3), 272–285. <https://doi.org/10.1080/03643107.2012.684741>
- Groves, K. S. (2018). Succession management capabilities: Planning for the inevitable transition of executive talent. *Academy of Management Proceedings*, 2018(1), 15773. <https://doi.org/10.5465/AMBPP.2018.15773abstract>
- Hall-Ellis, S. D. (2015). Succession planning and staff development—a winning combination. *The Bottom Line*, 28(3), 95–98. <https://doi.org/10.1108/BL-05-2015-0007>
- Jacobs, L., & Piyapromdee, S. (2016). Labor force transitions at older ages: Burnout, recovery, and reverse retirement (FEDS Working Paper No. 2016-53). Federal Reserve Board. <http://dx.doi.org/10.17016/FEDS.2016.053>
- Konateh, H., Duramany-Lakkoh, E. K., & Udeh, E. (2023). Cost and administrative effectiveness of recruitment and selection practices on public service delivery in public sector institutions. *European Journal of Business & Management Research*, 8(2), 21–30. <https://doi.org/10.24018/ejbmr.2023.8.2.1814>
- Manzini, G.-R. X., & Malatjie, I. (2023). An analysis of succession planning strategies in professionalising the public sector: A case of the national school of government. *Journal of Public Administration*, 58(4), 1130–1141. <https://doi.org/10.53973/jopa.2023.58.4.a16>
- Mateso, P. E. E. (2010). Understanding succession planning and management efforts at Midwestern University: A mixed methods study [Doctoral dissertation, Bowling Green State University]. OhioLINK Electronic Theses and Dissertations Center. [http://rave.ohiolink.edu/etdc/view?acc\\_num=bgsu1276203234](http://rave.ohiolink.edu/etdc/view?acc_num=bgsu1276203234)
- Mehrabani, S. E., & Mohamad, N. A. (2011). Identifying the important factors influencing the implementation of succession planning. *International Conference on Information and Finance*, 21(2), 37–41.
- Mehrtak, M., Vatankhah, S., Delgoshaei, B., & Gholipour, A. (2014). Succession planning in the Iranian health system: A case study of the Ministry of Health and Medical Education. *Global Journal of Health Science*, 6(5), 174–182. <https://doi.org/10.5539/gjhs.v6n5p174>

Mhlongo, S. B. & Harunavamwe, M. (2017). Exploring management's perceptions of succession planning and its impact on staff retention at an agricultural company. *International Journal of Research in Business Studies and Management*, 4(3), 7–26.

Ngcamu, B. S. (2019). Succession planning and leadership development in a faculty of health sciences. *Global Journal of Health Science*, 11(11), 101–108. <https://doi.org/10.5539/gjhs.v11n11p101>

Pita, N. A., Mafini, C., & Dhurup, M. (2016). Corporate succession practices: A public sector perspective. *Corporate Ownership & Control*, 13(4), 441–446. <https://doi.org/10.22495/cocv13i4c3p3>

Sherman, R. O., Chiang-Hanisko, L., & Koszalinski, R. (2013). The ageing nursing workforce: A global challenge. *Journal of Nursing Management*, 21(7), 899–902. <https://doi.org/10.1111/jonm.12188>

Sonnino, R. E. (2013). Professional development and leadership training opportunities for healthcare professionals. *The American Journal of Surgery*, 206(5), 727–731. <https://doi.org/10.1016/j.amjsurg.2013.07.004>

Streeter, N. (2015). Workforce crisis in MCH leadership. *Maternal Child Health Journal*, 19(2), 240–243. <https://doi.org/10.1007/s10995-014-1621-x>

Thompson, R., Wolf, D. M., & Sabatine, J. M. (2012). Mentoring and coaching: A model guiding professional nurses to executive success. *JONA: The Journal of Nursing Administration*, 42(11), 536–541. <https://doi.org/10.1097/NNA.0b013e31827144ea>

Titze, J., Phillips, T., Tooley, S., Hall, N., & Shirey, M. (2013). Nurse manager succession planning: Synthesis of the evidence. *Journal of Nursing Management*, 21(7), 971–979. <https://doi.org/10.1111/jonm.12179>

Trepanier, S., & Crenshaw, J. T. (2013). Succession planning: A call to action for nurse executives. *Journal of Nursing Management*, 21(7), 980–985. <https://doi.org/10.1111/jonm.12177>

Walton-Roberts, M., Runnels, V., Rajan, S. I., Sood, A., Nair, S., Thomas, P., Packer, C., MacKenzie A., Murphy, G. T., Labonté, R., & Bourgeault, I. L. (2017). Causes, consequences, and policy responses to the migration of health workers: Key findings from India. *Human Resources for Health*, 15(1), 28. <https://doi.org/10.1186/s12960-017-0199-y>

Zepeda, S. J., Bengtson, E., & Parylo, O. (2012). Examining the planning and management of principal succession. *Journal of Educational Administration*, 50(2), 136–158. <https://doi.org/10.1108/09578231211210512>