INPLASY

Impact of Leadership on Performance in Health at individual, team, and organizational level: protocol for a systematic review

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ADMINISTRATIVE INFORMATION

Support - Unidade Local de Saúde de São José.

Review Stage at time of this submission - Data extraction.

Conflicts of interest - The reviewers declare that they have no know conflicts of interest. The lead reviewer is a member of a public primary care health facility.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 08 February 2024 and was last updated on 08 February 2024.

INTRODUCTION

*R*eview question / Objective The broad objective is to review the evidence for the relevance of leadership theory performance in health at the individual, team, and organizational levels.
It aims to answer the following questions:
1. What is the evidence base for the relevance of leadership and leadership development on performance in health?
2. How has leadership with its conceptualizations and performance in health been empirically examined to date regarding study design and methodologies?
3. What measures of leadership and performance have been utilized in these studies?
4. What were the key findings of the included investigations?
5. What are the implications of these findings for individuals, teams, and organizations?
6. What limitations and gaps exist in literature?

Rationale Health systems have been exposed to an increase in expenditure due to several factors, such as aging of demographic structures, emerging of new diseases, fast technological advances with innovative drugs and greater expectations regarding healthcare. These challenges put pressure on systems to become more efficient and effective in their management (Kickbusch & Gleicher, 2014).
The main challenge faced by all organizations in healthcare sector is enabling cultures to ensure the provision of safe, high-quality care (Schein, 2010). Leaders are responsible for establishing formal structures, programs, and systems that facilitate the efficient functioning of an organization (Yukl, 2013). The core values of an organization derive from leadership, which has evolved into a leadership style (Tsai, 2011). Employees will be guided by these values and the behavior of leaders, so those behaviors will become increasingly aligned (Zehir et al., 2011). It is expected that by developing effective leadership,

organizations can achieve superior performance (Zehir et al., 2011).

Although relationships between leadership and performance have been examined independently. An overall picture of the changes in the literature is still largely absent because a systematic review regarding the two subjects as not been conducted. Most previous studies only focus one dimension of leadership. Various classical revisions have been done that showed different topics were investigated in leadership but the development and its relationships among different topics is unclear.

The present study is intended to provide a systematic review of the empirical research articles and of leadership and its development regarding the need to improve performance and outcomes in health. We seek the different forms of the two constructs in the healthcare sector, their interrelationships, as well as the emerging research trends. It is also planned to define the most appropriate theoretical representations for the latent variables and interconnect the conceptualizations where possible relationships are predicted.

Subsequently, a conceptual model will be developed, emphasizing the main characteristics that influence Leadership and Performance in the healthcare area.

The possible limitations of the studies to be included on this review are: "small sample sizes; lack of underpinning theory; survey instruments with inadequate reliability and validity; failure to measure control variables; cross-sectional designs; reliance on self-report (example for measuring patient safety); and poor measurement of leadership (not systematic)" (West et al., 2015, p. 15).

Condition being studied A systematic literature review will be performed on all previous studies about leadership theory, its development and practice and performance in the primary care sector.

Leadership can be defined in terms of traits, behaviours, influence, interaction patterns, role relationships, and holding an administrative position. It reflects the assumption that it involves a process by which intentional influence is exerted on others to guide, structure, and facilitate activities and relationships in a group or organization (Yukl, 2013).

Performance is commonly conceived in individual or organizational terms, or as a combination of both. It can be identified with an activity, program, or policy, linked to the evaluation movement. It can have several dimensions – such as responsibility, user choice, efficiency, results and effectiveness, resource allocation and value creation. The concept of performance is also commonly used as a preface for other activities, such as auditing or budgeting and, more diffusely, for improvement, guidance, and trajectories (Bouckaert & Halligan, 2008). In this way, it can be considered as a multidimensional construct that reflects the totality of individual behaviours or actions necessary to achieve the objectives of an organization (Charbonnier-Voirin & Roussel, 2012).

METHODS

Search strategy We will perform a systematic review according to the PRISMA 2020 recommendations of 2020 (Page et al., 2021). It will be based on an extensive systematic literature retrieval on three bibliographic databases, including ISI Web of Science, PubMed, and SCOPUS to retrieve the potential literature of interest. We plan to search the databases from inception until February of 2024, without any language restrictions.

The search terms to be used are based on three concepts: (1) Leadership, (2) Performance, (3) Primary Care. Within each concept, we will use the Boolean operator AND, without restrictions regarding language or year of publication.

A search of the SCOPUS database is as follows:
TITULO-ABS-KEY (leadership AND performance AND "Primary care"). Limitações: Document type (limited to Article and Review); Language (English and Portuguese); Source type (limited to Journal); Publication stage (Limited to Final).

In the Wef of Science database we used:
Results for (leadership AND performance AND "Primary Care") (All Fields) and Article or Review Article (Document Types) and Health Care Sciences Services or Health Policy Services or Primary Health Care (Web of Science Categories) and English (Languages).

In PubMed database we used:
TITLE-ABS (("leadership" [MeSH]) AND (performance) AND ("primary care"). There were no limitations (subject area, language, source type, source title, publication stage, affiliation).

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Participant or population Studies that report findings on health care setting.

Intervention No specific inclusion or exclusion criteria aside from the papers must occur in the target population (see participants/population).

Comparator Not applied in this review.

Study designs to be included Empirical studies (qualitative, quantitative, or mixed method) and theoretical papers, chapters, and dissertations. Review papers will be used to source relevant articles.

Eligibility criteria Studies included: (1) Primary studies relevant to our research topic (if review articles such as scoping review articles are potentially relevant, the mentioned and relevant primary articles should be selected and included). Excluded studies:(1) Conference paper, letters, meeting abstracts, media reports, content feeds.(2) Articles that do not focus on the topics of leadership and performance.

Information sources Searches will be conducted in the following databases: SCOPUS, ISI Web of Science (WoS) and PubMed. To ensure literature saturation, the eligible papers and reviews identified through the search will be used for reference mining. A bibliography of the eligible papers will be circulated to the systematic review team and leadership experts identified by the team to ensure all relevant material has been captured.

Main outcome(s) This review examines the evidence base for the impact and relevance of leadership and performance. The outcomes of primary interest include, and are not limited to, leadership and its behaviors, styles, and development regarding performance and its improvement. As secondary outcomes, we will consider wellbeing and absenteeism.

Data management After exclusion of duplicates, two reviewers will independently screen the titles and abstracts for relevance against the eligibility criteria following the PRISMA 2020 expanded checklist guideline. The reviewers will obtain full text papers if a paper is deemed to meet eligibility criteria by at least one reviewer. Reasons for any exclusion after review of the full text will be recorded. The researchers will seek additional information from study authors where necessary to resolve questions about eligibility. The reviewers will resolve disagreements through discussion and, where necessary, arbitration by a third reviewer. To determine the level of agreement, Cohen's r will be calculated. If a study is relevant and eligible, data will be extracted from the full text article by one researcher. Extracted data will be checked by another researcher. Disagreements will be resolved by a third member of the research team.

The process will be interactive to ensure that all relevant studies are included. A pilot test will be implemented to ensure consistency between reviewers.

All the included papers will be carefully reviewed to extract and code the data. The title, abstract, keywords, authors' names and affiliations, journal name, and year of publication of the identified records will be exported to an MS Excel spreadsheet. The spreadsheet will be modified as needed by adding items for data management. More specifically, the bibliographic details of the included studies, the essential items of PRISMA checklist with some extensions, and several items needed to address reporting the PRISMA flowchart will be added to the data management spreadsheet. One author will extract the data from the included papers and the second author will check the extracted data. Disagreements are to be resolved by discussion between the two reviewers. The search results and study selection process will be reported in the final review and presented in the PRISMA flowchart.

Quality assessment / Risk of bias analysis Two reviewers will independently assess the risk of bias using for the analysis of: qualitative articles the guidelines defined by Letts et al. (2007); for quantitative articles the paper by Law et al. (1998)

will be used and AMSTAR-2 (Shea et al., 2017) grid for systematic review articles.

Strategy of data synthesis We will review the setting of the study, its actors, the geographical location where each study is carried out, the purpose, the sources of information, the methodology and its results.

The data will be synthesised using an MS Excel spreadsheet. A codebook will be developed by the first author prior to data extraction to allow for synthesising of the data. The first author will be the primary coder. The primary coder and a secondary coder from the research team will each independently analyse the same 10% of the data. From this, they will meet to discuss any emerging codes and, based on their discussion, refine the codebook, and recode with the aim of achieving strong coding reliability against the refined codebook. All data will then be coded by the primary coder using the refined codebook, with support from the research team. Regular meetings of the research team will be held to continue refining and developing the theme and code structure throughout the coding process.

As a complement, the VOSviewer software will be used for bibliometric analysis.

Subgroup analysis Not applied in this review.

Sensitivity analysis Not applied in this review.

Language restriction Papers must be published in English and Portuguese to be considered for inclusion.

Country(ies) involved Portugal.

Keywords Leadership; Performance; Primary Care.

Contributions of each author

Author 1 - Francisco José Carvalho Sampaio co-first author of the protocol who drafted the protocol and led and provided feedback for the screenings and development of the research question, research strategy, eligibility criteria and data extraction and presentation plans.
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Author 2 - Isabel Cristina Panziera Marques co-first author of the protocol who led the refinement and modification of the search strategy, eligibility criteria and draft protocol, led and conducted pilot testing and formal screening of the search results against the eligibility criteria.
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Author 3 - Ana Paula Ventura Ferreira co-first author of the protocol who drafted the protocol and provided feedback for screening and developing the research question, search strategy, eligibility criteria and data extraction and presentation plans.
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