Exploring the Role of Work Engagement in Enhancing Service Quality Through Succession Planning in Tanzania's Rural Health Facilities

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Abstract
Rural public health facilities in Tanzania struggle to deliver quality services due to limited human resource development and weak succession planning. This study investigates the mediating role of work engagement in the relationship between succession planning and employee service quality in rural health facilities in Mtwara Region. Grounded in Social Exchange Theory, the Job Demand-Resource model, and the SERVQUAL framework, a quantitative cross-sectional design was used. Data were collected from 285 healthcare workers through self-administered questionnaires using a multi-stage sampling technique. Analysis was conducted using IBM SPSS 25 and Partial Least Squares Structural Equation Modeling (PLS-SEM). Results revealed that succession planning had no significant direct effect on service quality ($\beta = 0.061$, $t = 1.480$, $p = 0.139$) but significantly predicted work engagement ($\beta = 0.523$, $t = 9.927$, $p = 0.000$). Work engagement positively influenced service quality ($\beta = 0.814$, $t = 39.330$, $p = 0.000$). Mediation analysis confirmed full mediation ($\beta = 0.425$, $t = 11.820$, $p < 0.001$), indicating that succession planning enhances service quality indirectly via engagement. These findings highlight the need to integrate engagement strategies such as mentorship and support with succession planning to improve service delivery in resource-constrained settings.

Keywords: *Succession planning, work engagement, Quality Service Delivery, Healthcare.*

INTRODUCTION

Rural public health facilities are essential for delivering essential healthcare to underserved populations in low- and middle-income countries, including Tanzania. These facilities are key to achieving global health goals such as Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs) (Dowou et al., 2023; Jones et al., 2022). In Tanzania, they serve as frontline providers for remote communities and are central to national

strategies such as the Health Sector Strategic Plan (HSSP) and Tanzania Development Vision 2025 (Ministry of Health, 2021). However, these facilities face persistent human resource challenges, including inadequate succession planning practices such as a lack of career guidance, limited mentoring, unclear promotion pathways, and unfilled internal vacancies, which contribute to workforce instability and compromised service quality (Mwamkuu et al., 2024; Rothwell, 2016).

Addressing these issues requires innovative human resource management (HRM) strategies that build internal leadership pipelines while fostering employee engagement and improving performance (Abdullahi et al., 2022b; Schmidt et al., 2021). In rural healthcare settings, where high staff turnover and skills shortages are common, succession planning plays a vital role in reducing service disruptions by preparing employees for key positions in advance (Dzombak et al., 2022; Pathman et al., 2019). However, the success of such initiatives also relies on psychological drivers particularly work engagement, a motivational state marked by vigor, dedication, and absorption (Abdullahi et al., 2022a). Engaged employees are typically more motivated, aligned with their roles, and committed to delivering quality care (Prakash & Nandini, 2024; Wee & Lai, 2022). Thus, work engagement may serve as a critical mechanism through which succession planning enhances service outcomes (Arif et al., 2023; Abdullahi et al., 2022a).

Despite these insights, limited research has examined how succession planning and work engagement jointly influence employee service quality in Tanzania's rural health sector. Existing studies primarily focused on other sectors, such as family-owned SMEs, NGOs, education, and manufacturing sectors (Magasi, 2021; Tarimo et al., 2024; Sikawa, 2020; Kiwia et al., 2020). While research in other countries has explored succession planning and work engagement (Abdullahi et al., 2022a; Arif et al., 2023; Schaufeli et al., 2021; Schmidt et al., 2021), their findings may not fully apply to Tanzania's rural healthcare sector due to contextual differences. This study addresses this gap by examining the effect of succession planning on service quality through the mediating role of work engagement in rural public health facilities in Tanzania. The findings aim to contribute to theory and practice by informing how strategic HRM can enhance service delivery in resource-constrained environments, offering practical insights for health managers and policymakers.

Theoretical Literature Review

This study adopts an integrated theoretical framework comprising Social Exchange Theory (SET), the Job Demands-Resources (JD-R) Model, and the

SERVQUAL Model to examine the relationships among succession planning, work engagement, and service quality in rural healthcare. SET, developed by Homans (1958), posits that human interactions, including those within organizations, are governed by reciprocal exchanges where individuals seek mutual benefit. In this context, when employers invest in succession planning strategies such as leadership development, promotion opportunities, and career mentoring, employees perceive this as organizational support (Ali & Mehreen, 2019). This perceived support encourages employees to reciprocate by committing, engaging, and performing service (Abdullahi et al., 2022b; Lewis, 2025). In rural and resource-constrained settings, where such opportunities are often lacking, weakened perceptions of support may reduce engagement and negatively impact service delivery (Cropanzano & Mitchell, 2005; Twineamatsiko et al., 2023).

The Job Demands-Resources (JD-R) theory by Demerouti et al. (2001) provides a comprehensive framework for understanding the interplay between job demands and job resources in influencing employee well-being, motivation, and performance. In the context of this study, succession planning functions as a key job resource that satisfies employees' needs such as career guidance, internal promotions, leadership mentoring, and structured talent development, thereby promoting higher levels of work engagement (Albrecht et al., 2020). The availability of such resources enhances motivation and resilience, enabling healthcare workers to perform better, particularly in rural settings where external motivators may be limited (Knani & Fournier, 2023).

The SERVQUAL model, developed by Parasuraman et al. (1988), identifies five dimensions of service quality: reliability, responsiveness, assurance, empathy, and tangibles. Although traditionally used to assess patient perceptions, recent studies have adapted SERVQUAL to capture healthcare workers' views on the quality of care they deliver (Uwimana et al., 2021). In this study, the model is used to assess how succession planning practices, such as leadership development, career mentoring, and clear promotion paths, affect service quality from providers' perspectives (Košir et al., 2021; Nafei, 2015). Despite growing use of the model, limited research in Tanzania applies SERVQUAL from the employee's viewpoint in rural facilities, and even fewer examine work engagement as a mediating factor. This study addresses these gaps by adapting SERVQUAL to understand how succession planning and work engagement jointly shape service quality outcomes in rural healthcare.

Empirical Literature Review and Hypothesis Development

Prior research on succession planning and service quality presents mixed findings. Jiang and Luo (2022), studying China's banking sector using SEM with 400 employees, found no significant direct effect of succession planning on employee performance. They emphasized that career growth opportunities are essential to complement succession strategies. In contrast, Rothwell (2016) found that healthcare institutions in North America and Europe that prioritized leadership development and mentorship experienced better service outcomes. Similarly, Jones et al. (2022) examined 400 healthcare professionals in Sub-Saharan Africa and reported that structured succession planning enhanced service delivery when paired with leadership development initiatives. However, challenges like resource constraints and unstructured leadership pathways hindered implementation, particularly in rural areas. This was further supported by Nguyen et al. (2022), who identified obstacles, including unclear succession policies and limited resources, in Southeast Asian organizations. Comparable issues were found by Mabhanda and Masukume (2025) in Zimbabwe's public healthcare facilities, where poor implementation contributed to high staff turnover and lower service quality.

Studies have also linked succession planning with employee work engagement. Schaufeli and De Witte (2023), in a longitudinal study of Dutch hospitals, reported that engaged employees deliver higher quality care. Sonnentag et al. (2021) observed similar results in the hospitality industry, where work engagement significantly improved customer service. Lerotholi and Bezuidenhout (2023), focusing on South African public hospitals, found that succession planning promoted engagement through clearer career paths and professional development. These findings align with the Job Demands–Resources model, which frames career growth and mentoring as critical job resources that boost engagement.

Further studies have examined the mediating role of work engagement in the relationship between succession planning and performance outcomes. Arif et al. (2023), studying academic staff in Pakistan, found a significant indirect effect of succession planning on performance through engagement. Likewise, Abdullahi et al. (2022a) confirmed a partial mediation effect in Malaysian universities using PLS-SEM. Cannon and Rucker, (2020), in a public sector study, showed that succession planning indirectly improved organizational performance by enhancing engagement. Schmidt et al., (2021), using PLS-SEM with 450 teachers, found that leadership practices like mentoring improved engagement, which in turn enhanced performance. These findings suggest that while succession planning may not always directly influence service quality, its positive impact on engagement can lead to stronger

performance outcomes. This supports the need to view engagement as a mediating mechanism between succession efforts and service delivery in healthcare settings. Based on the reviewed literature, the following hypotheses are proposed:

H1: Succession planning has a positive and significant effect on service delivery in Tanzania's rural public health facilities.
H2: Work engagement has a positive and significant effect on service delivery in Tanzania's rural public health facilities.
H3: Succession planning has a positive and significant effect on work engagement in Tanzania's rural public health facilities.
H4: Work engagement mediates the relationship between succession planning and service delivery in Tanzania's rural public health facilities.

Conceptual Framework

The conceptual framework (Figure 1) outlines the proposed relationships, indicating that succession planning influences quality service delivery both directly and indirectly through the mediating role of work engagement.

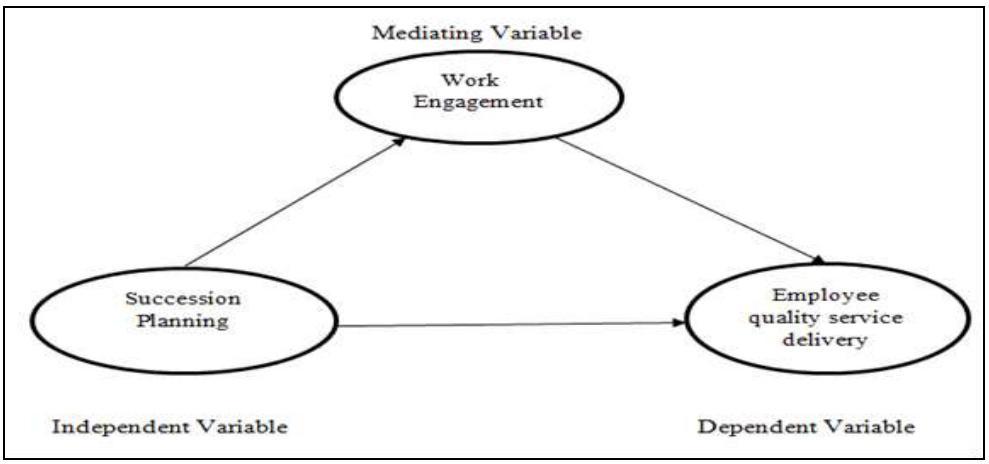

Figure 1: Conceptual Model

RESEARCH METHODOLOGY

Research Approach

This study adopted a positivist paradigm, which emphasizes objectivity, empirical observation, and quantitative methods to establish relationships between variables (Saunders et al., 2019). A quantitative research approach was used to assess the relationship between succession planning, work engagement, and employee quality service delivery (Creswell & Creswell, 2018).

Research Design

An explanatory research design was employed to examine cause-and-effect relationships among the study variables. A cross-sectional survey design was chosen to collect data at a single point in time (Bryman, 2018), enabling the analysis of current patterns and relationships within the study context.

Study Area and Population

The study was conducted in rural public health facilities in the Mtwara region, Tanzania, which have been reported to face persistent challenges in healthcare service quality (Gage et al., 2020). The target population consisted of 992 healthcare professionals, including medical doctors, nurses, clinical officers, health attendants, laboratory technicians, and pharmacists working in these facilities (RMO – Mtwara, 2023/2024).

Sampling Procedure and Sample Size

A multi-stage sampling technique was employed to select the study participants. In the first stage, five rural districts, including Mtwara, Tandahimba, Newala, Masasi, and Nanyumbu, were selected due to their relevance in representing rural healthcare settings in the Mtwara region. In the second stage, Yamane's formula (1967) with a 10% margin of error was applied to determine a sample of 63 rural health facilities from a total of 170 facilities, as listed in the Tanzania Health Facility Registry (HFR, 2023/2024). Finally, in the third stage, a total of 285 healthcare workers were selected using simple random sampling to ensure representation across different facility types and fairness to reduce selection bias among respondents.

Data Collection Methods

Data were collected using a structured, self-administered questionnaire with closed-ended questions to measure the main constructs: succession planning, work engagement, and quality service delivery. The questionnaire was pre-tested to ensure clarity and relevance before final administration.

Data Analysis Techniques

Data were analysed using IBM SPSS version 25 for descriptive statistics and Partial Least Squares Structural Equation Modeling (PLS-SEM) for hypothesis testing. PLS-SEM was chosen due to its suitability for small to medium sample sizes and its ability to assess complex models with latent constructs (Hair et al., 2021). Both measurement and structural models were evaluated to test the reliability, validity, and hypothesized relationships among variables.

Ethical Considerations

Ethical clearance was obtained from the relevant institutional review board prior to data collection. All participants were informed of the study's purpose, assured of confidentiality, and provided informed consent voluntarily before participating.

STUDY FINDINGS

A total of 281 questionnaires were returned, yielding an 84% response rate. Data were cleaned, coded, and analysed using SPSS version 25, with missing values addressed through regression imputation and case-wise deletion (Hair et al., 2017).

Demographic Characteristics of the Respondents

The study included 281 respondents, as summarized in Table 1, which provides an overview of the sample population.

Table 1: Respondents' Demographic Characteristics

Variable	Category	Frequency (n)	Percentage (%)
Age Group (Years)	18-24	14	5.0
	25-34	172	61.2
	35-44	64	22.8
	45-54	19	6.8
	55+	12	4.3
Gender Distribution	Male	153	54.4
	Female	128	45.6
Marital Status	Single	87	31.0
	Married	162	57.7
	Divorced	9	3.2
	Widowed	7	2.5
	Living with partner	16	5.7
Education Level	Certificate	93	33.1
	Diploma	162	57.7
	Bachelor's degree	21	7.5
	Master's degree	4	1.4
	Others	1	0.4
Job Experience (Years)	< 2	79	28.1
	3 to 10	165	58.7
	11 to 20	30	10.7
	21 to 30	2	0.7
	Over 31	5	1.8
Job Title	Medical Officer	25	8.9
	Clinical Officer	62	22.1
	Nurse	109	38.8
	Health Attendant	54	19.2
	Pharmacist	11	3.9
	Lab Technician	20	7.1

Source: Field data, 2025

Respondents consisted of healthcare professionals from rural public health facilities in Mtwara, such as nurses (38.8%), clinical officers (22.1%), and health attendants (19.2%), key frontline roles directly linked to service delivery. Most were aged 25–34 (61.2%), mid-career (3–10 years of experience, 58.7%), and held diplomas (57.7%), suggesting a workforce in need of career development and succession support. The near-equal gender distribution (54.4% male, 45.6% female) reflects a balanced perspective across staff. These characteristics are relevant as they influence how staff experience succession planning, respond to engagement efforts, and contribute to service quality. This demographic profile underscores the importance of structured HR practices that support early- and mid-career employees to foster engagement and enhance rural service delivery.

Assessment of the Measurement Model

The measurement model in PLS-SEM in Figure 2 defines how latent constructs are measured through observed indicators. This study focused on three constructs: succession planning (independent), work engagement (mediating), and employee quality service delivery (dependent), modeled reflectively. Reflective models assume high correlation among indicators, as they represent the same underlying construct, for example, work engagement measured by vigor, dedication, and absorption.

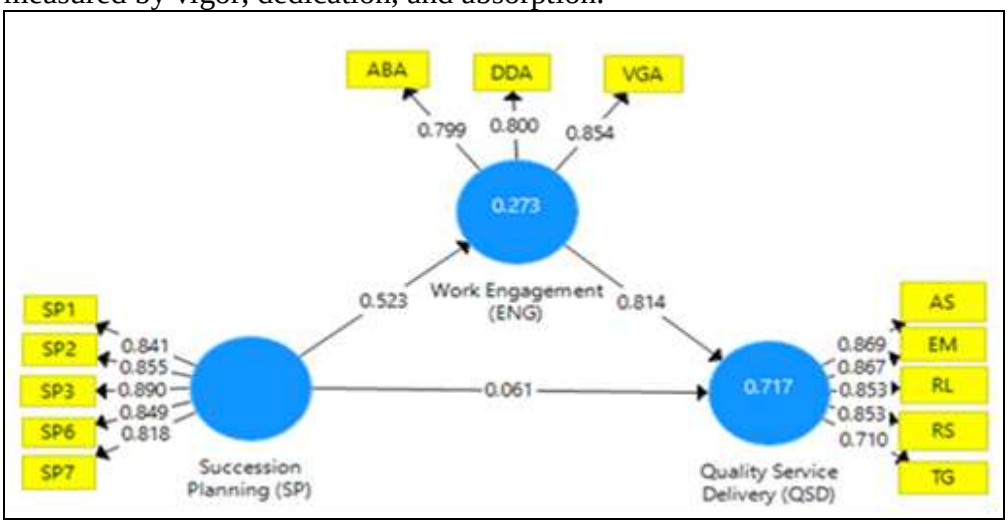

Figure 2: PLS-SEM, Measurement Model

Construct Reliability and Convergent Validity

Construct reliability and convergent validity were assessed using standard criteria: Cronbach's Alpha and Composite Reliability values exceeding 0.70 indicated acceptable reliability, while an Average Variance Extracted (AVE) value above 0.50 confirmed convergent validity (Hair et al., 2021).

Table 2: Construct Reliability and Validity

Construct	Cronbach's Alpha	rho_A	Composite Reliability	Average Variance Extracted (AVE)
QSD	0.888	0.895	0.918	0.693
SP	0.905	0.914	0.929	0.724
ENG	0.788	0.915	0.858	0.669

Source: Field Data, (2025)

The measurement model demonstrated strong reliability and validity across all constructs. QSD, SP, and ENG all exceeded recommended thresholds, with Cronbach's Alpha values above 0.78, Composite Reliability above 0.85, and AVE above 0.66, confirming their suitability for further analysis (Hair et al., 2021).

Discriminant Validity Assessment Using Fornell-Larcker Criterion

The Fornell-Larcker Criterion was used to assess discriminant validity, ensuring that the constructs are distinct from one another (Fornell & Larcker, 1988).

Table 3: Discriminant Validity - Fornell-Larcker Criterion

Constructs	QSD	SP	ENG
QSD	0.833		
SP	0.486	0.851	
ENG	0.845	0.523	0.818

Source: Field Data (2025)

As shown in Table 3, each construct's square root of AVE (diagonal) is greater than its correlations with other constructs, confirming discriminant validity. For example, QSD ($\sqrt{AVE} = 0.833$) exceeds its correlations with SP (0.486) and ENG (0.845); SP (0.851) is greater than its correlation with ENG (0.523); and ENG (0.818) also meets the criterion. These results indicate that all constructs are sufficiently distinct.

Discriminant Validity Assessment Using HTMT Ratio

The Heterotrait-Monotrait (HTMT) Ratio was used to assess discriminant validity, following Henseler et al. (2015). An HTMT value below 0.90 is generally acceptable, with more conservative thresholds set at 0.85 (Hair et al., 2021).

Table 4: Discriminant Validity – HMT Ratio

Constructs	QSD	SP	ENG
QSD			
SP	0.530		
ENG	0.851	0.571	

Source: Field Data (2025)

As shown in Table 4, all HTMT values were below the 0.90 threshold, indicating that the constructs are sufficiently distinct and supporting the discriminant validity of the measurement model. The HTMT values for SP and QSD were 0.530; for ENG and QSD, 0.851; and for ENG and SP, 0.571. These results confirm that the constructs meet the discriminant validity criteria.

Assessment of the Structural Model

The structural model was assessed by examining the path coefficients, the coefficient of determination (R^2) values, and predictive relevance (Q^2) to evaluate the strength and significance of the relationships between constructs. All hypothesized relationships were tested using bootstrapping as indicated in figure 3 to ensure robustness and reliability of the results (Hair et al., 2021).

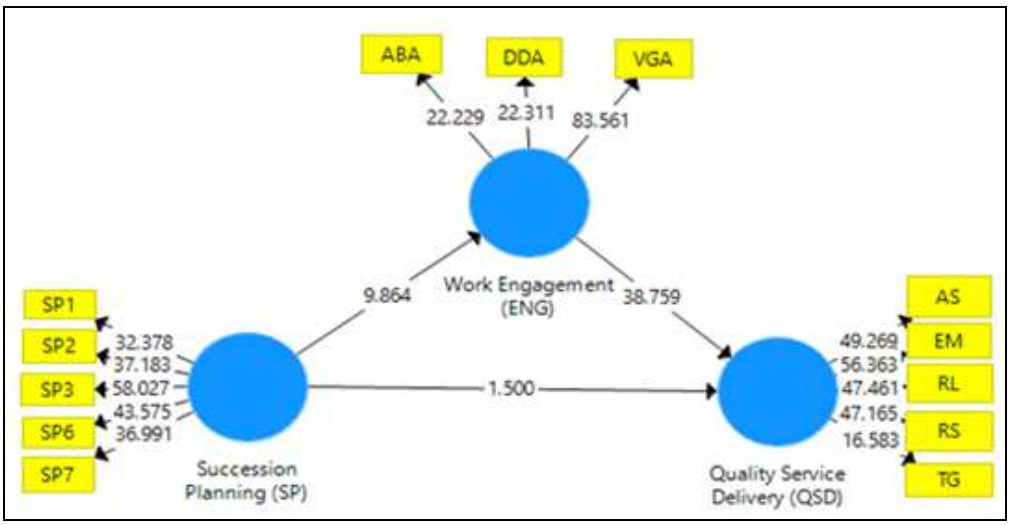

Figure 3: PLS-SEM Structural Model

Evaluation of Coefficient of Determination (R^2)

The R^2 value, or coefficient of determination, reflects how much variance in an endogenous variable is accounted for by the predictor variables. According to Hair et al. (2019), R^2 values of 0.75, 0.50, and 0.25 represent high, moderate, and low levels of explanatory power, respectively.

Table 5: Coefficient of Determination (R^2)

Constructs	R Square	R Square Adjusted
QSD	0.717	0.715
ENG	0.273	0.271

Source: Field Data (2025)

As shown in Table 5, the model explains 71.7% of the variance in quality service delivery and 27.3% of the variance in work engagement. According to Hair et al. (2019), the R^2 value for QSD indicates substantial explanatory power, while the R^2 for ENG reflects a weak to moderate level of explanation.

Evaluation of the Effect Sizes (f^2)

Effect sizes (f^2) were evaluated using the thresholds proposed by Cohen, (1988), where values of 0.02, 0.15, and 0.35 indicate small, moderate, and large effects, respectively.

Table6: Effect Sizes (f^2)

Constructs	QSD	SP	ENG
QSD			
SP	0.010		0.376
ENG	1.703		-

Source: Field Data, (2025)

As presented in Table 6, ENG has a large effect on QSD, with an f^2 value of 1.703. However, SP has a small effect on QSD ($f^2 = 0.010$) and a moderate effect on ENG ($f^2 = 0.376$). These results highlight the varying strengths of the relationships between the constructs in the model.

Evaluation of Predictive Relevance (Q^2)

Predictive relevance (Q^2) in PLS-SEM assesses the model's ability to predict the variance in endogenous constructs using the blindfolding procedure in SmartPLS. A Q^2 value greater than zero indicates predictive relevance, while values above 0.35 are considered large (Hair et al., 2021).

Table 7: Predictive Relevance (Q^2)

Constructs	SSO	SSE	Q^2 (=1-SSE/SSO)
ENG	843	528.875	0.373
QSD	1,405.00	562.598	0.6
SP	1,405.00	1,405.00	-

Source: Field Data, (2025)

As presented in Table 7, ENG ($Q^2 = 0.373$) and QSD ($Q^2 = 0.600$) demonstrate strong predictive relevance, suggesting that the model has substantial predictive capability for these key constructs. SP, being an exogenous variable, does not have a Q^2 value.

Evaluation of the Model Fit

The model fit assessment was conducted using PLS-SEM measures, including the SRMR (Standardized Root Mean Square Residual) and the d_ULS (distance-based discrepancy).

Table 8: Model Fit

Model	Saturated Model	Estimated Model
SRMR	0.121	0.121
d_ULS	1.325	1.325

Source: Field Data (2025)

The model fit indices for both the saturated and estimated models are presented in Table 8. The SRMR value of 0.121 for both models indicates an acceptable fit, as values below 0.10 typically represent a good fit. The d_ULS (distance-based discrepancy) value of 1.325 suggests minimal discrepancy between the models, further supporting the model's adequacy (Ringle et al., 2020).

Hypotheses Testing for Direct Relationship

Path coefficients (β) indicate the strength and direction of the relationships between variables, with values closer to 1.0 representing stronger effects. A path is statistically significant if the t-value exceeds 1.96 and the p-value is below 0.05 (Hair et al., 2017; 2019). Hypotheses were tested using a bootstrapping procedure, a common resampling technique in PLS-SEM.

Table 9: Hypothesized Direct Relationship

Hypothesis	Path	Original Sample (β)	T Statistics	P Values	Results
H1	SP -> QSD	0.061	1.480	0.139	Non-significant
H2	SP ->ENG	0.523	9.927	0.000	Significant
H3	ENG ->QSD	0.814	39.330	0.000	Significant

Source: Field Data, (2025)

The results indicate that succession planning (SP) had no significant direct effect on quality service delivery (QSD) (H1: $\beta = 0.061$, $t = 1.480$, $p = 0.139$). However, it significantly influenced work engagement (ENG) (H2: $\beta = 0.523$, $t = 9.927$, $p < 0.001$), which in turn had a strong and significant positive effect on quality service delivery (QSD) (H3: $\beta = 0.814$, $t = 39.330$, $p < 0.001$).

Mediation Analysis

The mediation analysis results for the path succession planning, work engagement and quality service delivery are presented in Table 10.

Table 10: Mediation Analysis Results

Hypothesis	Path	Original Sample (O)	T Statistics	P Values	Result
H4	SP -> ENG -> QSD	0.425	11.820	0.000	Significant

Source: Field Data, (2025)

The mediation analysis shows that work engagement significantly mediates the relationship between succession planning and quality service delivery ($\beta = 0.425$, $t = 11.820$, $p < 0.001$), supporting Hypothesis 4. This indicates that succession planning influences service delivery indirectly through its positive effect on employee engagement.

DISCUSSION

The analysis showed that succession planning has no significant direct effect on quality service delivery. This suggests that implementing succession plans alone may not be sufficient to enhance frontline service performance, particularly in rural healthcare settings. Previous studies of Jiang and Luo (2022), Nguyen et al. (2022), and Mabhanda and Masukume (2025) have similarly reported that the effectiveness of succession planning often depends on additional factors like mentorship, leadership support, and career development opportunities. According to SET, employees are more likely to reciprocate when they perceive tangible organizational support (Blau, 1964). In resource-constrained environments, succession planning may only translate into better service delivery when combined with strategies that actively engage and support employees. Therefore, the lack of a direct effect highlights the importance of integrating succession planning with broader employee engagement and development efforts to drive meaningful improvements in healthcare service delivery.

The findings revealed that succession planning has a significant positive influence on work engagement. This suggests that when employees are offered structured opportunities for career advancement, mentorship, and leadership development, they become more motivated and committed to their roles. This aligns with the JD-R theory, which identifies career development as a vital job resource that supports employee engagement (Bakker & Demerouti, 2007). Supporting studies by Lerotholi & Bezuidenhout (2023) and Jones et al. (2021) emphasize that elements such as coaching, mentoring, and career mapping help employees envision long-term prospects, thereby enhancing their level of engagement. These findings highlight the need for structured succession strategies within rural healthcare settings to promote engagement and improve overall service outcomes.

Furthermore, the analysis confirmed that work engagement is positively associated with quality service delivery. Engaged employees tend to exhibit greater vigor, dedication, and absorption in their work, which contributes to improved service standards. This finding is consistent with findings by Abdullahi et al. (2022a), Alharbi and Aloyuni (2023), Arif et al. (2023), and Sonnentag et al. (2021), who report that engaged staff are more effective in

their service roles. Schaufeli and De Witte, (2023) similarly observed that healthcare workers with high engagement levels demonstrate stronger patient-centered care and deliver better outcomes. This relationship is also supported by the JD-R theory, which posits that job resources, such as career development and supportive leadership, foster work engagement, ultimately enhancing job performance. These results highlight the importance of cultivating an engaging work environment to promote better service delivery, especially in resource-constrained rural health settings.

The study also established that work engagement fully mediates the relationship between succession planning and quality service delivery. This finding supports the SET (Blau, 1964), which posits that employees reciprocate organizational investments such as leadership development and mentorship with greater engagement and improved performance (Abdullahi et al., 2022a). It is also consistent with Cannon and Rucker's (2020) assertion that mediation can be significant even in the absence of a direct effect, provided the mediator plays a meaningful psychological role. Similarly, Arif et al. (2023) provide evidence that succession planning enhances service outcomes indirectly by fostering higher levels of employee engagement. These findings underscore the importance of succession planning strategies that not only identify and develop future leaders but also cultivate employee engagement to achieve sustainable improvements in service delivery, particularly within resource-constrained rural healthcare systems.

CONCLUSION, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

This study aimed to explore the role of work engagement in enhancing service delivery through succession planning and employee service. The findings revealed that while succession planning alone did not directly enhance service quality, it significantly influenced work engagement through structured career development initiatives such as leadership mentoring, promotion pathways, and internal talent development. Employees who perceived clear succession planning opportunities reported higher levels of vigour, dedication, and absorption in their roles. This heightened engagement, in turn, positively impacted their ability to deliver quality healthcare. The mediation analysis confirmed that work engagement serves as a key intermediary, indicating that succession planning improves service delivery primarily by fostering greater employee engagement.

To enhance service quality in rural public health facilities, policymakers and administrators should adopt structured succession planning programs aimed at building leadership pipelines, supporting career advancement, and

providing clear promotion pathways. Simultaneously, implementing work engagement strategies such as employee recognition, mentorship, and resource support can boost motivation and performance. Continuous monitoring and evaluation should guide these efforts, helping identify and address challenges like resource shortages or weak leadership structures. Moreover, cultivating supportive leadership through trust-building, open communication, and fair access to professional development will help sustain an engaged and high-performing healthcare workforce, even in resource-constrained settings.

This study has several limitations. It was confined to rural public health facilities in Mtwara, Tanzania, which may limit the generalizability of the findings to other regions or urban settings. The use of a cross-sectional design prevents causal conclusions, while reliance on self-reported data may introduce social desirability bias. Additionally, the study primarily focused on succession planning and work engagement, potentially overlooking other influential factors, such as leadership style or organizational culture. Future studies should adopt longitudinal and mixed-method approaches, expand geographic coverage, and include a broader range of variables to strengthen the findings.

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