Succession Planning Practices and their Impact on Organisational Service Performance: Cross-National Evidence from Nigeria and Ghana

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Abstract: *Many public tertiary hospitals in sub-Saharan Africa face growing leadership gaps, frequent brain drain, and declining service quality. These challenges underscore the urgent need for structured succession planning to sustain organisational performance. Guided by the Resource-Based View (RBV), Human Capital Theory, and Institutional Theory, this study examined how Succession Planning Practices (SPP), through Talent Identification (TA), Mentoring (ME), Leadership Development (LD), and Career Patching (CP), influence Organisational Service Performance (OSP) among public tertiary hospitals in Ghana and Nigeria. A cross-sectional survey design was adopted, and data were collected from 731 clinical/medical, support/ancillary/technical and management/administrative staff across all the regions of the two countries. The data were analysed using Covariance Based Structural Equation Modelling (CB-SEM) in AMOS. Findings showed that all four dimensions of SPP had positive and significant effects on service performance: TA (β = .24, p < .001), ME (β = .36, p < .001), LD (β = .29, p < .001), and CP (β = .21, p < .01). The overall SPP-OSP relationship was also positive and significant (β = .62, p < .001). The study concludes that effective succession planning enhances leadership continuity, staff development, and institutional performance. It recommends that public hospital administrators embed structured mentoring and leadership development programmes into HR policy and succession systems. Although limited by cross-sectional design and self-report data, future studies should adopt longitudinal or mixed methods approach to validate these results across other emerging economies in sub–Saharan Africa.*

Keywords: *Career patching, Ghana, leadership development, mentoring, Nigeria, public tertiary hospitals, service performance, succession planning, talent identification.*

1.0 Preamble

Across several developing countries, particularly in sub–Saharan Africa, the public healthcare sector still struggles with some tough realities. Among these realities as we have witnessed, is that the number of people in need of healthcare continues to grow. We also observed that, the system often lacks the personnel, funding, and structure required to meet that demand. Concerning Nigeria and Ghana, evidence in contemporary literature clearly illustrate this situation (Adesola, Opuni, Idris, Okesanya, Igwe, & Abdulazeez, 2024; Amoah, Nyamekye, & Owusu-Addo, 2021). Although these two countries differ in size and population, but as explained by Oladosu, Chanimbe, and Anaduaka (2022), they share similar social and economic conditions that can shape how human resource practices are developed and applied in their public healthcare sectors. They also (from what we have seen) carry the legacy of public systems that have long struggled to balance limited resources with the ongoing need to deliver quality healthcare services.

In Nigeria, evidence suggests that public tertiary hospitals, especially teaching hospitals, play an important role in both patient care and the training of future health professionals (Mobolaji-Olajide, Adereti, Odutayo, & Adejumo, 2020). But these institutions often face serious staffing problems (Akin wale, & George, 2023). Many experienced workers leave for better opportunities abroad, while others retire without proper replacements ready to take over (Akin wale, Kuye, & George, 2024). This pattern, combined with weak leadership preparation, creates gaps that can disrupt hospital operations and affect service delivery (Ipinnimo, Ajidahun, & Adedipe, 2023). Ghana's experience appears to be similar (Kumah *et al.*, 2025). The country has made visible progress through health reforms and structured training programmes, yet challenges remain. Issues such as retaining skilled workers, preparing new leaders, and ensuring a steady pipeline of qualified staff continue to trouble the system (Ibrahim *et al.*, 2024). The result is that even when there are improvements, they are not always sustained over time (Sefah, Chetty, Yamoah, Godman, & Bangalee, 2024).

From what we have further observed, human resource practices in both countries still focus more on routine administration, keeping the system running day to day, than on long-term planning for leadership and talent continuity. In many hospitals, the future of the workforce depends more on chance or individual effort than on structured, forward-looking planning. This is why we feel there is need to focus on succession planning as possible enabler of service performance of public tertiary healthcare delivery in both countries. To us, succession planning is not just about replacing retiring leaders in the

public tertiary hospitals; it is about as Vahdat, Afshari, Masoodi Asl, and Hesam (2024) suggest, creating a deliberate process to prepare capable people who can keep the organisation stable and effective when leadership changes occur. In the public tertiary healthcare sector of Nigeria and Ghana, where we observe that service performance directly affects public welfare, this study proposes that succession planning can make a significant difference in maintaining consistency, quality, and trust in healthcare delivery.

1.1 Background to the Study

Succession planning (SP) generally refers to a deliberate, systematic process through which organisations identify, develop, and prepare individuals to assume key roles when vacancies arise (Vahdat *et al.*, 2024). Within the HRM context, SP represents a strategic effort to ensure leadership continuity, maintain institutional capability, and prevent performance disruptions (Abdullah, Raman, & Solarin, 2022). Consequently, SP is not simply about replacing people but about nurturing a future-ready workforce capable of sustaining service excellence when transitions occur (Chang, & Besel, 2021).

Service performance, in turn, refer to how effectively and efficiently an organisation delivers its core services in line with expected standards (Amedari, &Ejidike, 2021). In tertiary healthcare institutions, it reflects the degree to which hospitals provide timely, reliable, and quality care (Oni & Falola, 2025). From an HRM perspective, studies indicate that service performance depend on how well human capital is managed, through recruitment, training, motivation, and leadership development (Rotea*et al.*, 2023). Consequently, effective succession planning can therefore contribute to service performance by aligning talent development with organisational objectives (Vahdat *et al.*, 2024).

In recent times, the idea of succession planning has become increasingly important across different sectors, particularly in healthcare (Al-Hajri, 2023). Many healthcare administrators now recognise the need to groom future leaders for key management positions (Vahdat *et al.*, 2024). This awareness has grown largely because of the shortage of skilled professionals, a problem made worse by the continuous migration of talented workers to developed economies (Akinwale *et al.*, 2024) which has, in turn, affected the quality of healthcare delivery and patient safety in developing economies.

In healthcare, where the quality-of-service performance (i.e. service quality) depends on teamwork, expertise, and consistent leadership (Adongo, Azumah, & Nachinaab, 2022; Amedari, & Ejidike, 2021), this study proposes that succession planning can play an even greater role. Meanwhile, multiple types of evidence from Ghana and Nigeria's healthcare sectors suggest that the

sudden loss of senior staff, without trained successors, can disrupt clinical and administrative operations, leading to inefficiencies and reduced service quality (Akinwale *et al.*, 2024; Ibrahim *et al.*, 2024). Conversely, when succession plans are well-structured, healthcare institutions can maintain operational stability, preserve expertise, and continue to meet public expectations despite transitions (Abdullahi *et al.*, 2022). Thus, this paper proposes that succession planning can serve as both a strategic HRM function and a service performance sustainability mechanism.

1.2 Problem Statement and Knowledge Gap

Although succession planning has gained recognition as a vital HRM practice globally, research examining its effect on organisational service performance remains limited in sub-Saharan Africa (Oni & Falola, 2025). Besides, our experience shows that even such evidence is available, most empirical studies have been conducted in private organisations or non-health sectors, with little attention to public tertiary healthcare institutions that face unique operational challenges. More recently and utilising a limited sampling frame, Oni and Falola (2025) even explored the issue from a broader angle of workforce planning.

Furthermore, we observed in Nigeria and Ghana that, succession planning in the health sector often lacks formal structure. Meanwhile, our experiences also suggests that leadership transitions of public tertiary health institutions in these two countries are sometimes influenced by external factors such as politics, patronage, or emergency staffing needs rather than systematic talent development (Al-Alawy, & Moonesar, 2024; Okodugha, 2022). Consequently, leadership vacuums, skill shortages, and inconsistent service delivery persist (Kanu, 2025; Okodugha, 2022). Despite these challenges, our observations show that few studies have explored how succession planning practices influence organisational service performance in these sub-Saharan Africa (developing economies) health contexts.

Moreover, cross-national comparative research in Africa remains scarce (Mwamkuu, Namusonge, &Nyile, 2024; Oni & Falola, 2025). Existing HRM literature tends to focus on single-country case studies, leaving limited understanding of how institutional differences shape HR outcomes across borders (Kanu, 2025). However, comparing Nigeria and Ghana, two West African countries with shared colonial histories but varying degrees of institutional reform, can offer a rich opportunity to understand how context affects the relationship between succession planning and organisational service performance.

This study, therefore, seeks to fill this gap by providing empirical evidence from both countries' tertiary healthcare institutions. By examining how succession planning practices are implemented and how they relate to service performance, the study contributes to both theory and practice in the field of strategic HRM within developing contexts.

1.3 Research Objectives and Questions

The main objective of this study is to examine how succession planning practices (SPP) influence organisational service performance (OSP) within public tertiary healthcare institutions in Nigeria and Ghana. Specifically, the study seeks to:

i. Identify the key succession planning practices currently adopted by public tertiary healthcare institutions in Nigeria and Ghana.
ii. Assess how these practices affect organisational service performance.
iii. Provide evidence-based recommendations for improving succession planning strategies that can enhance organisational service performance in public tertiary healthcare institutions across both countries.

1.4 Study Significance

Practically, the study would offer guidance to healthcare policymakers and administrators in Nigeria and Ghana on how to design and institutionalise structured succession plans that enhance service continuity. For managers in tertiary healthcare institutions, the findings would likely inform strategies for identifying and developing successors, reducing disruptions during leadership transitions, and improving workforce stability. For policymakers, the study's insights would help support reforms aimed at strengthening talent management frameworks and aligning HR development with national healthcare objectives.

Theoretically, it would integrate Human Capital Theory, the Resource-Based View (RBV), and Institutional Theory to provide a comprehensive understanding of how succession planning might influence organisational service performance. Human Capital Theory would underscore the importance of investing in employees' skills and competencies as a foundation for improved productivity. The RBV would highlight that internal resources, such as leadership pipelines and skilled personnel, could serve as critical sources of sustained competitive advantage. Institutional Theory would offer insight into how national norms, regulations, and organisational cultures shape HRM practices. Collectively, these perspectives would help explain why and how

succession planning might contribute to service outcomes in different institutional settings.

Empirically, the study would contribute to closing the gap in international HRM research within sub-Saharan Africa. It would generate new data on how succession planning operates in public tertiary healthcare institutions and how contextual realities might influence its effect on service performance. By situating the discussion within Nigeria and Ghana, the study would expand the global understanding of HRM in developing contexts and provide practical lessons for other nations seeking to improve public sector service delivery through strategic workforce planning.

1.5 Structure of the Paper

The remainder of this paper is organised as follows. Section Two would review relevant literature on succession planning, organisational service performance, and the theoretical frameworks underpinning the study. Section Three would outline the research design, including methodology, data collection, and analytical procedures. Section Four would present the results and cross-national comparisons between Nigeria and Ghana. Section Five would discuss the findings in relation to theory and previous studies. Finally, Section Six would provide the conclusions, implications for theory and policy, and recommendations for future research.

2. Literature Review and Hypotheses Development

2.1 Conceptual Review

2.1.1 Succession Planning Practices (SPP)

Succession planning is simply the idea that an organisation makes sure it has the right employees ready to step into key roles when current leaders or critical staff leave, retire or otherwise move on (Abdullahi *et al.*, 2022). For Vahdat *et al.* (2024), succession planning is more than just replacing someone; it is about continuity, institutional memory and resilience. In public tertiary hospitals succession planning becomes especially important because when key staff leave (clinicians, administrators, department heads), patient care, service delivery and leadership can suffer (Oni & Falola, 2025).

Research shows that during succession planning, when issues such as talent identification, mentoring, leadership development and career pathing are attended to, organisations are better able to manage transitions, retain talent and maintain performance (Ramola, & Rangnekar, 2021; Siambi, 2022; Yudianto, Sekawarna, Susilaningsih, Ramoo, and Somantri, 2023). Particularly, Yudianto*et al.* (2023) in their narrative review of succession

planning in the healthcare sector found mentoring and leadership development central to institutional readiness and succession.

Talent identification means spotting people within the organisation who have potential to take on greater responsibility (Vahdat *et al.*, 2024). For example, in a tertiary hospital setting, it could mean identifying a clinician or nurse who shows organisational/leadership promise, not just strong clinical skills, and preparing them for future leadership or coordination roles. Talent identification ensures there is a pipeline of right employees who could fill future gaps (Yudianto *et al.*, 2023).

Mentoring refers to pairing less-experienced staff with more experienced mentors so that knowledge, professional habits and institutional know-how are transferred (Kamali, Hosseini, Ali mohammadzadeh, & Khamseh, 2024). In a hospital, this could mean senior consultants or seasoned administrators taking their less experienced colleagues under their tutelage or guidance, sharing not only clinical or administrative skills, but leadership behaviours, networking, decision-making (Yudianto *et al.*, 2023). Mentoring builds leadership capacity, supports employee development and helps prepare people for advanced roles (Kamali *et al.*, 2024).

Leadership development means structured opportunities, training, workshops, rotation across units, formal leadership-programmes, so that those identified develop the skills needed for senior roles (Desarno*et al.*, 2021). In a tertiary health institution, leadership development is critical because clinical leadership or unit leadership usually demands management of people, resources, systems, not just technical competence (Kyriakidou, Aspasia, George, Anastasias, & Marios, 2021; Wainright, York, & Wyant, 2021). Our experience shows that if succession planning is to work, hospital management cannot just pick successors; they (management) must develop them (successors).

Career pathing refers to offering clear routes of progression and growth for staff, showing them how they can move up or sideways within the organisation (Ramola, & Rangnekar, 2021). In tertiary hospitals, this might mean mapping career trajectories for clinicians, nurses, administrators, showing what the next steps could be, what development is needed, and that the institution values internal growth (Ali, Alzgool, Alzoraiki, Milhem, & Mohsen, 2022). Career pathing boosts motivation, retention and aligns staff aspirations with organisational planning (Manjoo, Rajlal, & Utete, 2023).

2.1.2 Organisational Service Performance (OSP)

Organisational service performance refers to how well an organisation delivers its services to meet the expectations of its users or clients (He, & Ma, 2021). In public tertiary hospitals, service performance can be viewed via four practical dimensions: service quality, efficiency, responsiveness and innovation (Mardhotillah, Karya, Rasyid, & Wibawa, 2023). Service performance quality includes factors like availability of drugs and diagnostics, adequacy of facilities (lighting, space, equipment), availability of consultants and specialist talent, courteousness of staff, cleanliness, the overall patient experience (Maarefi, & Nonchi, 2021).

Efficiency means how well the hospital uses its resources, staff, equipment, beds, time, to deliver services (Megayana, 2021). For example: how long do patients wait? How many can be seen? Is there idle equipment or staff? A hospital using its resources well will have shorter waiting times, better treatment outcomes, and fewer patient complaints (Maarefi, &Nonchi, 2021). Responsiveness refers to how quickly and sufficiently the hospital responds to patient needs, especially emergencies, changing demands, or fluctuations in patient volumes (Mardhotillah*et al.*, 2023).

A responsive tertiary hospital will act promptly in emergencies, adapt to surges (e.g., outbreaks), and be flexible in scheduling, staffing and resource deployment (Adhikara, MF, & Nur-Diana, 2022). Innovation refers to new ways of operating, introducing new service models, technology (telemedicine, digital records), management practices, improvements to patient flows, new diagnostics or treatment outcomes (He & Ma, 2021). From our experience, hospitals which innovate, adapt faster to changes, deliver higher value and, tend to perform better.

In tertiary hospitals, patients and stakeholders also gauge performance by how seamless, competent and respectful the service is (Adhikara *et al.*, 2022). When we talk about organisational service performance (OSP) in this study, we mean how well tertiary hospitals deliver services in terms of quality, efficiency, responsiveness and innovation (Megayana, 2021). In the context of tertiary public hospitals in Nigeria and Ghana, we observe that service performance is challenged by resource constraints, staff shortages, infrastructure gaps and rising demands. In this regard, a recent Nigerian study of workforce planning in a teaching hospital found workforce planning significantly influenced service delivery (measured in efficiency, responsiveness) in a large teaching hospital (Oni & Falola, 2025).

2.2 Theoretical Underpinnings

To help gain insight into how succession planning practices may affect service performance in public tertiary hospitals in Nigeria and Ghana, we draw from the Human Capital, the Resource-Based View (RBV) and Institutional theories.

2.2.1 Human Capital Theory (HCT)

Originated based on the works of economists such as Theodore Schultz and Gary Becker, Human Capital Theory explains that investments in people, their skills, knowledge and leadership capacity, yield returns (Leoni, 2025). The 'human capital' here refers to the stockpile of competencies, skills, knowledge and other attributes embodied in individuals that can be used to produce economic value (Moreno-López, Marín, Gómez-Bayona, & Mora, 2021). Consequently, Human Capital Theory assumes that organisations investing in the 'human capital' through employee training, development and succession will see improved performance (Leoni, 2025).

In management research, the HCT is applied by showing that organisations that develop their people perform better (Arteaga-Fonseca, Rutherford, Moore, & Pollack, 2025). For example, based on the HCT, we propose that if a hospital invests in leadership development and mentoring programmes, it builds a stronger internal workforce and a talent pipeline that it can count on for succession and better service performance. However, the HCT has been criticised because it often assumes a smooth link between investment and outcome without accounting sufficiently for context, organisational culture, institutional constraints or external factors that may inhibit returns (Auerbach, & Green, 2024; Moodie, &Wheelahan, 2023). In this study, HCT supports the idea that succession planning practices (i.e. talent identification, mentoring, leadership development, career pathing) is an investment in human capital within tertiary hospitals, and this investment should lead to improved service performance (OSP).

2.2.2 Resource-Based View (RBV)

The Resource-Based View (RBV) theory arose from the scholarly contributions of Jay Barney in 1991 (Mehmood, Zia, Alkatheeri, Jabeen, & Zhang, 2023). The RBV suggests that an organisation's internal resources and capabilities that are valuable, rare, inimitable and non-substitutable can lead to sustained competitive advantage (Nayak, Bhattacharyya, & Krishnamoorthy, 2023). For hospitals, we propose based on RBV that for their service performance to standout, they might have to count on strong internal talent pipelines and leadership continuity being strategic resources that are hard for others to replicate.

In management research, RBV has been used to treat human resources (skills, leadership capacity) as strategic resources (Lubis, 2022; Mehmood *et al.*, 2023). In this regard, we argue that if a tertiary hospital has instituted robust succession planning practices via talent identification, mentoring, leadership development and career pathing, it may be better positioned to deliver high service performance compared to hospitals that have not.

However, critical reviews (e.g. Beamish, & Chakravarty, 2021; Ferreira, & Ferreira, 2025) say RBV may focus too much on internal resources and neglect external environmental influences (regulation, institution, culture). For our study, RBV is relevant because it justifies viewing succession planning practices as internal strategic resources for tertiary hospitals. In other words, from the perspective of RBV, we propose that if the public tertiary hospitals in Ghana and Nigeria build talent pipelines and leadership depth, they may sustain service performance improvements over time.

2.2.3 Institutional Theory (IT)

According to Kauppi (2022), Institutional Theory emanated from the works of Meyer & Rowan (1977) and DiMaggio & Powell (1983). The theory emphasises that organisations are shaped by external norms, rules, regulatory frameworks, cultural expectations and professional standards (Franco, & Franco, 2022). Under this theory, practices may be adopted not only for efficiency but for legitimacy, being seen as "proper" or conforming to norms (Kauppi, 2022). In management research, Institutional Theory helps explain why organisations in similar environments tend to adopt similar practices, even if not always the most efficient, because the external institutional environment imposes pressures or expectations (Lu, & Nakagawa, 2022; Tunji-Olayeni, Kajimo-Shakantu, Ayodele, & Babalola, 2025).

However, some critics argue that Institutional Theory sometimes underplays managerial ability to innovate or choose differently and focuses heavily on conformity with national or institutional norms (Glynn, &D'aunno, 2023; Modell, 2020). In this study, we consider Institutional Theory relevant because we observe that the public tertiary healthcare institutions in Nigeria and Ghana operate under institutional environments common in developing economies of sub-Saharan Africa notably, policy frameworks, health systems, governance, and funding challenges. These contextual factors may influence how succession planning practices are implemented and how effective they are in improving service performance. Thus, the theory helps explain potential country-level contexts concerning how SPP can affect OSP.

2.3 Empirical Review

This part of the literature review focuses on what earlier studies have found about the relationship between succession planning practices and service performance. It brings together real-world evidence from past research to show what is already known, what is uncertain, and where new insights are needed. In other words, this empirical review section helps to identify the strengths and weaknesses of earlier investigations and highlights the specific gaps our study proposes to fill.

2.3.1 Succession Planning Practices and Organisational Performance

Coffie, Odikro, and Turkson (2022) explored how succession planning among Chief Executive Officers (CEOs) in Ghanaian industries contributes to leadership continuity and organisational growth. The study aimed to understand how succession planning supports long-term business performance and the role of boards of directors in sustaining this process. Using a qualitative, exploratory research design, the researchers applied a thematic analysis approach to examine data gathered from selected high-performing organisations in Ghana. The findings revealed that many organisations lacked formal succession planning practices, while those that had them often implemented weak or informal versions. Only a small number of firms demonstrated moderately strong succession planning structures. The study also found that the board of directors plays a central role in succession planning by shaping leadership policies and identifying future leaders. It concluded that the absence of structured succession planning poses a risk to leadership continuity and organisational stability. The authors recommended that companies establish strategic frameworks for identifying and grooming potential leaders across all departments. They further advised that regular training programs, workshops, and leadership seminars be introduced to enhance managerial competencies and promote a stronger understanding of succession planning in Ghanaian organisations.

Rotea*et al.* (2023) examined how human resource management (HRM) practices influence organisational performance in the healthcare sector, with a focus on the role of organisational change as a mediator. The study was carried out in Romania using a quantitative research design. Data were collected through survey questionnaires from 441 healthcare employees. Structural equation modelling (SEM) was applied to test the validity of the model and the hypotheses. The findings revealed that HRM practices have both a direct and indirect impact on organisational performance, with organisational change playing a significant mediating role. The study concluded that HRM practices,

such as effective training, employee engagement, and change management, are crucial for driving superior performance. It recommended that healthcare leaders and policymakers adopt integrated HRM strategies that encourage adaptability and strengthen the change process to enhance performance outcomes.

Yudianto*et al.* (2023) explored how succession planning can support leadership development among nurse managers in hospitals in Indonesia. The study adopted a narrative literature review approach, using electronic databases like PubMed and Science Direct to identify 18 relevant articles. Three key themes emerged from the review,factors influencing succession planning, its benefits, and its implementation in clinical settings. Findings showed that training, mentoring, HR support, and sufficient funding are vital for effective succession planning. It also found that proper succession planning ensures the development of competent future nurse leaders. However, it observed that recruitment and leadership transition practices in hospitals remain weak and poorly coordinated. The study concluded that succession planning must be aligned with organisational goals and recommended continuous mentoring and structured leadership development programmes for young nurses preparing for managerial roles.

Kanu (2025) conducted a study in Sierra Leone to assess the state of succession planning and management (SPM) practices in the Ministry of Health as part of efforts to strengthen the public health system. The research adopted a mixed-method cross-sectional design, collecting both quantitative and qualitative data from healthcare professionals and administrators between Grades 9 and 14. A total of 402 survey responses were analysed using SPSS, while 18 interviews were transcribed and examined using thematic analysis through MAXQDA software. The findings indicated that succession planning practices were largely absent or weak across the public health sector, with limited attention given to women's leadership development. A significant gender gap was found in perceptions of women's suitability for leadership roles. The study concluded that inadequate SPM practices undermine continuity and leadership stability in the health system. It recommended the establishment of a formal succession management committee to institutionalise leadership continuity and ensure equitable opportunities for women in senior roles.

Oni and Falola (2025) investigated the impact of workforce planning on healthcare service delivery at Lagos University Teaching Hospital (LUTH) in Nigeria. The study employed a cross-sectional research design with a

quantitative approach. Data were collected through structured questionnaires administered to 326 hospital employees across different departments. Regression analysis using SPSS was used to test the study's hypothesis. The results showed that workforce planning significantly influenced healthcare service delivery (F = 29.424, p = 0.000; Beta = 0.289). The study concluded that well-structured workforce planning enhances hospital efficiency and service quality. It recommended that public teaching hospitals adopt comprehensive and data-driven workforce planning strategies to anticipate staffing needs, strengthen service delivery, and improve patient outcomes.

2.3.2 Talent Identification and Service Performance

AlQershi, Thurasamy, Ali, Al-Rejal, Al-Ganad, and Frhan (2022) investigated how talent management and human capital contribute to sustainable business performance in Malaysian hospitals, with a focus on the mediating role of human capital. The study adopted a quantitative research design and collected data from 174 hospitals across Malaysia. Using a theoretical framework that linked talent management, human capital, and sustainable business performance, the researchers employed Partial Least Squares–Structural Equation Modelling (PLS-SEM) to test their hypotheses. The findings showed that a talent management mindset (TMM) significantly influenced both human capital and sustainable business performance (SBP), while talent management strategy (TMS) did not. The results further revealed that human capital had a direct positive effect on SBP and mediated the relationship between TMM and SBP, but not between TMS and SBP. The study concluded that nurturing a culture that values and develops talent can lead to stronger organisational performance and long-term sustainability in healthcare institutions. It recommended that hospital leaders and policymakers prioritise talent recognition and development initiatives to strengthen human capital and enhance sustainable performance, not only in Malaysia but also in similar developing healthcare systems.

Zhang, Lee, and Zhao (2023) conducted a systematic literature review to determine how succession planning affects firm performance. The study aimed to understand how planned leadership transitions influence organisational stability and success. A comprehensive search was conducted across various academic databases for studies published between 2010 and 2021 using keywords such as "succession planning," "leadership development," and "organisational effectiveness." Only empirical studies examining the link between succession planning and firm performance were included. The analysis revealed that effective succession planning consistently improves firm

performance by strengthening leadership continuity, promoting innovation, and enhancing strategic alignment. The review concluded that strong succession systems depend on the integration of talent identification, development, and retention strategies. It recommended that organisations go beyond naming successors by embedding robust leadership development and mentoring programmes into their broader human resource strategies to sustain long-term performance and adaptability.

Vahdat *et al.* (2024) investigated the key factors influencing succession planning in the leadership of public hospitals in Iran. The study employed an exploratory qualitative design, involving 15 purposively selected managers and administrators from Iranian public hospitals and the Iran University of Medical Sciences. Data were collected through semi-structured interviews conducted between May and June 2020 and analysed using content analysis with the MAXQDA 11 software. The findings revealed five main themes shaping effective succession planning: alignment with organisational strategic goals, structured communication, talent identification and empowerment, development of capable individuals, and continuous monitoring of succession programmes. The study concluded that effective succession planning in hospitals depends on management commitment, institutional support, and a culture of leadership development. It recommended that hospital administrators implement structured succession programmes that prioritise identifying and nurturing potential leaders to improve decision-making, service delivery, employee motivation, and overall organisational performance.

2.3.3 Mentoring and Service Performance

Feyissa, Balabanova, and Woldie (2019) conducted a systematic review to evaluate how mentoring programmes enhance healthcare worker competence and institutional performance across Africa. The researchers searched multiple databases, EMBASE, CINAHL, COCHRANE, MEDLINE, and Google Scholar, for English-language studies assessing mentorship effectiveness in healthcare settings. Out of the identified studies, 30 papers covering 24 studies were included in the review. Using a thematic synthesis approach, they found that mentoring took different forms, such as embedded mentoring, mobile mentoring, facility twinning, and in-house mentorship by senior staff. The results revealed that mentoring improved clinical management of infectious, maternal, and childhood diseases, strengthened managerial skills in health facilities, and increased laboratory accreditation scores. However, the review found no single model to be superior to others. The authors concluded that mentoring is a cost-effective and adaptable approach to improving both

individual and institutional performance. They recommended further experimental and longitudinal research to determine the most effective mentoring formats and to evaluate their long-term impact on healthcare outcomes.

Chenane, Juma, and Eshiteti (2024) examined how mentorship influences the performance of mission hospitals in Kenya. The study was grounded in servant and transactional leadership theories and adopted a cross-sectional survey design using a positivist approach. Data were collected through validated and reliable questionnaires administered to 285 middle- and lower-level hospital employees selected through a census. Quantitative data were analysed using descriptive statistics and linear regression via SPSS version 24. The findings showed a strong positive relationship between mentorship and hospital performance, with mentorship explaining up to 63.1% of performance variation. The study also found that perceived organisational support strengthened this relationship. It concluded that structured mentorship enhances employee skills, motivation, and overall hospital efficiency. The authors recommended that healthcare institutions invest in leadership-focused mentorship programmes to foster creativity, skill development, and professional growth, as well as further research to identify other factors that may influence hospital performance.

Ng'oda *et al.* (2024) conducted a systematic review to understand the current state of mentorship in health research institutions across Africa, focusing on its approaches, benefits, and challenges. The study searched six major databases, EMBASE, AJOL, Web of Science, PubMed, DOAJ, and JSTOR, and grey literature sources, guided by a protocol registered on PROSPERO. After screening 1,799 studies, 21 met the inclusion criteria, representing 20 mentorship programmes involving 1,198 participants across 12 African countries. Using a narrative synthesis approach, the review found three main models of mentorship: international collaborations, regional or in-country partnerships, and specialised capacity-building initiatives. Mentorship was found to improve research output, confidence, publication rates, and successful grant applications. However, challenges included limited funding, weak mentorship culture, and insufficient institutional support. The study concluded that while mentorship significantly builds research capacity, most initiatives are externally driven. It recommended the development of locally led, well-funded mentorship programmes to ensure sustainable research advancement in Africa.

Rutherford, Chawla, and Edgcumbe (2025) assessed the effect of a mentorship programme on burnout and work engagement among healthcare workers in a community hospital. The study used a mixed-methods quasi-experimental design that included educational sessions, mentor-mentee pairings, and bi-monthly meetings over a six-month period. Data were collected before and after the intervention using the Maslach Burnout Inventory and the Utrecht Work Engagement Scale (UWES-9). The results showed a statistically significant improvement in professional accomplishment ($p < 0.05$), with slight but non-significant reductions in emotional exhaustion and depersonalisation. The study concluded that mentorship can be an effective, low-cost tool for promoting well-being and engagement among healthcare workers, particularly in resource-limited community hospitals. The authors recommended that hospital administrators incorporate structured mentorship programmes into staff development and wellness initiatives to strengthen resilience and reduce burnout, especially in post-pandemic healthcare contexts.

2.3.4 Leadership Development and Service Performance

Chelagat, Rice, Onyango, and Kokwaro (2021) investigated the impact of leadership training on health system performance across selected counties in Kenya. The study adopted a quasi-experimental time-series design using pretest and post-test control groups. Questionnaires were administered to 31 trained health managers drawn from public, private, and not-for-profit health institutions. Data were analysed through regression methods to estimate the difference-in-difference (DID) model. Results showed that trained managers recorded higher post-test scores across six health system indicators, service delivery, leadership and governance, human resources, finance, medical products, and information, than untrained managers. The study concluded that leadership training positively influences the effectiveness of healthcare management teams and the performance of health systems. It recommended scaling up structured leadership development programmes to improve service quality across counties.

Jawad and Badredine (2024) examined how leadership skills training impacts patient outcomes at SRH University Hospital in Lebanon. Using an analytical review design, the study synthesised data from 20 published works sourced from Medline and EMBASE covering the years 2004–2015. Data extraction and quality assessment were conducted before analysis. The findings revealed strong links between leadership development and improved quality of care, teamwork, and communication in hospital settings. Participants who underwent leadership training recorded higher academic progression (48% vs.

21%), gained more leadership positions (30% vs. 9%), and achieved greater research output than nonparticipants. The study concluded that effective leadership training enhances patient care and hospital performance and recommended that leadership capacity-building be institutionalised to sustain quality improvement in healthcare.

Mwamkuu, Namusonge, and Nyile (2024) explored how succession planning practices influence service delivery within the health sector of Taita Taveta County Government in Kenya. The study used a descriptive research design with a census of 78 managerial staff. Data were collected using structured questionnaires that were pilot-tested for reliability and validity, and analysed using descriptive and inferential statistics, including logistic regression. The findings showed significant positive relationships between strategic leader development, continuity planning, exit planning, corporate governance, and service delivery outcomes. The study concluded that strong succession planning practices enhance healthcare service quality and sustainability. It recommended institutional investment in leadership development, structured continuity and exit plans, and robust governance systems supported by regular monitoring and evaluation.

Kamali, Hosseini, Ali mohammadzadeh, and Khamseh (2024) conducted a systematic review on talent identification and succession planning strategies for appointing nursing unit managers in Iran. The study searched six electronic databases, PubMed, Cochrane, PsycINFO, Scopus, Web of Science, and Google Scholar, for studies published between 2010 and 2023. Using the CASP tool for quality appraisal, 11 relevant studies (7 interventional and 4 review studies) were analysed. Results showed that key succession strategies included competency assessments, leadership development programmes, coaching initiatives, and performance evaluations, all effective in identifying and preparing capable nursing leaders. The review concluded that talent management and succession planning are essential for ensuring leadership continuity and improving patient outcomes. It recommended that healthcare policymakers institutionalise these strategies to strengthen the future leadership pipeline and enhance healthcare quality.

2.3.5 Career Pathing and Service Performance

Oderinde, Olanipekun, and Omosanya (2023) examined how succession planning influences organisational performance in selected painting firms across Lagos State. The study adopted a descriptive research design guided by Human Capital Theory, Resource-Based View, and Goal-Setting Theory. A total

of 158 respondents were selected using convenience sampling, and data were gathered through structured questionnaires. Using regression analysis, the study found that human resource planning, career development, and selection procedures all had significant positive effects on organisational performance ($R^2 = 0.894$, $p < 0.05$). The authors concluded that well-structured succession planning enhances workforce quality and business performance. They recommended that firms prioritise talent management and human resource planning to strengthen their operational efficiency and long-term survival.

Makhene (2023) explored the perceptions of professional nurses about their career advancement opportunities at a regional hospital in Gauteng, South Africa. The study used a qualitative, exploratory, and descriptive design with purposive sampling of ten nurses. Data were collected through semi-structured interviews and analysed using Tesch's method, while credibility and reliability were ensured through Lincoln and Guba's trustworthiness framework. Findings showed that nurses faced major barriers such as lack of recognition for postgraduate qualifications, limited mentoring opportunities, weak succession planning, and emotional discouragement. The study concluded that these barriers significantly hinder career progression. It recommended that hospital managers recognise advanced qualifications, mentor upcoming leaders, and implement structured succession plans to encourage nurses' professional growth.

Sinaga, Ginting, and Siregar (2024) investigated how career path strategies affect the performance of healthcare workers in Palmatak Regional Hospital, Indonesia. The study used a quantitative analytic cross-sectional design involving all 140 hospital employees through total sampling. Validated questionnaires were used for data collection, and statistical analysis identified key performance determinants. The results showed that training, career development, and promotion opportunities had significant positive impacts on healthcare workers' performance ($p < 0.05$), with training (OR = 55.37) and career development (OR = 35.51) being the strongest predictors. The study concluded that structured career paths improve motivation and service performance. It recommended continuous training and career development initiatives to enhance the quality of healthcare delivery.

Dominic, Soladoye, Gambo, and Abubakar (2024) studied the effect of succession planning on the sustainability of gaming companies in Nigeria. The research adopted a survey design involving 434 employees across gaming enterprises in Lagos, with samples determined using Yamane's formula. A

validated questionnaire with strong internal consistency (α = 0.775–0.850) was used, and data were analysed through descriptive and inferential statistics. The findings showed a strong positive link between succession planning and business sustainability ($R = 0.833$, $R^2 = 0.693$, $p < 0.001$). Career development emerged as the most influential predictor of profitability ($\beta = 0.612$, $p < 0.001$), followed by strategic staffing and performance management systems. The study concluded that effective succession planning ensures continuity and long-term profitability and recommended that firms institutionalise structured career progression and staff development policies to sustain competitiveness.

Following the literature review above, we propose:

i. **H1:** Succession planning practices have a significant positive influence on organisational service performance.
ii. **H2:** Talent identification has a significant positive effect on organisational service performance.
iii. **H3:** Mentoring has a significant positive effect on organisational service performance.
iv. **H4:** Leadership development has a significant positive effect on organisational service performance.
v. **H5:** Career pathing has a significant positive effect on organisational service performance.

3. Methodology

This section explained how the study was carried out, why particular methodological choices were made, and how those choices followed accepted research practice. By providing justifications for methodological decisions like the research design, sampling techniques and method of data analysis, the study offers a transparent framework that other researchers can replicate, refine, or extend in different contexts to effectively address similar research problems.

3.1 Research Philosophy

Our study followed a positivist research philosophy. According to Park, Konge, and Artino Jr (2020), positivism assumes that social reality can be observed and measured objectively, and that relationships between constructs (for example, succession planning practices and service performance) can be tested using statistics. The positivist approach fitted the study because we measured established constructs with validated scales, collected numerical data from hospital staff, and tested hypotheses using Structural Equation Modelling (SEM). Similar positivist approaches had been widely used in HR and

management studies that relied on survey data and SEM to test causal models in Ghana and Nigeria (Adedeji, Uzir, Rahman, & Jerin, 2019; Kukah, Owusu-Manu, Badu, & Asamoah, 2024).

3.2 Research Design

The study adopted a quantitative and cross-sectional design. It was quantitative because it involved collecting numerical data through structured questionnaires and cross-sectional because the data were gathered at a single point in time from employees in public tertiary hospitals across Nigeria and Ghana. This design was suitable since it allowed the researcher to estimate relationships between measured variables and structural paths across groups (Adedeji *et al.*, 2019).

3.3 Setting, Population, Sampling, and Data Collection

The research took place in public tertiary hospitals (University Teaching Hospitals) across selected regions in Nigeria and Ghana. The study population included clinicians, nurses, and administrative staff who were actively involved in departmental operations and human-resource activities. These staff were considered the most appropriate respondents because they directly experienced and observed succession-planning activities and service performance outcomes.

A multi-stage sampling approach was used. First, purposive sampling identified 6 major public teaching hospitals in each country to ensure regional representation. Second, within each hospital, stratified random sampling was used to ensure balanced representation across staff categories (doctors/consultants, nurses, and administrators). This helped to reduce bias and achieve a fair spread of respondents from all professional groups.

In studies that used Covariance-Based Structural Equation Modelling (CB-SEM), an adequate sample size was important to produce stable estimates. Research suggested that SEM analysis typically required a minimum of 200 cases for simple models and 300 or more for complex or multi-group models (Rahman, 2023). Some authors also advised using 5-10 participants per estimated parameter, but Monte Carlo simulations showed that absolute sample size mattered more than ratios (Ahmad, & Haq, 2023). Based on this, the study aimed for at least 350 respondents per country (700 in total) to achieve sufficient power, reliability, and precision for multi-group data analysis.

Data were collected using a self-administered questionnaire that combined face-face distribution with online mode. Before data collection, the researcher obtained permission from each hospital's management and explained the purpose of the study to potential participants. Participation was voluntary and anonymous. For face-to-face data collection, a trained research assistant helped to distribute and collect the questionnaires to improve the response rate. Online data collection was facilitated by Google Form.

3.4 Measurement Instruments

Succession Planning Practices (SPP) was measured as a higher-order construct with four dimensions of talent identification, mentoring, leadership development, and career pathing. Items were adapted from previously validated scales found in the HR and leadership succession literature (Groves, 2019; Yudianto*et al.*, 2023). Each dimension included 4-6 items measured on a 5-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree").

Organizational Service Performance (OSP). OSP was measured by adapting validated service quality and performance scales that reflected the realities of healthcare delivery in tertiary hospitals. Items covered dimensions such as service quality, efficiency, responsiveness, and innovation, drawing from the SERVPERF and SERVQUAL frameworks (Cronin & Taylor, 1992; Brady & Cronin, 2001). These items were adjusted to fit the staff's perspective of hospital performance, covering issues such as waiting times, drug availability, emergency response, courteousness, and innovation in services. Responses were also rated on a 5-point Likert scale. Using validated scales helped ensure that the measurements were reliable and comparable with prior research (Gulturk, 2024).

3.5 Pilot Test

Before the main study, the questionnaire was pilot-tested with a different but similar group of respondents (for example, staff from two regional hospitals not included in the main sample). A pilot sample of 42 respondents was used, which we considered adequate for testing the clarity and reliability of the items based on prior research (Hair *et al.*, 2010). The pilot test helped our study to, (i) confirm that items were clearly understood, (ii) compute internal consistency (Cronbach's alpha) for each subscale, and (iii) check whether items loaded on the right factors. Cronbach's alpha values of 0.70 and above were obtained (see Table 1) which was considered acceptable level of internal consistency by prior research (Gelaw, Azene, & Berhan, 2024). Discriminant validity was also examined by comparing inter-construct correlations (see Table 2).

Table 1: Reliability Statistics for Study Variables			
Scale / Dimension	**Cronbach's Alpha**	**No. of Items**	**Interpretation**
Succession Planning Practices (Overall)	0.896	20	Highly reliable
Talent Identification Dimension	0.874	5	Highly reliable
Mentoring Dimension	0.923	5	Excellent reliability
Leadership Development Dimension	0.890	5	Highly reliable
Career Pathing Dimension	0.915	5	Excellent reliability
Service Performance Scale	0.936	10	Excellent reliability

Note: *Cronbach's Alpha values above 0.70 indicate acceptable reliability; values above 0.80 are considered good to excellent* (Gelawet *al.,* 2024)

Discriminate validity was tested to confirm that the constructs, Talent Identification (TA), Mentoring (ME), Leadership Development (LD), Career Pathing (CP), and Service Performance (SP) were distinct from one another (see Table 2). The correlation results showed positive and significant relationships among all constructs ($p < .01$), but none of the coefficients exceeded 0.90. The highest correlations were between Mentoring and Talent Identification ($r = .874$) and between Leadership Development and Service Performance ($r = .863$), both below the 0.90 threshold. This indicates that although related, each construct measures a unique aspect of the model, confirming adequate discriminant validity.

Table 2: Discriminant Validity for Study Variables						
Constructs	TA	ME	LD	CP	SP	√AVE
TA	0.91					0.85
ME	.874	0.89				0.82
LD	.725	.773	0.90			0.83
CP	-.354	-.278	-.299	0.88		0.81
SP	.803	.932	.754	-.327	0.90	0.84

3.6 Data Analysis

Descriptive analysis (frequencies, percentages, means, standard deviations) were conducted first to summarise the characteristics of the sample and check the distribution of responses. Confirmatory Factor Analysis (CFA) was carried out to verify the validity of the constructs and ensure that items loaded properly on their respective factors. Key model fit indices such as x^2/df, CFI, TLI, RMSEA, and SRMR were used to assess goodness of fit (Sathyanarayana, & Mohanasundaram, 2024). The relationships among the study variables were then examined using Structural Equation Modelling (CB-SEM) in AMOS. The path coefficients, standard errors, and significance levels were reported. The overall path between SPP and OSP tested H1, while the paths from each SPP dimension (talent identification, mentoring, leadership development, and career pathing) to OSP tested H2a-H2d.

3.7 Ethical Considerations

The study followed standard ethical procedures. All participants gave informed consent before completing the questionnaire. Participation was voluntary, and respondents could withdraw at any time without consequence. No names or personal identifiers were collected to ensure anonymity and confidentiality. Data were stored securely and used only for academic purposes. The research was guided by the Declaration of Helsinki (World Medical Association, 2013) and approved by relevant ethical review boards, including the research ethics committees of our institutional affiliations and the internal ethics committees of the hospitals that participated. Care was taken to protect staff members who shared information about internal HR or management practices.

4. Results

This section presents the results of the study, which explored the relationship between succession planning practices and service performance in public tertiary hospitals across Nigeria and Ghana. The study lasted for four weeks, during which data were collected both physically and electronically from different categories of hospital staff. Although a minimum sample size of 700 was initially targeted, a total of 731 valid responses were obtained and analysed. The analysis begins with descriptive statistics, such as frequencies, percentages, means, and standard deviations, to summarise the demographic characteristics of the respondents, followed by further analyses using CB-SEM in AMOS to address the research objectives.

4.1 Respondents' Profile

A total of 731 respondents successfully took part in the study. The results, summarised in Table 3, show the characteristics of the sample in terms of country, gender, age, job category, and years of experience. The country distribution was fairly balanced, with slightly more respondents from Nigeria (51.3%) than Ghana (48.7%). The mean score of 1.49 (SD = 0.50) shows that the two countries were almost evenly represented. For gender, about 66.2% of the participants were male, while 33.8% were female. The mean value of 1.34 (SD = 0.47) suggests that males were more represented in the workforce.

In terms of age, most respondents fell within the 30-39 years bracket (59.8%), followed by those aged 40-49 years (18.5%) and under 30 years (18.3%), while only 3.4% were 50 years and above. The mean age category of 2.07 (SD = 0.71) implies that the average participant was in their thirties.
Regarding job category, most of the respondents (63.1%) were from support, ancillary, or technical roles, while 18.5% each worked in clinical/medical and management/administrative positions. The mean score of 2.00 (SD = 0.61) suggests that most of the workforce were support staff.

Lastly, the data on years of experience revealed that over half of the respondents (51.8%) had 5-9 years of work experience, followed by 18.1% with 0-4 years, 17.9% with 10-14 years, and 12.2% with 15 years or more. The mean score of 2.24 (SD = 0.89) indicates that most employees were moderately experienced professionals. In essence, the descriptive analysis of the participants show that the workforce in these tertiary hospitals is mainly male, relatively young, moderately experienced, and largely made up of support or technical staff.

Table 3: Descriptive Statistics of Respondents (N = 731)

Variable	Category	Frequency	Percent (%)	Mean	SD
Country	Nigeria	375	51.3	1.49	0.50
	Ghana	356	48.7		
Gender	Male	484	66.2	1.34	0.47
	Female	247	33.8		
Age	Less than 30 years	134	18.3	2.07	0.71
	30–39 years	437	59.8		
	40–49 years	135	18.5		
	50 years & above	25	3.4		
Job Category	Clinical/Medical	135	18.5	2.00	0.61
	Support/Ancillary/Technical	461	63.1		

	Management/Administrative	135	18.5		
Years of Experience	0–4 years	132	18.1	2.24	0.89
	5–9 years	379	51.8		
	10–14 years	131	17.9		
	15 years & above	89	12.2		

4.2 Exploratory Factor Analysis (EFA)

Exploratory Factor Analysis (EFA) was conducted using Principal Component Analysis (PCA) with Varimax rotation to examine the dimensional structure of the study variables. The analyses confirmed that each construct was one-dimensional, with satisfactory sampling adequacy and strong factor loadings.

Service Performance (SP)

After removing four poorly performing items (SP3, SP7, SP8, and SP9) due to cross-loadings and low communality, the remaining six items (SP1, SP2, SP4, SP5, SP6, and SP10) produced a one-dimensional factor structure. The data were suitable for factor analysis, as indicated by a Kaiser-Meyer-Olkin (KMO) value of .73 and a significant Bartlett's Test of Sphericity, x^2 (15) = 4151.39, $p < .001$. The communalities of the retained items ranged from .690 to .802. A single component with an eigenvalue of 4.49 emerged, accounting for 74.79% of the total variance. All factor loadings were strong, ranging from .831 to .896, confirming that each item robustly represented the Service Performance construct.

Talent Identification (TA)

Following the deletion of TA5 due to a weak communality (.448), four items were retained. The KMO value of .80 and Bartlett's Test, x^2 (6) = 1815.56, $p < .001$, confirmed sampling adequacy. Communalities ranged from .590 to .846, and loadings from .768 to .920, all exceeding the .60 benchmark. The single extracted component accounted for 74.54% of the variance, showing a strong, one-dimensional construct.

Mentoring (ME)

The KMO measure of .80 and Bartlett's x^2 (10) = 3679.60, $p < .001$, indicated sampling adequacy. One factor emerged, explaining 78.67% of the variance, with loadings between .829 and .950 and communalities from .688 to .902, showing that all five items were well represented.

Leadership Development (LD)

With a KMO of .66 and Bartlett's x^2 (10) = 2654.17, p< .001, the analysis produced a single component accounting for 70.21% of the variance. Loadings ranged from .808 to .883, and communalities from .653 to .779, confirming the factor's internal consistency.

Career Patching (CP)

The KMO value (.83) and Bartlett's x^2 (10) = 3242.56, p< .001, supported the factorability of the matrix. One component explained 76.55% of the total variance, with strong loadings (.827–.947) and communalities (.683–.898).

Consequently, the EFA results of all the constructs showed unidimensionality, high communalities (> .59), and strong loadings (> .75). Items with weak or cross-loadings (SP2, SP3, SP7, SP8, SP9 and TA5) were removed following guidelines by Costello and Osborne (2005). The variance explained for all constructs exceeded the 60% threshold, confirming robust construct validity and internal consistency.

Table 4: Summary of Exploratory Factor Analysis Results

Construct	KMO	Bartlett's x^2 (df)	Sig.	Items Retained	Factor Loadings	Variance Explained (%)	Remark
Service Performance (SP)	.729	4151.385 (15)	.000	5 (SP1, SP4, SP5, SP6, SP10)	.831 - .896	74.79	Unidimensional
Talent Identification (TA)	.795	1815.560 (6)	.000	4 (TA1-TA4)	.768 - .920	74.54	Unidimensional
Mentoring (ME)	.803	3679.595 (10)	.000	5 (ME1-ME5)	.829 - .950	78.67	Unidimensional
Leadership Development (LD)	.664	2654.168 (10)	.000	5 (LD1–LD5)	.808 - .883	70.21	Unidimensional
Career Patching (CP)	.827	3242.563 (10)	.000	5 (CP1–CP5)	.827 - .947	76.55	Unidimensional

Extraction Method: Principal Component Analysis; Rotation: Varimax.

4.3 Confirmatory Factor Analysis (CFA)

Following the EFA, we conducted Confirmatory Factor Analysis (CFA) to validate the measurement model and confirm the adequacy of the observed variables in representing their underlying constructs. The CFA model fit indices indicated that the measurement model achieved a good overall fit (see Table 5). In particular, the ratio of chi-square to degrees of freedom ($x^2/df = 2.48$) fell within the recommended range (< 3.0), while the Comparative Fit Index (CFI = .946) and Tucker-Lewis Index (TLI = .932) both exceeded the .90 threshold, demonstrating strong incremental fit. The Root Mean Square Error of Approximation (RMSEA = .056) and Standardised Root Mean Square Residual (SRMR = .041) were both below .08, confirming an acceptable level of model parsimony and fit. Also, all standardised factor loadings in the CFA model were statistically significant ($p < .001$) and above .70, which confirms convergent validity. The Average Variance Extracted (AVE) values for all constructs were above .50, while the square roots of the AVEs were greater than inter-construct correlations, evidence of discriminant validity.

Table 5: Model Fit Indices for Confirmatory Factor Analysis

Fit Index	Recommended Threshold	Obtained Value	Interpretation
x^2/df	≤ 3.00	2.48	*Acceptable fit*
CFI	≥ .90	.946	*Good fit*
TLI	≥ .90	.932	*Good fit*
RMSEA	≤ .08	.056	*Acceptable fit*
SRMR	≤ .08	.041	*Good fit*

4.3 Hypotheses Testing

Our structural model examined how succession planning practices (SPP) and the key dimensions of, talent identification(TA), mentoring (ME), leadership development (LD),andcareer pathing (CP)influenced organisational service performance (OSP) among public tertiary hospitals in Ghana and Nigeria (see Table 6). The overall model demonstrated a good fit to the data ($x^2/df = 2.51$, CFI = .940, TLI = .926, RMSEA = .057, SRMR = .043), suggesting that the hypothesised model adequately represented the observed relationships.

Concerning the first hypothesis which stated that **s**uccession planning practices have a significant positive influence on organisational service performance, the direct effect of succession planning practices (SPP)on organisational service performance was both strong and positive ($\beta = .62$, $p<$

.001). This finding demonstrates that hospitals with integrated and well-coordinated succession planning systems tend to perform better overall. When the combined elements of talent identification, mentoring, leadership development, and career pathing are systematically implemented, hospitals experience smoother leadership transitions, improved continuity of operations, and enhanced service delivery outcomes

For the second hypothesis which stated that talent identification has a significant positive effect on organisational service performance, the path from talent identification to organisational service performance produced apositive standardised coefficient (β = .24, p = .002), indicating that hospitals with structured systems for identifying high-potential employees tend to achieve better service outcomes. In practical terms, when management deliberately recognises and nurtures skilled employees early, it ensures a pool of capable individuals ready to fill key positions. This reduces operational disruptions and enhances the quality of patient care and service delivery.

Concerning the third hypothesis, which stated that mentoring has a significant positive effect on organisational service performance, the relationship between mentoring and organisational service performance was the strongest among the four predictors, showing a positive and significant effect (β = .36, p < .001). This implies that consistent mentoring programmes, where experienced healthcare professionals guide and support junior staff, significantly boost overall hospital performance. In the hospital context, such mentoring relationships help transfer tacit knowledge, improve employee morale, and foster accountability, all of which translate into improved patient satisfaction and service reliability.

For the fourth hypothesis which stated that **l**eadership development has a significant positive effect on organisational service performance, the link between leadership development and organisational service performance also showed a positive and significant effect (β = .29, p< .001)**.** This suggests that when public tertiary hospitals in Ghana and Nigeria invest in developing leadership skills among employees, it strengthens decision-making, teamwork, and crisis response capabilities. Continuous leadership development prepares staff to effectively handle managerial responsibilities, ensuring stability and consistency in service quality.

Finally, concerning the fifth hypothesis which stated that **c**areer pathing has a significant positive effect on organisational service performance, the path from

career patching to organisational service performance was positive and significant (β = .21, p = .011)**.** This means that when hospitals provide clear career progression opportunities, staff become more motivated and committed, resulting in improved productivity and patient care. Defined career paths give employees a sense of direction and job security, which in turn enhances their engagement and willingness to perform.

In all, the results show that strong and integrated succession planning practices are vital for sustaining high service performance in public tertiary hospitals across Ghana and Nigeria.

Table 6: Standardised Path Coefficients for the Structural Model

Hypothesis	Structural Path	Standardised Coefficient (β)	p-value	Direction
H1	SPP → OSP	.62	.000	Positive
H1	TA → OSP	.24	.002	Positive
H2	ME → OSP	.36	.000	Positive
H3	LD → OSP	.29	.000	Positive
H4	CP → OSP	.21	.011	Positive
H5	SPP → OSP	.62	.000	Positive

Model Fit Indices: x^2/df = 2.51, CFI = .940, TLI = .926, RMSEA = .057, SRMR = .043

All paths are significant at $p < .05$.

5. Discussion

Our study found that succession planning practices (SPP) had a strong and positive effect on organisational service performance (OSP) among public tertiary hospitals in Ghana and Nigeria. This means that hospitals with structured succession systems, leadership continuity mechanisms, and clear development pathways tend to perform better in terms of service quality and operational efficiency. This finding aligns with Coffee *et al.* (2022) and Kanu (2025), who both reported that organisations lacking formal succession planning faced leadership instability and reduced performance, while structured succession systems fostered long-term growth and continuity. Similarly, Rotea*et al.* (2023) and Oni and Falola (2025) found that effective workforce planning and HRM practices directly influence performance outcomes. In line with these studies, the current finding reinforces the idea that SPP serves as a foundation for sustainable performance, particularly in

healthcare institutions where leadership transitions directly affect service delivery.

Secondly, our analysis revealed that talent identification had a positive and statistically significant influence on service performance, suggesting that hospitals that deliberately identify and nurture skilled employees enjoy stronger service outcomes. This result is in tandem with AlQershi*et al.* (2022), who found that recognising and developing talent positively affected sustainable business performance in Malaysian hospitals. Similarly, Vahdat *et al.* (2024) reported that structured talent identification and empowerment improve hospital decision-making and service delivery. The current study's findings also echo Zhang *et al.* (2023), who concluded that effective succession planning, anchored on identifying and retaining talented employees, strengthens leadership continuity and firm performance. Therefore, our result supports the notion that proactive talent identification is a strategic HR practice that enhances the capacity of healthcare institutions to deliver quality services.

Our analysis also showed that mentoring had a positive and significant path coefficient with service performance, indicating that hospitals that invest in formal mentoring systems tend to achieve better staff motivation, efficiency, and service outcomes. This finding mirrors those of Feyissa et al. (2019), who demonstrated that mentoring improves healthcare worker competence and institutional performance across Africa, and Chenane*et al.* (2024), who found that mentorship explained over 60% of performance variation in Kenyan mission hospitals. Similarly, Ng'oda *et al.* (2024) established that mentorship enhances research capacity, output, and confidence; although they noted that funding and institutional culture remain challenges. In line with Rutherford *et al.* (2025), who observed mentorship's positive effect on employee well-being and engagement, the current study confirms that mentoring is a powerful low-cost mechanism for improving staff performance and service delivery in resource-limited healthcare systems.

Our results further revealed a strong positive relationship between leadership development and service performance, indicating that continuous leadership training and development initiatives directly enhance hospital performance. This finding resonates with Chelagat *et al.* (2021), who showed that leadership training improved post-test performance scores across multiple health system indicators in Kenya. It also aligns with Jawad and Badredine (2024), who established that leadership training improves teamwork, communication, and

patient outcomes. Likewise, Mwamkuu*et al.* (2024) found that leader development, continuity planning, and good governance collectively boost service delivery outcomes in Kenya's health sector. Thus, the current study reinforces the argument that developing competent leaders is essential for sustaining quality healthcare delivery and ensuring institutional resilience.

Finally, our analysis indicated that career pathing had a positive and statistically significant effect on service performance, showing that clear career progression opportunities motivate employees and enhance productivity. This outcome is in line with Oderinde*et al.* (2023), who reported that human resource planning and career development significantly improve organisational performance. Similarly, Sinaga *et al.* (2024) found that training, career development, and promotion opportunities strongly predicted healthcare workers' performance in Indonesia. The result also aligns with Dominic *et al.* (2024), who showed that structured career progression drives business sustainability and profitability. On the contrary, Makhene (2023) highlighted that limited career advancement opportunities discourage nurses, reducing motivation and job satisfaction, an outcome opposite to what well-designed career paths achieve. Thus, the present finding confirms that hospitals that establish structured career development systems are more likely to achieve improved employee morale and service excellence.

5.2 Theoretical, Policy, and Practical Implications of the Findings

The study established that succession planning practices significantly and positively influence organisational service performance among public tertiary hospitals in Ghana and Nigeria. From a theoretical standpoint, this supports both the Human Capital Theory and the Resource-Based View (RBV) theory, which asserts that human resources, when effectively developed and retained, serve as a sustainable competitive advantage. Structured succession planning develops institutional knowledge and leadership continuity, directly improving service efficiency. In terms of policy, the result suggests that ministries of health and hospital governing boards in Ghana and Nigeria should formalise succession frameworks that identify leadership pipelines and provide clear guidelines for leadership transition. From a practical perspective, management of public tertiary hospitals in Ghana and Nigeria should embed succession planning into human resource operations by regularly assessing leadership potential, assigning developmental responsibilities, and conducting leadership readiness reviews to maintain service continuity.

Second, the finding that talent identification positively affects service performance reinforces the Human Capital Theory and the Resource-Based View (RBV) theory, on the grounds that systematically identifying, investing in and nurturing high-potential employees equips the organisation with unique talents that enhances institutional outcomes. Theoretically, it also validates the notion that matching employees' competencies to organisational goals strengthens both capability and productivity. In terms of policy, healthcare systems should adopt talent identification frameworks that ensure transparency and fairness in selecting staff for development programmes, reducing nepotism and promoting merit-based advancement. For practice, our findings here suggests that HR units should develop competency-based appraisal systems, maintain digital databases of high-potential employees, and align training opportunities with long-term organisational needs to sustain quality service delivery.

Third, the positive and significant relationship between mentoring and service performance aligns with Human Capital Theory and the Resource-Based View (RBV) theory, which posits that individuals learn, internalise behaviours, and are motivated by skills, and values they acquired through guided experience. Theoretically, our finding here underscores that mentorship is not merely a supervisory tool but a learning mechanism that promotes organisational culture, skill transfer, and employee engagement. In terms of policy, the finding calls for the institutionalisation of structured mentorship frameworks within hospital systems. Ministries of Health and hospital management boards should integrate mentorship indicators into performance evaluations and accreditation standards. Practically, our finding here suggests that senior employees should be assigned as mentors to junior staff, with scheduled mentorship meetings, progress tracking, and recognition for effective mentoring relationships. This approach improves competence, motivation, and service outcomes.

Fourth, our result showing a positive connection between leadership development and service performance supports resource-based view theory, which highlights that maintaining inspiring, visionary, and well-trained leadership talent pipeline offers a unique competitive advantage that stimulate higher levels of performance and innovation. Theoretically, this finding confirms that investment in leadership capacity is a determinant of long-term unique institutional competitive success. From a policy perspective, healthcare regulators and ministries should integrate leadership development programmes into national health workforce strategies, ensuring that managerial competencies are systematically built and refreshed. Practically, public tertiary

hospitals in Nigeria and Ghana should establish in-house leadership academies or collaborate with universities and professional institutes to provide continuous training on governance, communication, and ethical leadership, linking programme completion to promotion eligibility.

The significant influence of career patching on service performance affirms with the resource-based view, which argues that recognising employees with clear, structured goals enhance employee motivation and task performance. Theoretically, this suggests that when employees have visible career advancement routes, they see themselves as highly valued members of the organisation and consequently exhibit higher engagement and organisational commitment. From a policy perspective, health institutions should design standardised career progression frameworks specifying qualifications, competencies, and time-based criteria for advancement. In practice, HR managers should conduct regular career planning sessions, performance appraisals, and skills-gap analyses to guide staff development. Such practices can reduce attrition and foster long-term institutional loyalty.

5.3 Recommendations

In view of our findings, we therefore recommend that:

1) Ministries of Health and tertiary hospital boards in Ghana and Nigeria should adopt formal succession policies with clear procedures for leadership identification, training, and transition to guarantee stability and consistent service quality.
2) Hospitals should introduce structured talent mapping tools and digital tracking systems to identify and nurture high-potential employees through targeted training and developmental assignments.
3) Each hospital should launch a formal mentorship initiative linking senior professionals with junior staff. Mentorship outcomes should be tracked and integrated into employee appraisal and promotion systems.
4) Policymakers should allocate funding for ongoing leadership development programmes that strengthen managerial, interpersonal, and problem-solving capacities among healthcare administrators and supervisors.
5) Public healthcare institutions should publish career progression guidelines that define promotion timelines, required qualifications, and performance standards to motivate staff and sustain high service performance.

6. Conclusion

Our study looked at how succession planning practices (SPP) affect organisational service performance (OSP) in public tertiary hospitals in Ghana and Nigeria. Our focus was on four key dimensions of succession planning, talent identification, mentoring, leadership development, and career pathing. Our results showed that all four dimensions, as well as the overall succession planning practice, had a positive and significant effect on service performance. Consequently, we conclude that hospitals that have clear and structured succession plans perform better.

Our study also found that when hospitals identify and develop the right talents early, they are better able to maintain service quality and fill leadership gaps smoothly. Mentoring also made a strong difference, showing that when senior staff guide and support younger employees, confidence and competence improve, which in turn raises overall service standards. Leadership development came out as another key factor. Specifically, we conclude that training future leaders helped hospitals become more efficient, innovative, and motivated. Career patching was equally important, as we conclude that staff were more engaged and committed when they could clearly see opportunities to grow within the organisation.

Overall, we conclude that when talent identification, mentoring, leadership development, and career patching work together under a proper succession plan, public tertiary hospitals in Ghana and Nigeria can maintain leadership continuity, improve staff motivation, and deliver better services. Our findings are in tandem with well-known ideas like the Resource-Based View, which says that people are an organisation's most valuable asset; Human Capital Theory, which stresses investing to enhance the skill employees, is way of ensuring organisational sustainability. The study therefore adds to what we already know about how developing people strategically helps organisations perform better, especially in public healthcare systems.

6.2 Unique Contribution of the Study

However, our study adds something special to both theory and practice. It shows that succession planning is not just an administrative duty, it is a key management strategy that helps organisations stay strong and deliver results even during leadership changes. Few studies in Africa have examined all four parts of succession planning together in one framework, especially in the healthcare sector. By doing this, our research gives a more complete view of

how leadership continuity and staff development connect to service performance.

For policymakers, our findings offer strong reasons to make succession planning part of national health management policies. Hospitals should not wait until key leaders retire or resign before planning for replacements. For administrators and HR managers, the study provides practical steps for building leadership pipelines, mentoring staff, and creating clear career paths. These actions can help reduce staff turnover, boost morale, and improve service delivery.

Overall, our study shows that the strength of Ghanaian and Nigerian hospitals depends not only on facilities and technology but also on people. By planning carefully for the future and investing in staff growth, hospitals can build a culture of excellence that lasts beyond individual leaders. This kind of planning makes health services more stable, reliable, and responsive to the needs of the public.

6.3 Limitations and Future Research Directions

Part our study's limitations is that it focused only on public tertiary hospitals in Ghana and Nigeria. These two countries share some similarities but also differ in how their health systems operate. Because of that, the results might not represent what happens in other African countries. Future research should include more countries so that we can have a broader picture of how succession planning works across different regions. Another limitation is that the study used a cross-sectional survey and relied on self-reported answers. This means the data was collected at one point in time, and people's responses may have been influenced by how they felt or what they wanted others to think. This can make it difficult to fully understand how these relationships develop over time.

Future studies could use a longitudinal design to follow the same hospitals or staff for several years. Combining surveys with interviews or focus group discussions could also help capture deeper insights and reduce the risk of bias. Researchers could also explore other factors that may influence or explain the connection between succession planning and performance. For example, workplace culture, employee well-being, or access to resources might play a role. It would also be helpful to see whether the same patterns appear in private hospitals or other parts of the public sector, such as education or civil service.

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