

INPLASY

Micromanagement in Healthcare: Determinants, Behavioral Dimensions, Consequences, and Evidence-Based Interventions; a Systematic Review

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ADMINISTRATIVE INFORMATION

Support - Not applicable.

Review Stage at time of this submission - Completed but not published.

Conflicts of interest - None declared.

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Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 4 June 2026 and was last updated on 4 June 2026.

INTRODUCTION

Review question / Objective The main objectives of this literature review were to identify: (i) the antecedent factors leading to the occurrence of micromanagement in healthcare organizations; and (ii) the behavioral characteristics of micromanagement. The secondary objectives include: (i) the outcomes of micromanagement in organizations, clinics, and psychology; and (ii) possible methods for addressing micromanagement.

Rationale There is a noticeable lack of theoretical development that prevents the construction of an overarching theory of healthcare micromanagement. Prior research on the topic has not attempted a comprehensive analysis of the precursors to, behaviors associated with, organizational outcomes, and evidence-based solutions for micromanagement in healthcare. It is the purpose of the current study to fill this gap in the literature of organizational health science.

Condition being studied Micromanagement in healthcare.

METHODS

Search strategy This systematic search employed an efficient search technique that entailed the use of both MeSH terms and text words in various combinations of Boolean operators such as AND, OR, and NOT, making the search sensitive and specific (McKeever et al., 2015). The full Boolean search string matrix is included in Supplementary Table 1.

The key terms used in the search process were: (1) micromanagement; (2) health care professionals (HCP); (3) health care leaders; (4) clinical supervision; (5) clinical practice environment; (6) employees; (7) autonomy; (8) health care management; (9) leadership; (10) authoritative; (11) autocratic; and (12) transformational leadership. The Boolean logic was used in different combinations for topic-related searches (Supplementary Table 1).

Participant or population This is a systematic review. Eligibility criteria for the studies to be included were: (i) using innovative methods of research (qualitative, mixed-method, cross-sectional, longitudinal, descriptive, correlational, retrospective, conceptual, and applied research); (ii) peer-reviewed publications in the period from January 2003 to May 2024; (iii) studying the concept of micromanagement in the context of the healthcare field; and (iv) presenting statistical data on at least one of the review criteria.

Intervention No intervention.

Comparator Not applicable.

Study designs to be included Qualitative, mixed-method, cross-sectional, longitudinal, descriptive, correlational, retrospective, conceptual, and applied research).

Eligibility criteria Eligibility criteria for the studies to be included were: (i) using innovative methods of research (qualitative, mixed-method, cross-sectional, longitudinal, descriptive, correlational, retrospective, conceptual, and applied research); (ii) peer-reviewed publications in the period from January 2003 to May 2024; (iii) studying the concept of micromanagement in the context of the healthcare field; and (iv) presenting statistical data on at least one of the review criteria.

Information sources The present systematic review adheres to PRISMA 2015 guidelines (Moher et al., 2015). A comprehensive and replicable search was carried out on 10th May 2024 in eight credible electronic databases, which include CINAHL, PubMed/MEDLINE, Cochrane Library, Web of Science, Google Scholar, EMBASE, Scopus, and Ovid.

Main outcome(s) The main objectives of this literature review were to identify: (i) the antecedent factors leading to the occurrence of micromanagement in healthcare organizations; and (ii) the behavioral characteristics of micromanagement.

Additional outcome(s) The secondary objectives include: (i) the outcomes of micromanagement in organizations, clinics, and psychology; and (ii) possible methods for addressing micromanagement.

Data management Data extraction was independently carried out by two reviewers using an established extraction form, with disagreements being sorted out by consensus or by a third. The

variables that were extracted involved author-ship of the paper, year of publication, methodology and design, sample features, and results involving all four endpoints. Data extraction was compiled using a Microsoft Excel spreadsheet; a second reviewer independently verified the data.

Quality assessment / Risk of bias analysis Each study was evaluated regarding methodological quality and risk of bias (ROB) by applying the Cochrane ROBINS-I (Risk of Bias in Non-randomized Studies of Interventions) assessment tool (Thomson et al., 2018). ROB was assessed according to seven domains: confounding, selection, classification of intervention exposures, deviations from intended interventions, missing data, measurement of outcomes, and reporting biases. The risks of bias for each domain were assigned ratings of low, moderate, serious, or critical risk, which is reflected in the summary designation of bias for the entire study.

Strategy of data synthesis For thematic analysis, a methodology for identifying, classifying, and interpreting recurring themes that was outlined by Kiger & Varpio (Kiger & Varpio, 2020) was adopted. The grounded theory approach was used for conducting cross-study comparative analysis (Chun Tie et al., 2019). In this way, theoretical propositions have been formulated based on evidence from empirical studies.

Subgroup analysis Not applicable.

Sensitivity analysis Not applicable.

Language restriction English.

Country(ies) involved Oman.

Other relevant information Not applicable.

Keywords micromanagement; healthcare; autocratic leadership; transformational leadership; professional autonomy; occupational burnout; patient safety; organizational performance; systematic review.

Dissemination plans Data will be published in an open-access journal. Also, it will be presented in international conference.

Contributions of each author

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