

Leadership and Negotiation in Public Health Management: A Systematic Review of the Literature

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Abstract: The domain of public health management has seen an increase in emerging issues that require attention to improve organizational performance. To address these challenges, this study presents a systematic review of the literature conducted between 2015 and 2023 to illuminate trends in healthcare research, including leadership and negotiation. Based on the PRISMA analysis framework developed by Liberati et al. (2009), we took an approach to assess the coverage of public health management research. Using selection criteria based on the SCOPUS database, our investigation identified 2674 articles. These publications were subjected to analysis, selecting 54 articles deemed particularly insightful and impactful. Furthermore, we developed a conceptual model using Grounded Theory that accentuates the key determinants that influence organisational performance in healthcare institutions. The main factors examined in our model include healthcare negotiation, organizational behaviour, leadership, evidence-based practices, sustainability, and corporate governance. The results of our study shed light on the intricate relationships between these determinants and their impact on overall performance in the public health sector. By elucidating these dynamics, our research provides valuable information to policymakers, administrators, and practitioners striving to achieve excellence in healthcare management. Based on our analysis, we propose an agenda for future research in public health management. This agenda seeks to address knowledge gaps, explore new approaches, and stimulate innovation in addressing healthcare organizations' complex challenges. By focusing on areas such as adaptive leadership strategies, transformative negotiation techniques, evidence-based practice, and sustainable governance models, our proposed agenda aims to catalyse advances in this field, ultimately leading to better health outcomes for individuals and communities. In conclusion, this study represents a significant contribution to public health management. Its review and the development of a conceptual model and research agenda provide stakeholders with the tools and knowledge needed to promote optimal organizational performance and drive positive change in this domain.

Keywords: Public Administration, Leadership, Negotiation, Public health, Systematic Literature review

1. Introduction

As the complexity of the challenges faced by public administration increases, there are arguments that resources are insufficient and there is a need to insert new policies to prepare the workforce better, focusing on leadership and negotiation that integrate the central sustainability challenges related to economic development and population growth. In academic studies (Moyson et al., 2018; Garland et al., 2018) and in popular rhetoric, we find numerous appeals to the different problems encountered regarding health-related issues (Wiler et al., 2019; Son et al., 2019). Proper management is of great importance for the health system. Currently, healthcare faces numerous limitations due to high costs and growing pressures to provide quality healthcare, and, in this context, managers of health organisations must develop skills, leadership skills, and knowledge beyond their clinical skills. (Gačić et al., 2023). The gap between the function they perform and the knowledge they possess can impair the performance of the healthcare organisations they lead. Therefore, managers of public sector organisations should focus on control and negotiation to improve the management process (El-Wajeh et al., 2021).

Numerous possibilities and benefits are applied to public administration arising from investigations: developing approaches that encourage collaboration between policymakers and the community (Verouden et al., 2016) and collaborative planning (Bafarasat and Baker, 2016). In addition, identifying how conflicts are managed within health services and public offices contributes to organisations' smooth functioning and improves the services' effectiveness (Pitsillidou et al., 2018).

Understanding the dynamic nature of processes is an essential task for political leaders because they, as moral agents, are called upon to shape and mediate the processes related to their administration. Intersectoral knowledge exchange promotes collaboration and facilitates knowledge sharing for better health service performance (Handberg and Werlauff, 2022). Implementing change in health and care delivery services is often

hampered by organisational micropolitics, where it becomes relevant for those leading change to develop and use political skills and behaviours to understand and mediate that policy (Mou et al., 2022). A study by Waring et al. (2022) points to the main political competencies and behaviours that aim to help change in health services: (i) personal and interpersonal qualities related to self-confidence and the ability to adapt to different audiences; (ii) strategic thinking related to the ability to understand the political landscape; (iii) communication skills to engage and influence stakeholders; (iv) networking and working in terms of accessing resources and creating linkages between stakeholders; and, (v) relational tactics for dealing with complex individuals through more direct forms of negotiation and persuasion.

Several interconnected factors support the micropolitics of formulating and implementing partnerships for the sustainability and transformation of health services, such as differences in meaning and value and structural differences in power and influence. In managing these issues, leaders must develop political listening and engagement skills, strategic assessment of the political landscape, and effective negotiation and consensus building (Waring et al., 2022). Understanding the possibilities and challenges of this effort becomes useful for those responsible for implementing programs that negotiate in uncertain environments and for policymakers who seek to guide in pursuit of sustainable performance (Embudenya et al., 2021). Furthermore, the sharing of leadership is negotiated in team interactions that are permeated with asymmetry arising from the professional hierarchy (Fox and Comeau-Vallée, 2020), and, sometimes, leadership is shared (or not) due to how the professional hierarchy is negotiated in interactions. Finally, leadership is to build an organisation that learns and grows. In contrast, the leader's focus is often only on organisational goals, needing to adjust to the demands of the environment to avoid frustration, which directly impacts the employee's performance (Chen et al., 2020). Unique leadership styles benefit organisations by generating greater profitability, commitment to innovation, achievement orientation, work-family balance, and control in adverse times (Vo et al., 2021; Chen et al., 2018).

In this context, this review purposes to explore the most emerging issues associated to public health management and to analyse trends in health research, such as leadership and negotiation, through a systematic literature review (SLR) over the last eight years, aiming to contribute with proposals for the future agenda.

The innovation was to adapt the PRISMA meta-analysis by Liberati et al. (2009) in order to classify these studies according to their purpose, sources of information, the form of investigation, treatment, and collection of data, participants involved, type of study and period of longitudinal investigations as well as the construction of a conceptual model that it allows understanding the relationships between the dimensions involved in the studies and that can determine the achievement of the performance of health institutions.

2. Method

The research method is the SLR. The review's objective is to analyse trends in emerging studies, including essential articles, through guidelines and strategies that increase the specificity of searches. Figure 1 displays the overall description of the review procedure.

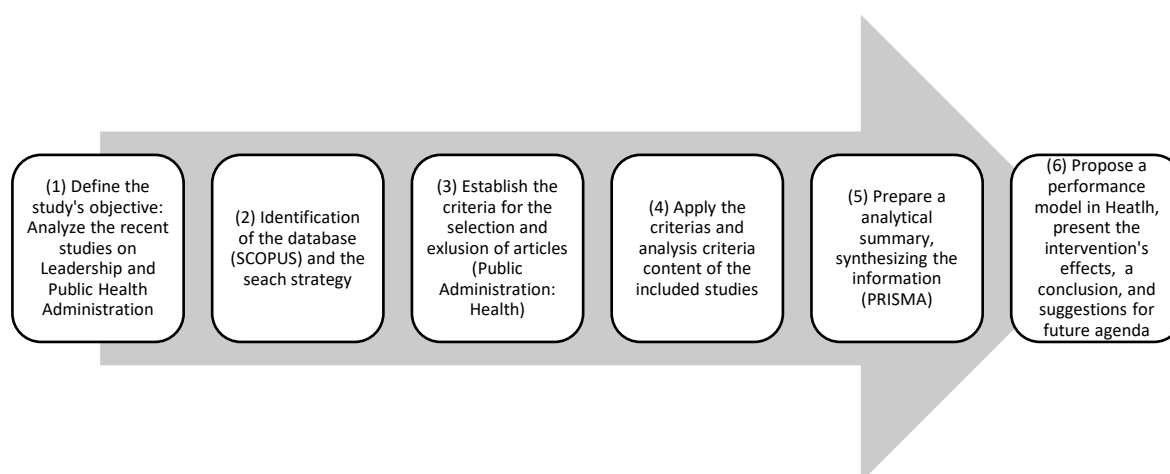


Figure 1: SLR protocol

Searching the SCOPUS database for the keywords "public administration, leadership, negotiation, health" ((TITLE-ABS-KEY ("public administration" AND "leadership" AND "negotiation" AND "health") AND TITLE-ABS-KEY ("systematic review" OR "Systematic literature review"))) AND (LIMIT-TO (DOCTYPE, "ar")) AND (LIMIT-TO

(LANGUAGE, "English")) AND (LIMIT-TO (SUBJAREA, "ECON")) OR (LIMIT-TO (SUBJAREA, "BUSIN")) OR (LIMIT-TO (SUBJAREA, "PSYC")) OR (LIMIT-TO (SUBJAREA, "MEDIC")) OR (LIMIT-TO (SUBJAREA, "SOCIO")) OR (LIMIT-TO (SUBJAREA, HEALTH)) resulted in 2,674 articles that, after limitations, 1,209 articles remained. Articles from the last eight years were listed: 519 articles from 2015 to 2023 (42.93% of the total articles) to highlight research trends. Then, a content analysis of the 519 articles was performed by two researchers, excluding the articles that did not specifically correspond to public health administration, resulting in 54 articles. Thus, the synthesis of the method used for selecting articles until the development of the performance model in *health* is shown in Figure 2.

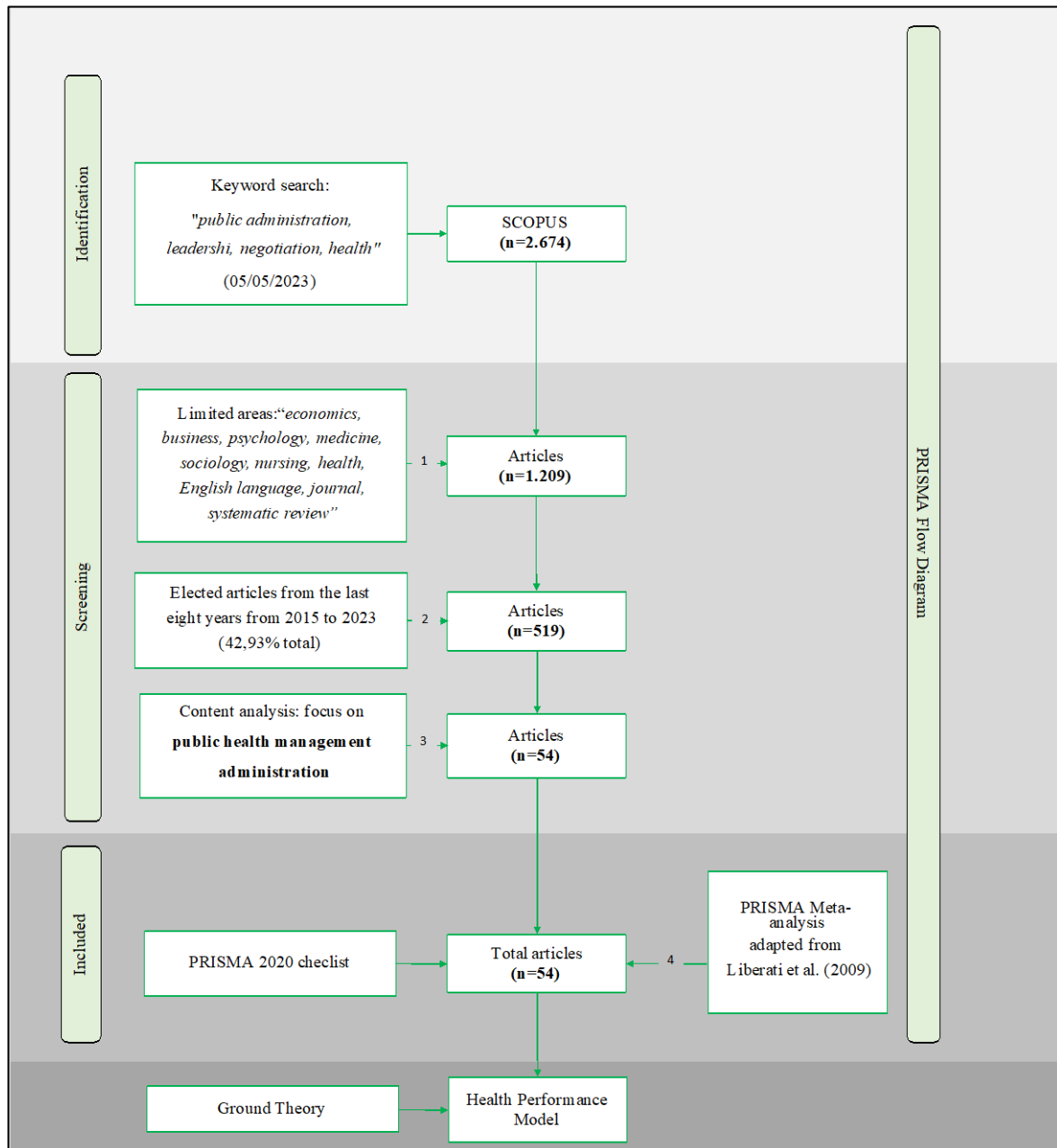


Figure 2: From sorting the articles to the conceptual model

This research applies an adaptation of the approximation meta-analysis (PRISMA) performed by Liberati et al. (2009) to the 54 Health and Public Administration studies. The protocol was developed in the field of health sciences but has already been successfully employed in public administration research (Moyson et al., 2018).

3. Results and Discussion

Of the 54 articles included in this study (Figure 3), between 2015 and 2023, 18 are from the United States (USA), seven are from England, five are from Canada, four are from Norway, three are from Sweden, two are from Italy,

two from Ghana, two from China and the others distributed equally between Turkey, Cyprus, Brazil, Australia, Germany, and Africa, which incorporate the last eight years of research. The predominance of North American articles is possible because healthcare institutions, in an increasingly competitive environment, take on entrepreneurial contours, requiring, in such a context, professional management, a characteristic panorama of this country (Heifetz, 1994).

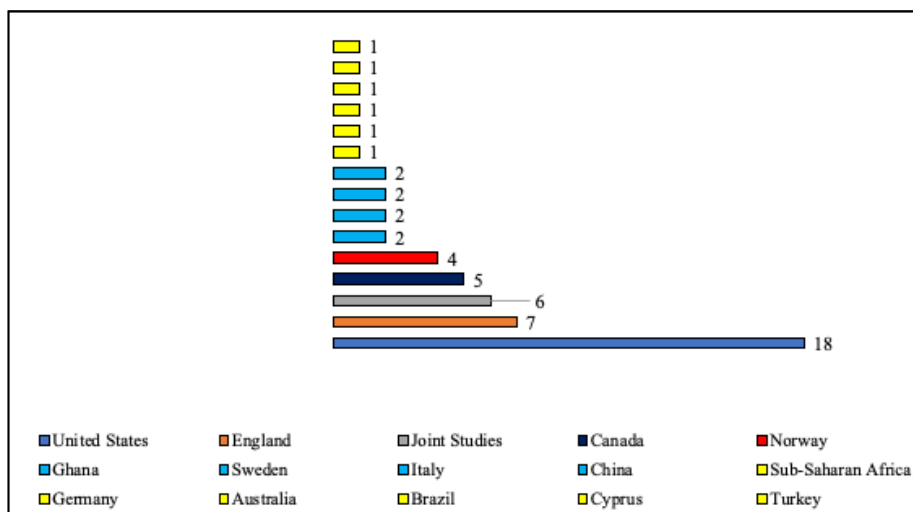


Figure 3: Distribution of studies by country

Table 1 presents the prominent authors who address the theme 'leadership and negotiation in Health'.

Table 1: Summary of the authors, by the theme 'leadership and negotiation in Health'

Category	Articles	Author (year)
Health	54	Gačić et al. (2023); Virella (2023); Naidoo & Van Wyk (2023); Bline & Dammann (2022); Mou et al. (2022); Waring et al. (2022); Wyns (2022); Kashef et al. (2022); Handberg & Werlauff (2022); Canas et al. (2021); Schulze et al. (2021); Nabyonga-Orem et al. (2021); El-Wajaeh et al. (2021); Embuldeniya et al. (2021); Fox & Comeau-Vallée (2020); Kumar (2020); Johannessen et al. (2020); Phillips & Bullock (2020); Pope & Dubras (2020); Bergmark et al. (2019); Wiler et al. (2019); Son et al. (2019); Pitsillidou et al. (2018); Dall'Oglio et al. (2018); Chu & Cheung (2018); Rasanathan et al. (2018); Willging et al. (2018); Simpson et al. (2018); Barker-Ruchti et al. (2018); Perreira et al. (2018); Pankow et al. (2018); Gunderson et al. (2018); Friedman et al. (2018); Wang & Kesselheim (2018); Karaeminogullari et al. (2018); Wranik et al. (2017); Drennan et al. (2017); De Raeve et al. (2017); Jackson-Morris & Latif (2017); Iwelunmor et al. (2017); Wirtz et al. (2017); Beidas et al. (2016); Burke et al. (2016); Nygårdh et al. (2016); Green et al. (2016); Perry & Mason (2016); Addicott (2016); Eduardo et al. (2016); Mazel (2016); Schermuly Cet al. (2015); Hellman et al. (2015); Bobbio & Manganelli (2015); Fotaki & Hyde (2015).

Using a variation of the PRISMA meta-analysis by Liberati et al. (2009) (Figure 4), the articles were categorised according to the main components that focus on the research method (Table 2) with quantitative analysis discussing to (i) purpose of the study, (ii) sources of information, (ii) a form of investigation, (iv) data processing, (v) data collection, (vi) study participants, (vii) type of study, (viii) period of longitudinal investigations.

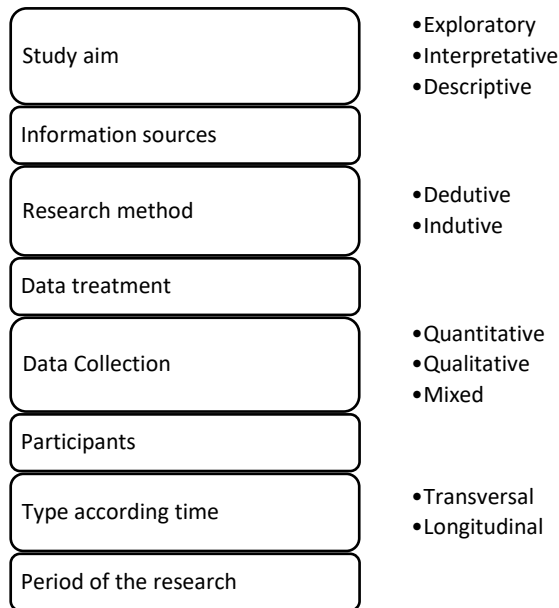


Figure 4: PRISMA Analysis for Health. Source: Adapted from Liberati et al. (2009)

Table 2 summarises the PRISMA protocol adapted from Liberati et al. (2009). As for the studies' purposes, there is a higher frequency of interpretive studies (44.44%) to the detriment of descriptive and exploratory ones (29.63% and 24.93%, respectively). Interviews are the predominant source of information (27.78% of the studies), and inductive analysis, as a form of investigation, stands out with 81.48% of the studies. Obtaining data in a qualitative format (77.78%) prevails over mixed and quantitative studies (12.96% and 9.26%, respectively). Regarding data processing, content analysis, and NVivo software use predominates (46.3%). Concerning the participants, the focus on health professionals prevails (35.19%), followed, in a balanced way, by the government (22.22%), government and health professionals (22.22%), and government and community in general (20.37%). Finally, most studies are cross-sectional (79.63%) to the detriment of longitudinal studies (20.37%); among the longitudinal studies, those that were carried out between periods of one to seven years (54.55%) prevail over those that were carried out from eight to 17 years (45.45%).

Table 2: Classification of studies according to the adapted PRISMA methodology

Component	Classification	Quantity of articles	Relative frequency (%)	Total Attendance
Study Purpose	Interpretative	24	44.44	
	Descriptive	16	29.63	
	Exploratory	14	25.93	100%
Information sources	interviews	15	27.78	
	(Not applicable)	12	22.22	
	Interviews and miscellaneous documents	8	14.81	
	miscellaneous documents	7	12.96	
	Database (SCOPUS)	7	12.96	
	Interviews and questionnaires	4	7.41	
	Questionnaires	1	1.85	100%
Form of Investigation	inductive	44	81.48	
	deductive	10	18.52	100%
Data processing	Qualitative analysis of content and NVivo (1)	25	46.30	
	Model Development	14	25.93	

Component	Classification	Quantity of articles	Relative frequency (%)	Total Attendance
	Statistical methods (linear regression, structural equations, uni and multivariate analysis, means and standard deviation, Wilcoxon test)	9	16.67	
	Miscellaneous (stepwise inductive approach, integration of themes and concepts based on category analysis, Delphi and Nominal grouping techniques, open and axial coding techniques, randomised face-to-face clustering trial with a phased rollout to assess effectiveness differential of two conditions, Actor-Network Theory as an analytical lens)	6	11.11	100%
obtaining data	Qualitative	42	77.78	
	Mixed	7	12.96	
	Quantitative	5	9.26	100%
Participants	Health professionals	19	35.19	
	Government	12	22.22	
	Government and health professionals	12	22.22	
	government and community	11	20.37	100%
Kind of study	transversal	43	79.63	
	Longitudinal	11	20.37	100%
Investigation Period	From 1 to 7 years	6	54.55	
	From 8 to 17 years old	5	45.45	100%

Of the 54 studies analysed, 19 address **Negotiation in Health**, focusing on the role and characteristics of the negotiator (Fox and Comeau-Vallée, 2020), accountability agreements (El-Wajeh et al., 2021), procurement of supplies (Addicott, 2016), policies and agreements to control tobacco consumption (Wranik et al., 2016), facilitation actions and support for changes (Wiler et al., 2019), analysis of the origins and effects of high prices of drugs on the market (Son et al., 2019), individual and organisational goals (Kwamie et al., 2017), conflicts and negotiation between government health areas and users (Natland and Hansen, 2017), funding bodies and governments (Wranik et al., 2017) and healthcare costs (Drennan et al., 2017).

The behavioural line where is evidenced in 12 articles, whose subjects revolve around levels of conflict in hospitals, which are associated with increasing errors and low levels of satisfaction, performance and employee turnover (Pitsillidou et al., 2018); Behavioural skills and inter and intrapersonal factors (Valaitis et al., 2018), responsibilities of politicians, policymakers and civil servants for the services they provide (Danhondo et al., 2018), fidelity to the process improvement strategy (Pankow et al., 2018), building a collaborative interprofessional relationship (Waring et al., 2022).

There has been recent but growing interest in **Evidence-Based Practices**; seven studies refer to fostering evidence-based policy making (Tudisca et al., 2018), strategic use of *coaches* to support service providers (Gunderson et al. al., 2018), social determinants of health (Friedman et al., 2018) and for studies of pathologies, special groups such as the elderly, drug users and people with mental disabilities (Iwelunmor et al., 2017).

Among the investigations that address **leadership** (six articles) are business education for health professionals (Phillips and Bullock, 2020) and alignment in governance levels (Turner et al., 2018), improvement of health policies and safety (Kumar, 2020) and leadership and trust in the intra-hospital leader (Virella, 2023).

Among the articles that refer to **sustainability** as a study focus (five studies), there is one that analyses the implementation of community services and proposes a model to integrate health institutions and sustainability into their operations (Bergmark et al., 2019), an agenda for public health policymakers (Gačić et al., 2023; Rasanathan et al., 2018), development of lean principles to improve patient care (Waring et al., 2022) and production of a tool to assess and guide sustainability of national tobacco control programs (Jackson-Morris and Latif, 2017).

Collaborative governance is another theme addressed in five studies to investigate the principles of Family-Centered Care (Dall'Oglio et al., 2018), analyse and compare the governance of athletes' development (Barker-Ruchti et al., 2018), verify collaborative governance in the care of patients with HIV (Agbodzakey, 2017) and examine the experiences of social workers and the community in a nursing home (Embuldeniya et al., 2021).

4. Developing the Health Performance Model

Grounded Theory is a qualitative research style that pursues to generate new theories through some essential elements: concepts, categories and properties. The generation and development of these elements take place via an interactive procedure. That is, they are not generated a priori and subsequently tested. *Grounded Theory* emphasises learning from data rather than an existing theoretical view (Strauss & Corbin, 1990). Once the researcher has reached the theoretical saturation of the categories, he proceeds to review, classify and integrate the numerous *memos* related to the types, their properties and the relationships between them. This procedure is called sorting and is crucial as it combines fragmented data. The classified *memos* generate a conceptual structure (*framework*) with the main designs and evidences on what is being investigated. Therefore, the writing stage is simply a product of the sorting procedure.

Glaser (2001) describes *Grounded Theory* as "paradigmatically neutral", it can be used in positivist, interpretivist, or critical studies, and is seen as a method that can be used regardless of the epistemological posture of the researcher (Petrini and Pozzebon, 2009).

Although performance is a topic of great importance for the management of health service systems (Marchal et al., 2014), attempts by the World Health Organization (WHO, 2000) and Pan American Health Organization (PAHO, 2001) to encourage the development of performance management systems and the adoption of the results-based management model, few studies have explained the theoretical model to evaluate the performance of health interventions. Given this, considering the complex, paradoxical, and contingent nature of the performance of health interventions and the abundance of evaluative models available in the literature, the importance of theoretical delimitation on performance, and the need to explain the methodological options adopted for your evaluation. This aspect is important given the numerous definitions and lack of consensus on performance. Often, the term is used as a synonym for quality, effectiveness, or efficiency, which alone cannot represent the entire spectrum of issues covered by performance (Champgne et al., 2011), insufficient to promote health intervention development.

Performance can be understood in several ways. The goal achievement model (most used by analysts and technicians in organisations) corresponds to the functionalist, rational conceptualisation of the organisation, which was and continues to be the dominant perspective in the theory of organisations. According to this approach, an organisation exists to fulfil specific objectives, and evaluating its performance then consists of assessing the extent to which the organisation achieves its objectives (Kumar, 2020). However, there are difficulties in defining quality standards in performance indicators, and the challenges increase as services increase and the environment dynamics (Johannessen et al., 2020). In this context, Figure 5 presents the conceptual model that emerged from the RSL in the Health category, elaborated from the *Grounded Theory application*, which emphasises the importance of negotiation in health as a conductor that permeates between the dimensions of behaviour, leadership, of evidence-based practices, sustainability and corporate governance intending to improve the performance of healthcare organisations.

The objective of this study is not to generalise, but rather to particularize and understand the actors and phenomena in their complexity and uniqueness. To understand the phenomenon in greater depth, we chose to build our own model instead of testing hypotheses derived from existing theories and models.

The diagram in Figure 5 is a visual mechanism that draws the relationships between concepts addressed in this study during the analysis process. The open coding of the concepts compares the analysed units of the studies included in this review to find similarities among them. This procedure rises to the aggregation of the units, concepts according to similarities, corresponding to the formation of the first codes, and concepts generated by the researchers' interpretations (Strauss and Corbin, 1990). In this context, the information extracted from the studies was reorganized, seeking to relate similar codes and synthesizing it in the central idea (Scalabrin, 2007). The model establishes a relationship between the categories involving: the causal condition, the phenomenon, the context, the action/interaction strategies, the intervening conditions, and the consequences.

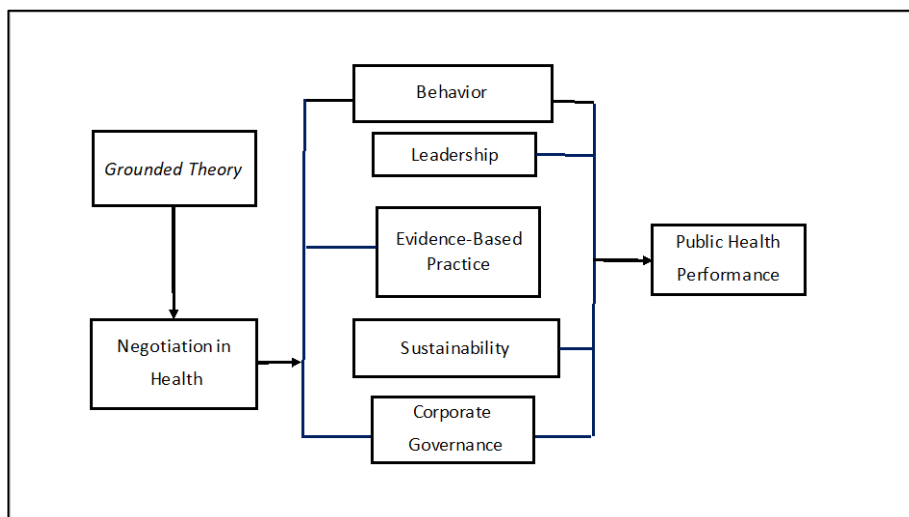


Figure 5: A conceptual model to achieve better performance in health institutions

In this way, it is extended that negotiation in health occupies a strategic place in the organisational context, adding or not power to the five other concepts and bringing institutional objectives closer to corporate strategic objectives, being a relevant factor to be understood in the context of health.

5. Conclusions and Future Agenda

Carrying out planning, organising, directing and controlling processes is essential for any organisation, including the complex that governs public administration. However, identifying problems or opportunities for improvement is just the beginning. It is necessary to define the future, the goals and how they will be achieved and, mainly, which purposes and objectives guide decisions. In response to the challenges governments face concerning different issues housed in public administration, this review intended to analyse the recent and current literature to list the main issues addressed in the health area.

Strategies to defend the quality of care and the tendency of evidence-based studies that support the formulation of agendas and recommendations to policymakers emphasising scarcity and the best allocation of available resources were found in the analysed studies. In addition, globalisation has brought social change, and the participatory elements of democracy are constantly evolving, requiring a greater level of accountability that will positively affect the performance of public organisations in the health area, given that corruption and accounting slacks have important impacts on audits of governments.

The values and objectives of public health administration seek to benefit all members of society. Therefore, partnerships between government, community and the private sector, as well as the integration of public policies must be aligned with progressive goals when creating strategies in search of solutions.

Due to the complexity surrounding the health issue, it is a systemic challenge for governments to implement changes and ensure that new policies are implemented. Therefore, several tools and approaches have been designed to encourage the formulation of policies emphasising social responsibility and improving the quality of services provided, keeping leadership and negotiation as a lens.

The implications of this RSL refer to suggestions for a future agenda in the health area, as shown in Table 3. The research contributes to the theory, highlighting the main recently published issues that present public managers with the viable option of serving as defenders of various societal interests.

Table 3: Suggestions for future investigations in public administration in the area of health

Health negotiations	<ul style="list-style-type: none"> - Investigate best negotiation practices for medical supplies, aiming at good practices and raising determinant factors for the reduction of prices practised today; - Analysis of information flows and development of programs that help in quotations and acquisitions shared by health institutions; - Development of an objective approach to comparing alternatives that can facilitate drug policy adoption, allowing policymakers to focus on the most viable options.
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Behaviour	<ul style="list-style-type: none"> - Development of studies that seek to understand the reasons behind specific organisational conflicts in the health area; - Expansion of knowledge of Family-Centered Care Programs in order to increase perceived relevance in clinical practice; - Investigations that address the preparation of doctors to learn strategies and, in this way, collaborate as agents of change in public health policies; - Development and implementation of studies on transformational leadership to establish holistic ideals in health systems practices.
Leadership	<ul style="list-style-type: none"> - Studies that elucidate factors that influence managers' ability to support health programs, including political trends, leadership characteristics in systems and organisations, public-private partnerships, procurement and contracting, collaboration and competition, and support for organisational staff.
Evidence-based practices	<ul style="list-style-type: none"> - Development of indicators that are destined to become a shared resource, usable by policymakers, researchers and other stakeholders, with a crucial impact in promoting evidence-informed policy development; - Investigations that expand the use of tools and approaches designed to encourage the formulation of evidence-based policies and that provide indicators to keep political decisions guided by validated information; - Explore stakeholder perception of an evidence-based task change strategy for different pathologies.
Sustainability	<ul style="list-style-type: none"> - Expand the integrated change management model to help healthcare facility leaders gradually integrate sustainability into their operations.
Corporate governance	<ul style="list-style-type: none"> - Development of technical instruments and peer learning by policymakers (mainly outside the health sector), supporting knowledge management and sharing practises in multisectoral actions.

A limitation of this study is centred on the lack of testing of the conceived conceptual model, which can generate new health investigations. Accordingly, for future systematic investigations, we suggest the maintenance of the evolutionary focus, the use of the Prisma Method for classifying studies, and the Grounded Theory for formulating conceptual models allied to RSL.

Acknowledgements

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