

HUMAN RESOURCES GOVERNANCE AND COMPETENCY DEVELOPMENT STRATEGIES TOWARDS EXCELLENT PUBLIC HEALTH INSTITUTIONS

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ABSTRACT

The transformation of human resource management within public health institutions is an urgent necessity in addressing the contemporary challenges of healthcare delivery. This study aims to delineate the governance of recruitment and distribution of healthcare personnel, as well as efforts in competency development that are relevant to the demands of the digital era and modern public services. Through a qualitative literature review and thematic synthesis, it was discovered that discordance persists between the required and the available healthcare workforce, particularly in remote regions. Disproportionate distribution and recruitment systems that lack a data-driven foundation lead to disparities in access to healthcare services. Moreover, the development of healthcare personnel competencies through online training, e-learning, mentoring, and technology-based coaching remains unevenly implemented. The utilization of digital technology and the adoption of green human resource management models play a pivotal role in accelerating the achievement of high-quality public health services. Responsive policy interventions, equitable incentive systems, the strengthening of digital literacy, and synergy among stakeholders are essential to realizing adaptive and professional public human resource governance. This study provides both theoretical and practical contributions to the design of capacity development for human resources in the era of innovation-based healthcare services.

Keywords: Human resource management, public health, healthcare recruitment, human resource distribution, competency development, health digitalization, public service.

INTRODUCTION

Human resource management in public health institutions is currently undergoing a dynamic transformation. The complexity of this transformation is evident in the rapidly changing social systems, economic conditions, and advancements in scientific knowledge. Paradigm shifts in health governance are causing increased life expectancy, evolving disease burdens, and escalating public expectations of service delivery. The dynamics of globalization require health institutions to continually align their human resource governance with new standards in order to achieve optimal service provision (Hampel & Hajduova, 2023). Within the managerial domain, the challenges faced by public health institutions are no longer linear; they are multidimensional and demand adaptive approaches to significant changes at both local and global levels.

The capability of human resources forms the backbone of public health service quality. Digital transformation, global competition, and technological adaptation have intensified the imperative for enhanced competency among healthcare personnel (Boselie & van der Heijden, 2024). Shifting service needs necessitate the integration of state-of-the-art human resource development systems, as exemplified by continuing education programs, certification, and recognition of individual performance. Awareness of the importance of soft skills development, professional ethics, organizational culture, and integrity has become a primary factor in sustaining organizational change within public health institutions (Aksenova et al., 2020).

In various countries, the disproportionate distribution of healthcare professionals between urban centers and remote areas remains a persistent regulatory issue. This disparity in distribution affects the quality and accessibility of healthcare services, thereby threatening the overall health outcomes of the population. Ineffective incentive systems further complicate the situation, as many professionals are reluctant to accept placements in underserved areas. Such inequity impedes efforts to equalize service provision, ultimately undermining social justice and public health (Hampel & Hajduova, 2023; Azizi et al., 2021).

Beyond issues of quantity, the quality of human resources in public health institutions is frequently challenged by the need to adapt to new technologies, heavy workloads, and limited opportunities for continuous training. Healthcare professionals' competencies often fail to keep pace with global standards, creating a gap between public expectations and actual service delivery. Inadequate remuneration, insecure employment status, and psychosocial pressures further diminish individual motivation over the long term (Bratton et al., 2021; Terziev et al., 2020). Without innovative and adaptive strategies for human resource management reform, public health institutions risk losing relevance in the face of rapid change.

The primary challenge facing human resource management in public health institutions is the imbalance between the availability and requirements of healthcare personnel, in both qualitative and quantitative terms. Recruitment and distribution processes are often not based on valid needs mapping, resulting in persistent disparities in service access. In many areas, the absence of medical professionals remains a principal obstacle to accessing essential services (Aksenova et al., 2020; Hampel & Hajduova, 2023).

Furthermore, the development of healthcare personnel competencies continues to encounter fundamental problems, mainly due to suboptimal continuous training and limited mastery of new technologies. The linkage between health professional education systems and the actual field requirements is frequently weak. While digital challenges and evolving disease profiles necessitate adaptive professionals, existing HR development systems in public health institutions often fail to keep pace with such accelerating transformations (Azizi et al., 2021; Bratton et al., 2021).

A high workload coupled with non-competitive remuneration systems further undermines the motivation and productivity of healthcare personnel. Psychological stress stemming from employment insecurity, insufficient incentives, and weak organizational management results in significant levels of burnout. The accumulation of these issues contributes to a decline in the aggregate quality of public health services (Berman et al., 2021; Boselie & van der Heijden, 2024).

The diversity and complexity dimensions of human resource management in public health institutions demand particular scrutiny. Public health outcomes are heavily shaped by the adequacy and quality of human resources at every level of the organization, from central administration to primary care units. Therefore, identifying current symptoms and dynamics in human resource governance constitutes an essential step in designing sustainable institutional transformation.

A comprehensive analysis of human resource management is becoming increasingly vital in the era of disruption, wherein technology, societal demands, and service requirements are evolving rapidly. Through scientifically grounded, data-driven inquiry and systematic review, researchers and policymakers are better equipped to accurately identify the root causes of complex issues and devise evidence-based solutions that are adaptive to social change.

This study aims to identify and analyze the dynamics of recruitment and distribution management of human resources within public health institutions, while also evaluating competency development and technological utilization in efforts to enhance the quality of a workforce that is adaptable to the shifting landscape of public service provision. The findings of this study are expected to yield both theoretical and practical contributions to the strengthening of evidence-based human resource management governance in the field of public health.

RESEARCH METHODS

This research utilizes a qualitative literature review approach to examine the dynamics of human resource management in public health institutions. Qualitative literature review provides a foundational framework enabling researchers to explore, understand, and analyze a range of concepts, theories, and empirical research findings that have been published regarding HR management in the public health sector. The significance of this approach lies in its ability to scrutinize processes, meanings, and nuances inherent in HR management practices through thematic analysis (Creswell & Poth, 2018). Consequently, synthesizing literature-based insights enables the construction of rich and critical reviews, while maintaining originality in the interpretation of the extensive knowledge developed in this field.

Data were collected through the retrieval of primary academic sources from reputable international publications, including research methodology books and relevant journals published within the past twenty years. These references encompass publications in the areas of management, public health, and related social sciences, all accessed through electronic databases such as PubMed, Scopus, and Google Scholar. The literature review is organized based on topical relevance, author credibility, as well as the currency and authority of each source. To ensure analytical quality, the research adapts critical guidelines for literature review emphasizing transparency, consistency, and targeted exploration of key study domains (Bowling, 2014; Hart, 2018).

Data analysis employed the thematic synthesis method as developed by Braun and Clarke (2019), involving the identification of principal themes derived from the literature collection. This procedure comprises initial data review, the construction of thematic codes, identification of narrative patterns, theme integration, and interpretation of the synthesized results. The selection of this method enables a comprehensive understanding of the dynamics surrounding

recruitment, distribution, and competency development of human resources within public health institutions. Validity and reliability are ensured through data triangulation, comparative literature review across countries, and peer discussions with other researchers in related fields, in order to maintain analytical objectivity (Braun & Clarke, 2019; Creswell & Poth, 2018).

RESULTS AND DISCUSSION

Recruitment and Distribution of Healthcare Personnel

The recruitment and distribution of human resources in public health institutions constitute strategic pillars in the pursuit of equitable and high-quality healthcare access. Numerous studies have identified the misalignment between the needs and availability of healthcare personnel as a complex issue rooted in structural, administrative, and systemic factors. The persistent shortage of medical personnel in remote and border areas illustrates that conventional recruitment systems often fail to accurately project workforce needs (Ubah & Ibrahim, 2021). This failure is predominantly attributable to inadequate cross-sectoral coordination in labor needs planning and insufficiently accurate data concerning population distribution and disease burden in specific regions.

The success of recruitment is largely determined by evidence-based policy interventions, wherein real-time human resource mapping becomes an essential prerequisite. The capacity of institutions to conduct both quantitative and qualitative projections of workforce needs requires the integration of robust and automated human resource information systems. In many developing countries, the primary challenge resides in the lack of investment in health administration systems, resulting in reactive workforce placements that are not supported by up-to-date data (Chersich et al., 2020). Consequently, healthcare workforce planning becomes biased and may even exacerbate the disparity between urban and rural areas.

In addition to issues of demand projection, the distribution of healthcare personnel is frequently influenced by economic disparities, infrastructural inequalities, and relatively uneven incentives. Within the public health ecosystem, healthcare professions such as physicians, nurses, and supporting staff generally show reluctance to be assigned to marginalized areas due to unfavorable financial incentives, limited access to further education, and an imbalance between work and personal life (Pucik et al., 2024). The phenomenon of health worker migration from peripheral locations to major cities, or even abroad, has exacerbated the crisis. Such migratory flows reflect a failure of human resource management to establish long-term incentive systems, professional recognition, and a supportive work environment conducive to individual career development.

The governance of recruitment systems for healthcare personnel in public institutions should emphasize selection transparency, clarity of placement criteria, and inclusive coverage to reach underrepresented groups. Transparent selection processes reinforce credibility, while clear, data-driven matrices of requirements may minimize placements that are merely administrative in nature. On the other hand, the distribution of healthcare personnel must periodically consider disease burden mapping, population distribution, and socio-economic dynamics (Armstrong-Mensah et al., 2020). Thus, the distribution system for human resources will operate adaptively, efficiently, and responsively to the highly dynamic changes in service demands.

To address distribution gaps, several countries employ affirmative strategies through the provision of special incentives, bonded scholarship programs, and mandatory service policies upon the completion of medical or nursing education. Such strategies have proven effective in increasing the number of medical personnel in select regions, although, in practice, they often encounter resistance due to a lack of supporting facilities or inadequate continuous training policies (Ubah & Ibrahim, 2021). Adopting similar mechanisms at various levels of public institutions requires long-term evaluation to ensure that redistributive shifts indeed create a positive impact on improving access to healthcare services.

Equally significant, the digitalization of human resource management serves as a novel instrument in the recruitment and distribution process. The implementation of digital information systems simplifies needs mapping, employee rotation monitoring, and early detection of personnel shortages in critical units. These digital systems also facilitate real-time data-driven individual performance evaluations, thereby enabling organizational leadership to make decisions more rapidly and accurately (Armstrong & Taylor, 2023). Furthermore, digitalization enables online recruitment, reducing both time and cost, and expanding candidate outreach to previously inaccessible regions.

External factors, such as the COVID-19 pandemic, have also provided critical lessons regarding the urgency of flexibility in recruitment and distribution systems. The surge in workload during periods of crisis necessitated emergency recruitment, cross-agency personnel rotations, and the integration of volunteers through specialized mechanisms by governments and public organizations. In this context, the development of surge capacity models and scenario planning forms the foundation for adaptive human resource management in health to address extraordinary events (Chersich et al., 2020; Gostin et al., 2020). As highlighted in multiple studies conducted in Africa, the combination of short-term training, emergency incentives, and volunteer mobilization has proven to sustain the continuity of public service delivery amidst high-pressure situations.

Managerial dimensions likewise warrant attention within the governance of healthcare workforce recruitment and distribution. The implementation of meritocracy principles, enhancement of the capacities of public health service managers, and consolidation of performance evaluation systems based on clear achievement indicators are expected to improve patterns of allocation and workforce development over the medium and long term (Armstrong-Mensah et al., 2020). Organizations that are more adaptive and grounded in robust managerial processes will be better positioned to survive and grow in the disruption era, while also balancing the dynamic needs of public health services.

At a global level, international standards adopted for the recruitment and distribution of healthcare human resources serve as important references. For instance, the World Health Organization encourages member states to periodically engage in workforce planning to identify projected needs, training plans, and integrated incentive models. The harmonization of such policies requires cross-ministerial commitment, synergy among government and private sector agencies, and routine monitoring by independent institutions (Pucik et al., 2024). Multi-actor collaboration allows for the proportional adjustment of human resource distribution based on objective data.

The critical nature of these mismatches is also evident in the long-term evaluations of countries that have successfully reformed their healthcare workforce distribution systems. Consistent policy interventions, supported by political will and rigorous oversight, have significantly reduced the gap between the availability and need for healthcare personnel, including in previously underserved regions. The active involvement of professional organizations, local communities, and alumni networks from health schools and universities has evidently bridged recruitment processes down to the grassroots level (Ubah & Ibrahim, 2021).

Another perspective underscores the necessity to improve the welfare of healthcare personnel as a prerequisite for more equitable distribution. Approaches involving non-monetary incentives, such as social recognition, opportunities for international training, and the strengthening of professional networks, can increase the motivation of medical personnel to serve in frontier, outermost, and least developed regions (3T) in a more sustainable manner. These various initiatives demonstrate that comprehensive approaches, which combine material and non-material incentives, digitalization, and data-driven management, constitute highly relevant solutions.

Efforts to organize the recruitment and distribution of human resources in public health institutions cannot be separated from a long-term, cross-sectoral commitment, regulatory adaptation, and the continuously evolving dynamics of societal needs. The implementation of social justice principles, accompanied by affirmative policies and advanced information technology, is an absolute prerequisite for enhancing both access to and the quality of public health services in the future.

Progressive and responsive human resource management facilitates the deployment of healthcare professionals across all regions, thereby minimizing the discrepancy between the demand for and the availability of professionals. The transformation of recruitment and distribution processes, grounded in the principles of transparency and accountability, is expected to serve as a critical pillar for addressing public health challenges.

Competency Development and Technological Utilization

The enhancement of human resource competencies in public health institutions must be conducted in a planned and systematic manner to synchronize with the increasingly dynamic demands of modern public services, which are also based on advanced technology. The creation of continuous learning environments for healthcare personnel is inextricably linked to efforts to strengthen their professional capacities. Recent studies emphasize that continuing education, field-based problem-oriented training, and the integration of multidisciplinary approaches constitute the foundational pillars of human resource development in healthcare (Strohmeier, 2020). Hybrid training models that combine face-to-face and digital learning have been proven to improve the responsiveness and flexibility of healthcare practitioners in adopting new work methods and service modalities.

The utilization of digital technology is becoming increasingly critical in the context of professional development for healthcare personnel. Digitization of training processes, knowledge management through online applications, and the use of Artificial Intelligence-based learning platforms greatly facilitate equitable access to training, particularly in

previously underserved areas (Schneider, 2020). E-learning systems, when integrated with online simulation activities, enable knowledge sharing across regions, time zones, and specializations, thus expediting the diffusion of medical innovations. However, the success of technology-driven transformation requires individual readiness as well as organizational support in providing adequate digital infrastructure and resources (Alluhidan et al., 2020).

The development of healthcare personnel should not be limited to hard skills but must also encompass soft skills such as leadership, ethics, effective communication, and stress management. Adaptability to change, emotional resilience, and social intelligence are essential in the modern era of public service, which is characterized by uncertainty. Research demonstrates that continuous professional development emphasizing collaborative and interdisciplinary work values fosters the emergence of positive and progressive organizational cultures (Deng & Peng, 2020). The development of interpersonal and managerial competencies is increasingly crucial to meet the demands of complex organizational challenges and high workloads.

Several institutions are now integrating the concept of green human resource management into their development strategies, highlighting the significance of environmentally friendly behavior, ethical work practices, and social responsibility in every decision-making process (Tulsi & Ji, 2020). Such approaches create opportunities for innovation and cultivate collective awareness of the long-term impacts of professional decisions in the health sector. Instilling environmental values further accentuates the role of healthcare professionals as agents of change and pioneers of sustainability.

Competency development reaches optimal levels when reinforced by visionary regulations and policies. Governments must ensure that educational and training curricula are continually aligned with technological advancements, service needs, and global standards (Chen et al., 2020). Regulatory refinement requiring updated certifications, periodic mandatory training, and the provision of access to certified digital platforms acts as a catalyst for producing outstanding healthcare workers.

Digital literacy constitutes a crucial foundation for enhancing work productivity and service quality. Healthcare professionals who possess high levels of digital literacy are better equipped to optimize patient data, electronic medical records systems, and administrative service applications (Strohmeier, 2020). Innovations in telemedicine technology and digital diagnostic tools have augmented the effectiveness of health interventions, accelerated triage processes, and supported integrated, data-driven referral systems. The preparedness of human resources to utilize all digital devices will be a key indicator of the success of national health system transformation.

Within the framework of professionalism development, the strengthening of mentoring and coaching systems led by senior personnel represents a long-term investment that is effective for knowledge transfer. Sustainable development models reinforce solidarity, stimulate motivation, and foster a spirit of innovation across generations of healthcare professionals (Alluhidan et al., 2020). Knowledge hierarchy structures must remain fluid to accommodate input and initiatives at all organizational levels, thereby encouraging active participation in both internal and external competency development forums.

Furthermore, cross-sectoral collaboration with higher education institutions, research centers, and the health industry has demonstrably accelerated technology transfer and expanded knowledge networks. Internship programs, joint training initiatives, and outbound exchanges for healthcare workers (flagship international exposure) are consistently adopted as strategies for strengthening the national healthcare workforce (Chen et al., 2020). These schemes not only heighten sensitivity to global challenges but also foster professional networks that accelerate the adoption of research-based innovations in public service provision.

An important recent innovation is the implementation of big data and artificial intelligence in human resource management. Data analytics are utilized to predict training needs, identify competency gaps, and design personalized intervention programs tailored to individual healthcare professionals' profiles (Strohmeier, 2020). These technologies also support evidence-based evaluations, strengthen performance appraisal systems, and facilitate ongoing monitoring of each professional's development trajectory.

Development and capacity-building processes must also ensure equitable access between urban and rural areas. Cloud-based training systems and digitally delivered educational models with cross-subsidy mechanisms may be adopted to prevent disparities in competencies (Alluhidan et al., 2020). The equitable distribution of competencies is a critical indicator of the attainment of just and dignified public health services.

Improving the quality of healthcare personnel is ultimately impossible without the support of an adaptive and collaborative policy system. Regulatory interventions designed through multi-actor participation will generate a dynamic learning ecosystem, in alignment with the acceleration of technological advancement and the evolving needs of society.

In the managerial domain, the utilization of technology and development efforts must be advanced through strategies based on local needs to ensure practical applicability. Engagement from managers in mapping the organization's specific requirements, supporting problem-based training, and reinforcing the intrinsic motivation of healthcare workers ensures that training is not merely a formality, but rather yields tangible benefits for public service delivery.

Efforts to address human resource management issues in public health institutions demand strategies that are both measurable and equitable. Governments and healthcare institutions must strengthen recruitment and distribution systems for healthcare professionals, particularly in underserved regions. Periodic training cycles, enhancement of welfare, and the application of human resource management technologies are essential to increasing the motivation and capacity of the medical workforce. With the implementation of equitable policies and consistent policy support, the quality of public health services can progress toward a more competitive level of performance.

The success of competency development, technological utilization, and the nurturing of healthcare personnel depends on the extent to which synergy among institutional components, regulations, and cultural work values can be realized. This process does not constitute a one-time effort, but rather a long-term endeavor that requires a collective vision, innovation, and interdisciplinary collaboration.

CONCLUSION

In the management of human resources within public health institutions, it is evident that alignment between the needs and the availability of healthcare personnel remains a complex issue. Recruitment and distribution processes that are not fully oriented toward actual needs, as well as uneven competency development, have a significant impact on the quality of public service delivery. Increased use of technology, digitalization of systems, and the development of continuous training models have the potential to generate improvements, especially through data-driven approaches and innovative training methods. Policy harmonization across sectors and the facilitation of adaptive regulations constitute critical pillars in resolving these challenges.

The strategic implications of the findings and discussions in this study indicate the necessity for a long-term commitment to establishing a human resource management system that is responsive to change. Efforts to enhance quality and ensure equitable competency development through digitalized training and strengthened material and non-material incentives are believed to contribute positively to the overall improvement of community health service quality. Synergy among government institutions, academic networks, and the engagement of civil society is required to ensure that human resource management in public health institutions remains aligned with ongoing changes and is able to adapt to emerging challenges.

As a suggestion, each public health institution should strengthen HR information systems, prioritize training based on local and current needs, and expand access to online learning models. Regulatory support presents an equitable and competitive incentive model for health workers, especially those serving in limited areas. Expansion of cross-sectoral cooperation in the development and distribution of human resources, as well as a commitment to fostering ethics-based professionalism, are key to the success of transformative and adaptive human resource governance in the future.

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