

Systematic Review

People-Centered Leadership, Organizational Commitment and Retention in Public Healthcare: A Governance-Sensitive Integrative Model

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Abstract

Background: Public healthcare systems face persistent workforce retention challenges that undermine service continuity, organizational resilience, and public value creation. Although leadership is frequently identified as a relevant lever, the literature remains theoretically fragmented and often treats leadership effects as direct and context-free. **Methods:** This review adopts a PRISMA-guided systematic literature review as a theory-building strategy. Searches were conducted in Web of Science, Scopus, and PubMed using combinations of terms related to leadership, organizational commitment, job satisfaction, turnover intention, and retention in healthcare settings. The review identified 640 records, removed 372 duplicates, screened 268 titles and abstracts, assessed 90 full-text records for eligibility, and retained 30 peer-reviewed studies for configurative synthesis. The analysis combined thematic synthesis with configurative mapping to identify mechanisms, recurring patterns, and contextual contingencies. **Results:** The review shows three consistent patterns. First, leadership is linked to retention predominantly through organizational commitment, especially affective and normative commitment, rather than through direct effects. Second, institutional and organizational conditions—particularly red tape and working conditions—shape the strength of leadership–commitment relationships. Third, workforce heterogeneity, including generational differences, affects how leadership practices and organizational environments are interpreted, although these dynamics are rarely theorized explicitly in the literature. **Conclusions:** The article develops a governance-sensitive integrative framework in which people-centered leadership influences turnover intentions indirectly through organizational commitment, while red tape and working conditions operate as contextual moderators. By embedding leadership within Public Administration and governance theory, the review clarifies the literature’s main explanatory gap and provides a foundation for comparative empirical testing and for more sustainable workforce strategies in public healthcare systems.



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Keywords: people-centered leadership; organizational commitment; turnover intentions; public healthcare; public governance; post-new public management; red tape; working conditions

1. Introduction

Public healthcare systems across advanced democracies are facing persistent and structurally embedded workforce retention challenges. Chronic staff shortages, rising turnover intentions among healthcare professionals, and declining levels of organizational commitment have become defining features of public healthcare organizations, undermining service continuity, organizational resilience, and the capacity to create public value (OECD, 2016; WHO, 2023; Buchan et al., 2019). These challenges have been further intensified by successive systemic shocks, including prolonged fiscal austerity, the COVID-19 pandemic, and demographic ageing exposing the fragility of human resource sustainability in public health systems (Bevan & Hood, 2006; Christensen & Lægheid, 2025).

While workforce shortages are frequently framed as supply-side constraints or labor market mismatches, an expanding body of Public Administration scholarship suggests that retention in public healthcare is fundamentally an organizational and governance issue. Decisions by healthcare professionals to remain in or leave public organizations are shaped not only by external employment opportunities but also by internal organizational experiences, including leadership practices, organizational commitment, administrative burden, and working conditions (Bozeman, 2000; Pandey & Scott, 2002; Van der Voet et al., 2016). However, the literature has yet to produce a sufficiently integrated explanatory model capable of linking these dimensions within a single Public Administration framework. Consequently, the present review addresses a theoretical gap concerning the mechanisms through which leadership influences retention and the institutional conditions under which these effects unfold.

Leadership has been widely identified as a key determinant of healthcare professionals' attitudes and behavioral intentions. Empirical studies consistently report associations between leadership practices and job satisfaction, organizational commitment, and turnover intentions across healthcare settings (Cummings et al., 2018; Wong et al., 2013; Eva et al., 2019). However, despite the growing volume of this literature, its theoretical foundations remain fragmented. Leadership is frequently conceptualized through managerial or psychological lenses, often detached from core concerns of Public Administration such as governance arrangements, bureaucratic constraints, accountability structures, and public value creation (Van Wart, 2013; Christensen & Lægheid, 2025).

This fragmentation has important theoretical and empirical consequences. First, leadership effects are often treated as direct and universal, obscuring the attitudinal mechanisms through which leadership influences retention outcomes. Second, institutional contexts such as red tape, hierarchical accountability, and material working conditions are rarely incorporated into explanatory models, despite their centrality in shaping behavior within public healthcare organizations (Bozeman, 2000; Pollitt & Bouckaert, 2017). Third, generational differences among healthcare professionals are increasingly acknowledged empirically but remain weakly theorized, limiting their contribution to cumulative explanation and comparative analysis (Lyons & Kuron, 2014; Twenge et al., 2010).

Recent theoretical developments in Public Administration call for a reorientation of leadership research toward people-centered and governance-sensitive perspectives. Post-New Public Management and New Public Service approaches emphasize relational leadership, ethical responsibility, and the co-creation of public value, challenging the managerialist assumptions that dominated earlier reform paradigms (Denhardt & Denhardt, 2015; Osborne, 2010; Pollitt & Bouckaert, 2017). Within these perspectives, leadership is understood not merely as a set of managerial behaviours but as an institutional practice embedded in organizational structures, professional norms, and governance systems. This shift is analytically important because it provides the conceptual bridge between conventional leadership research and the governance-sensitive perspective advanced in this article.

Responding to these debates, this article develops a governance-sensitive integrative framework explaining how people-centered leadership influences organizational commitment and turnover intentions in public healthcare organizations. Adopting a cumulative, theory-building research design, the study integrates conceptual insights from leadership and institutional theory with a PRISMA-guided systematic literature review of leadership and workforce retention research in healthcare. Rather than treating leadership effects as context-free, the framework explicitly models organizational commitment as a central mediating mechanism and incorporates institutional and organizational contexts as conditioning factors. Despite growing research on leadership and workforce outcomes in healthcare, an important gap remains. Existing studies often examine leadership, organizational commitment, and turnover intentions in a fragmented manner, frequently treating leadership as a direct and context-free determinant of employee outcomes. This leaves the mechanisms through which leadership influences retention and the institutional conditions under which such effects are strengthened or constrained insufficiently explained. Against this background, the central research question guiding this review is: how does people-centered leadership influence turnover intentions in public healthcare organizations, and what mediating and contextual mechanisms help explain this relationship? The novelty of this article lies in developing a governance-sensitive integrative framework that connects leadership, organizational commitment, red tape, working conditions, and generational dynamics within a single Public Administration-oriented explanatory model.

The article advances three core arguments. First, leadership effects on retention in public healthcare are predominantly indirect, operating through organizational commitment as a central attitudinal mechanism. Second, institutional and organizational contexts—particularly red tape and working conditions—condition leadership effects and must be explicitly incorporated into explanatory models. Third, generational differences function as transversal interpretive dynamics that shape how leadership practices and organizational environments are perceived and translated into commitment and retention outcomes.

By integrating leadership research with institutional and governance perspectives, this article addresses persistent theoretical fragmentation and contributes to ongoing debates on the future direction of Public Administration as a people-centered and governance-oriented field (Pollitt, 2016; Christensen & Lægheid, 2025). In doing so, it provides a robust conceptual foundation for future empirical testing and for the design of sustainable workforce strategies in public healthcare systems.

2. Leadership and Retention in Public Healthcare: A Public Administration Perspective

Workforce retention in public healthcare has increasingly been recognized as a strategic governance challenge rather than a purely operational or managerial concern. Persistent turnover among healthcare professionals undermines organizational learning, inflates recruitment and training costs, and disrupts continuity of care, with direct implications for efficiency, equity, and public trust in health systems (Buchan et al., 2019; OECD, 2016; WHO, 2023). From a Public Administration perspective, these dynamics cannot be adequately understood through labor market explanations alone, as retention outcomes are deeply embedded in organizational and institutional arrangements.

Central to this perspective is the concept of organizational commitment, which plays a pivotal role in the theoretical structure of this article. Rather than being treated as a parallel correlate of leadership or retention, organizational commitment is conceptualized here as the principal attitudinal mechanism through which leadership practices are translated into retention-related outcomes. Following Meyer and Allen (1997), commitment is commonly understood as comprising affective, normative, and continuance dimensions. Affective

commitment reflects emotional attachment and identification with the organization, normative commitment captures moral obligation and professional duty, and continuance commitment relates to perceived costs associated with leaving. In public organizations, commitment is closely linked to value alignment, perceptions of procedural fairness, and trust in leadership and institutions (Perry & Wise, 1990; Van der Voet et al., 2016). Empirical evidence consistently demonstrates that higher levels of organizational commitment, particularly affective and normative commitment, are associated with lower turnover intentions among healthcare professionals (Meyer et al., 2002; Giauque et al., 2019). According to the three-dimensional model developed by Meyer and Allen (1991), one of the main outcomes of organizational commitment is a reduction in employees' intentions to leave the organization, thereby retaining them. This is one of the factors driving the high level of interest in the study of organizational commitment, particularly affective organizational commitment. Recent studies, including those by Martins et al. (2023) and Moreira et al. (2024), have shown that the most effective factor in reducing turnover intentions is precisely affective organizational commitment. This relationship can be explained through social exchange theory, developed by Blau (1964), or the norm of reciprocity, developed by Gouldner (1960). When an employee perceives that they have the support of their organization, they develop a greater commitment to it and, in turn, remain with the organization.

Leadership research in healthcare has traditionally focused on transformational, transactional, and servant leadership styles. Transformational leadership, in particular, has been associated with enhanced motivation, job satisfaction, and reduced turnover intentions across healthcare settings (Avolio & Bass, 2004; Wong et al., 2013; Cummings et al., 2018). Servant leadership emphasizes ethical behavior, empowerment, and concern for followers' well-being, resonating strongly with professional values in healthcare and other caring professions (Eva et al., 2019). While these approaches have generated important insights, they often abstract leadership from the institutional and governance environments in which public healthcare organizations operate.

Public Administration scholarship emphasizes that leadership in public organizations is fundamentally shaped by institutional constraints, governance arrangements, and accountability structures (Van Wart, 2013; Christensen & Lægrend, 2025). Leaders in public healthcare act as intermediaries between political mandates, administrative rules, and professional communities, navigating competing value systems and resource constraints. This institutional embeddedness is central to the argument of the article because it means that leadership cannot be analyzed as an isolated managerial input. Instead, its effects on commitment and turnover intentions must be understood as contingent upon the organizational and governance environments in which leadership is exercised. This distinguishes public sector leadership from private sector leadership and challenges assumptions that leadership practices operate uniformly across contexts.

Street-level bureaucracy theory further underscores the importance of organizational contexts in shaping employee behavior and responses to leadership. Healthcare professionals exercise discretion within rule-bound environments, and their capacity to respond positively to leadership practices is mediated by workload pressures, administrative demands, and professional norms (Lipsky, 1980). Excessive administrative burden, often conceptualized as red tape, has been shown to erode job satisfaction and organizational commitment, thereby weakening retention outcomes (Bozeman, 2000; Pandey & Scott, 2002). These dynamics highlight that leadership practices unfold within institutional environments that may either enable or constrain their effectiveness.

Despite these well-established insights, much of the empirical literature on leadership and retention in healthcare remains weakly connected to Public Administration theory. Leadership is frequently modeled as a direct predictor of turnover intentions, with limited

attention to mediating attitudinal mechanisms or contextual moderators. Such approaches risk overstating leadership effects and underestimating the role of institutional and organizational conditions. Responding to these limitations, this article explicitly embeds leadership and retention within a Public Administration framework that foregrounds organizational commitment and governance contexts, thereby advancing a more theoretically grounded and explanatory account of retention dynamics in public healthcare.

3. From New Public Management to People-Centered Leadership: Theoretical Foundations

The evolution of leadership practices in public healthcare cannot be understood without reference to broader trajectories of public sector reform and the shifting paradigms that have shaped public administration over recent decades. New Public Management (NPM), which gained prominence from the late twentieth century onwards, emphasized efficiency, performance measurement, managerial control, and the adoption of private-sector management techniques within public organizations (Hood, 1991; Pollitt & Bouckaert, 2017). In healthcare systems, NPM-inspired reforms introduced target-setting regimes, performance indicators, quasi-market mechanisms, and intensified managerial oversight, aiming to enhance efficiency, accountability, and service responsiveness.

While these reforms produced certain efficiency gains and improvements in performance transparency, an extensive body of research has documented their unintended and often counterproductive consequences. In public healthcare organizations, NPM practices have been associated with increased administrative burden, work intensification, and the erosion of professional autonomy among healthcare professionals (Bevan & Hood, 2006; Diefenbach, 2009; Pollitt, 2016). The proliferation of performance measurement and reporting requirements has contributed to rising levels of stress and bureaucratic overload, undermining morale and weakening organizational commitment. These dynamics have, in turn, exacerbated workforce retention challenges, particularly in highly professionalized and resource-constrained healthcare environments.

In response to the limitations of managerialist reform paradigms, post-New Public Management approaches and the New Public Service (NPS) perspective emerged, advocating more collaborative, value-oriented, and citizen-centered forms of governance (Denhardt & Denhardt, 2015; Osborne, 2010). These perspectives emphasize value pluralism, co-production, and relational forms of coordination, shifting attention away from narrow efficiency metrics toward broader concerns with legitimacy, trust, and public value creation. Within this evolving governance landscape, leadership is reconceptualized as a relational and people-centered practice rather than as a hierarchical or performance-driven managerial function.

People-centered leadership, as articulated within post-New Public Management and NPS frameworks, focuses on enabling professionals, fostering trust, supporting meaningful work, and aligning organizational practices with public service values. Rather than enforcing compliance through targets and control mechanisms, this form of leadership seeks to mobilize commitment through participation, ethical conduct, and recognition of professional expertise (Denhardt & Denhardt, 2015; Van Wart, 2013). In public healthcare settings, such leadership practices resonate strongly with professional identities rooted in care, ethical responsibility, and service to society, thereby offering a theoretically grounded alternative to managerialist leadership models.

This reconceptualization aligns with broader institutional theories that emphasize the role of norms, values, and organizational cultures in shaping behavior within public organizations (March & Olsen, 1989; Scott, 2014). From an institutional perspective, leadership is embedded within formal rules, informal norms, and shared belief systems that

structure action and constrain choice. In public healthcare organizations, leaders operate within complex institutional environments characterized by professional autonomy, regulatory oversight, and political accountability. As a result, the capacity of leaders to enact people-centered practices is shaped not only by individual competencies but also by the institutional context in which leadership is exercised.

Importantly, institutional constraints—such as red tape, resource scarcity, and hierarchical accountability structures—can significantly limit the effectiveness of people-centered leadership. Excessive administrative requirements and rigid governance arrangements may undermine leaders' efforts to foster trust and commitment, even when leadership intentions align with post-New Public Management ideals (Bozeman, 2000; Christensen et al., 2016). This tension highlights the need to conceptualize leadership effects as contingent and context-dependent rather than as universally applicable.

Taken together, this theoretical synthesis suggests that leadership effects in public healthcare are mediated and conditioned by organizational and institutional environments. Leadership practices influence organizational commitment, but the strength and direction of this relationship depend on governance contexts and working conditions. Building on these insights, the article develops an integrative framework that explicitly incorporates organizational commitment as a central mediating mechanism and models institutional contexts as conditioning factors shaping leadership–retention dynamics in public healthcare organizations. Taken together, these theoretical developments do more than describe the evolution of public sector reform paradigms. They provide the conceptual basis for the article's central contribution: a governance-sensitive model in which people-centered leadership influences retention indirectly through organizational commitment, under conditions shaped by red tape and working conditions. In this way, the theoretical discussion is directly connected to the model-building objective of the review.

4. Methodological Design: Systematic Review as Theory-Building

This article adopts a systematic literature review (SLR) as a theory-building strategy rather than as a purely aggregative or descriptive exercise. The methodological design is grounded in the premise that systematic reviews, when employed configuratively, can play a central role in conceptual refinement and theoretical integration within fragmented research fields (Petticrew & Roberts, 2006; Gough et al., 2017). This approach is particularly suited to leadership and retention research in public healthcare, where empirical findings are abundant but dispersed across disciplinary traditions and theoretical frameworks.

Within Public Administration, systematic reviews have increasingly been recognized as instruments for cumulative knowledge development rather than as inventories of empirical results. Recent methodological contributions emphasize their potential to clarify concepts, identify mechanisms, and surface contextual contingencies that remain obscured in single empirical studies (Tranfield et al., 2003; Peters & Pierre, 2017). In this sense, the systematic review is mobilized not to estimate average effects, but to advance theory by synthesizing heterogeneous bodies of evidence into a coherent explanatory framework.

4.1. Rationale for a Theory-Building Systematic Review

Leadership and retention research in healthcare is characterized by substantial theoretical and methodological diversity. Studies draw on a wide range of leadership theories, employ different outcome measures, and examine varied organizational and institutional contexts. Under such conditions, a meta-analytical approach centered on effect size aggregation would risk oversimplification and theoretical reductionism, potentially masking important mechanisms and contextual variation (Gough et al., 2017).

Instead, this study adopts a configurative systematic review approach, which prioritizes the identification of patterns, mediating processes, and conditioning factors across studies. This strategy is particularly appropriate for examining how leadership practices influence organizational commitment and retention within public healthcare governance contexts, where institutional constraints, professional norms, and organizational environments play a decisive role. By focusing on mechanisms rather than effect magnitudes, the review aligns with recent calls in Public Administration to strengthen theoretical framing and to reconnect empirical findings with institutional and organizational theory (Christensen & Lægreid, 2025; Peters & Torfing, 2025).

4.2. Review Protocol and Search Strategy

The systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to ensure transparency, replicability, and methodological rigor (Page et al., 2021). The review protocol was developed iteratively through preliminary scoping searches and refined to ensure alignment with the theoretical objectives of the study. The systematic review followed the PRISMA 2020 guidelines to ensure transparency, replicability, and methodological rigor (Page et al., 2021). A completed PRISMA 2020 checklist is provided as Supplementary File S1, while the PRISMA 2020 for Abstracts checklist is provided as Supplementary File S2. The full search strategies, database-specific queries, filters, limits, and coding framework are reported in Supplementary File S3. An overview of the sources included in the final analytical corpus is provided in Supplementary File S4. To address PRISMA item 16b, full-text reports excluded after eligibility assessment, together with the primary reason for exclusion, are listed in Supplementary File S5. The PRISMA 2020 flow diagram is included as Figure 1 and also provided as Supplementary File S6.

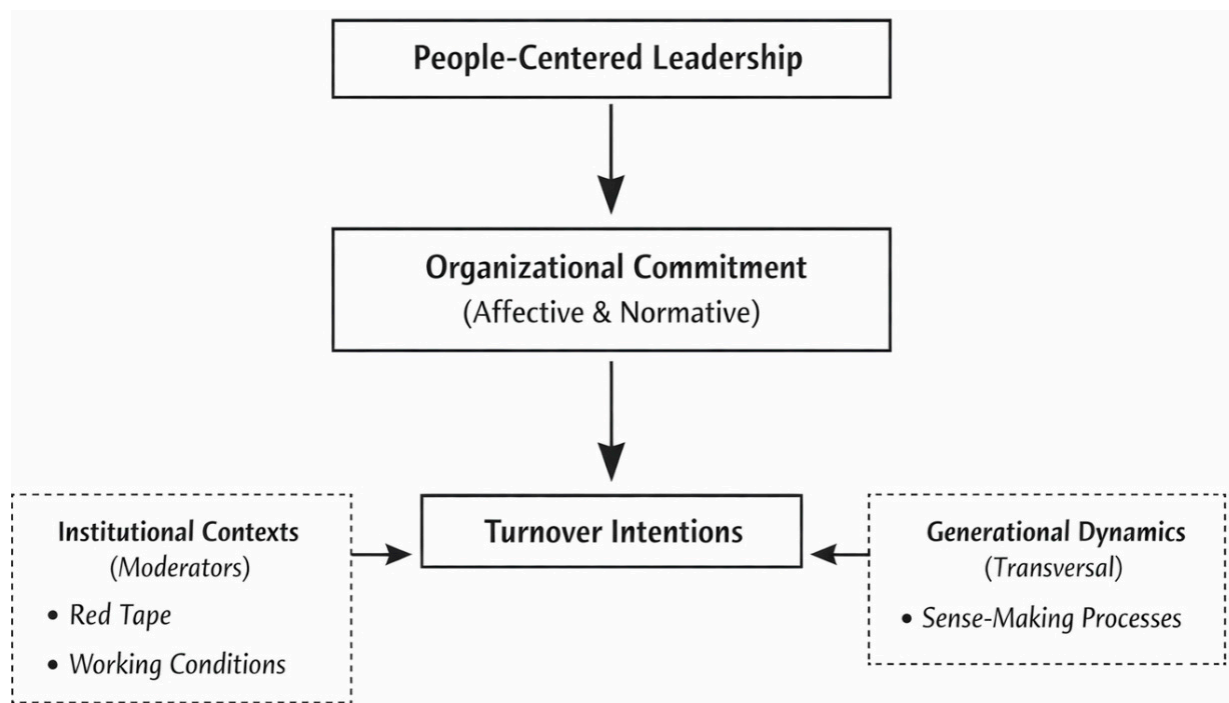


Figure 1. Conceptual framework linking people-centered leadership, organizational commitment, and turnover intentions under post-New Public Management governance conditions. Note: Solid arrows indicate core relationships; dashed arrows represent contextual moderation; governance paradigms and generational differences are treated as institutional scope conditions and interpretive lenses rather than direct causal variables.

The search was conducted across major academic databases commonly used in Public Administration and healthcare research, including Web of Science, Scopus, and PubMed. The search strategy combined keywords related to leadership (e.g., leadership, transformational leadership, servant leadership), attitudinal mechanisms (e.g., organizational commitment, job satisfaction), and retention-related outcomes (e.g., turnover intention, retention) within healthcare settings. Boolean operators and truncation were employed to maximize coverage while maintaining conceptual relevance.

Inclusion criteria were defined as follows:

- (a) peer-reviewed empirical studies;
- (b) focus on healthcare professionals within organizational settings;
- (c) explicit examination of leadership practices and at least one attitudinal or retention-related outcome;
- (d) publication in English.

Studies focusing exclusively on private healthcare organizations or lacking an organizational or institutional dimension were excluded to maintain relevance to Public Administration contexts. The search process identified 640 records across the selected databases. After the removal of 372 duplicates, 268 records were retained for title and abstract screening. Of these, 178 were excluded at screening stage. The full texts of 90 studies were then assessed for eligibility, resulting in a final corpus of 30 studies included in the review. The full PRISMA 2020 flow diagram detailing the identification, screening, eligibility, and inclusion stages is presented in Figure 1 and Supplementary File S6.

4.3. Screening and Data Extraction

The screening process followed PRISMA's sequential stages of identification, screening, eligibility, and inclusion (Page et al., 2021). After identification and duplicate removal, 268 records were screened on the basis of title and abstract, with 178 records excluded at this stage. The remaining 90 full-text articles were assessed for eligibility against the predefined inclusion criteria. Following full-text review, 30 studies were retained for the final synthesis. The remaining 90 full-text articles were assessed for eligibility against the predefined inclusion criteria. Following full-text review, 30 studies were retained for the final synthesis. Full-text reports excluded after eligibility assessment, together with the primary reason for exclusion, are reported in Supplementary File S5. Ambiguities and borderline cases were resolved through iterative discussion, guided by the theoretical objectives of the review. The data supporting the review process are available in the Supplementary Materials, including the PRISMA 2020 checklist, PRISMA 2020 for Abstracts checklist, full search strategies, coding framework, overview of included sources, full-text exclusions, and PRISMA flow diagram.

Data extraction was designed to support theory building rather than purely descriptive synthesis. In addition to methodological characteristics, extracted data included theoretical assumptions, leadership constructs, attitudinal mechanisms, organizational and institutional contexts, and reported relationships with retention-related outcomes. This approach enabled systematic comparison across studies and facilitated the identification of recurring patterns and explanatory gaps.

4.4. Analytical Strategy

The analytical strategy combined thematic synthesis with configurative mapping, following established approaches to qualitative and mixed-methods evidence synthesis (Gough et al., 2017). First, the included studies were coded deductively according to a priori categories derived from the research question and theoretical framing, namely, leadership approach, organizational commitment, turnover intentions, red tape, working

conditions, and generational dynamics. Second, inductive coding was used to identify recurring patterns, emergent mechanisms, and contextual contingencies not fully anticipated in the initial framework. These codes were then compared across studies to identify convergent explanatory patterns, recurring absences, and areas of theoretical fragmentation. Particular attention was paid to how leadership effects were modelled, whether mediating relationships were explicitly theorized, and how institutional features were incorporated into analytical frameworks. This strategy enabled the synthesis to move beyond descriptive aggregation and to support the development of the governance-sensitive conceptual framework presented later in the article.

Particular attention was paid to how leadership effects were modeled, whether mediating relationships were explicitly theorized, and how institutional features were incorporated into analytical frameworks. This strategy aligns with qualitative synthesis methods commonly employed in Public Administration research to address complex, multi-level phenomena and to integrate evidence across diverse methodological traditions (Braun & Clarke, 2006; Creswell & Plano Clark, 2018).

The resulting synthesis informed the development and refinement of the governance-sensitive conceptual framework presented later in the article, providing a theoretically grounded basis for explaining leadership retention dynamics in public healthcare organizations. The complete coding framework and database-specific search strategies are available in Supplementary File S3.

5. Results of the Systematic Literature Review

The systematic literature review revealed several robust and theoretically salient patterns that inform the governance-sensitive integrative framework developed in this article. Rather than presenting results as isolated empirical findings, this section synthesizes convergences, divergences, and explanatory gaps across the literature, with particular emphasis on attitudinal mechanisms and contextual contingencies shaping leadership retention dynamics in public healthcare organizations. An overview of the studies included in the final analytical corpus is provided in Supplementary File S4.

5.1. Leadership and Organizational Commitment

Across the reviewed studies, leadership practices were consistently associated with organizational commitment among healthcare professionals. Transformational leadership emerged as the most frequently examined leadership approach, with substantial evidence linking it to higher levels of affective commitment and stronger emotional attachment to organizations (Avolio & Bass, 2004; Wong et al., 2013; Cummings et al., 2018). These effects were particularly pronounced in studies emphasizing vision, individualized consideration, and supportive leader–follower relationships.

Servant leadership and relational leadership approaches similarly demonstrated positive associations with organizational commitment, especially in contexts characterized by high professional autonomy and strong ethical orientations (Eva et al., 2019; Van Dieren-donck, 2011). These leadership styles appeared particularly congruent with professional values in healthcare, reinforcing identification with organizational missions oriented toward care and service.

Importantly, leadership effects were rarely uniform across organizational contexts. Studies that explicitly incorporated organizational or institutional variables reported considerable variation in effect strength, suggesting that leadership practices operate primarily through attitudinal mechanisms rather than exerting direct influence on retention outcomes. Organizational commitment, particularly its affective dimension, consistently functioned

as a central explanatory variable linking leadership practices to behavioral intentions, supporting mechanism-based interpretations of leadership effects.

5.2. Organizational Commitment and Turnover Intentions

Organizational commitment emerged as a robust and recurrent predictor of turnover intentions across healthcare settings. Consistent with foundational commitment theory, affective commitment was negatively associated with turnover intentions in the vast majority of studies, indicating that emotional attachment and identification with the organization play a critical role in retention decisions (Meyer & Allen, 1997; Meyer et al., 2002). Continuance commitment, by contrast, exhibited more ambiguous and context-dependent effects, reflecting its instrumental rather than affective nature.

Normative commitment reflecting moral obligation, professional duty, and value alignment appeared particularly salient in public healthcare contexts. Several studies highlighted the role of public service values and professional ethics in sustaining commitment even under adverse working conditions (Perry & Wise, 1990; Van der Voet et al., 2016; Giauque et al., 2019). These findings underscore the distinctive motivational foundations of public sector employment and the importance of normative dimensions of commitment in healthcare organizations.

A subset of studies explicitly modeled organizational commitment as a mediating variable between leadership practices and turnover intentions, providing empirical support for indirect leadership effects (Van der Heijden et al., 2018; Giauque et al., 2019). These studies consistently reported that leadership practices influenced turnover intentions primarily through their impact on commitment-related attitudes rather than through direct behavioral pathways. In the study conducted by Martins et al. (2023) in a hospital setting, the authors concluded that organizational commitment serves as a mechanism that explains the relationship between leadership and turnover intentions. This relationship can be explained by the resource conservation theory developed by Hobfoll (1989). When an employee perceives their leader as fair, they develop a stronger sense of organizational commitment, and because they do not want to lose that resource, their turnover intentions decrease. Taken together, these findings reinforce the importance of modeling attitudinal mechanisms when examining leadership–retention relationships in public healthcare.

5.3. Institutional and Organizational Contexts

A critical and recurrent theme in the reviewed literature concerns the role of institutional and organizational contexts in shaping leadership effectiveness and retention outcomes. Administrative burden, often conceptualized as red tape, was frequently identified as a source of frustration, stress, and reduced organizational commitment among healthcare professionals (Bozeman, 2000; Pandey & Scott, 2002; DeHart-Davis, 2017). However, red tape was rarely incorporated into formal analytical models, appearing instead as a background condition or discussion point.

Working conditions including workload intensity, staffing adequacy, time pressure, and resource availability, were consistently identified as contextual factors moderating leadership effects. Studies conducted in high-pressure or resource-constrained environments reported weaker associations between leadership practices and organizational commitment, suggesting that adverse conditions constrain leaders' capacity to positively influence employee attitudes (Bakker & Demerouti, 2007; Buchan et al., 2019). These findings highlight the limits of leadership-centered explanations and point to the need for integrated organizational and governance-level interventions.

5.4. Generational Dynamics

Generational differences were intermittently addressed in the reviewed literature, though rarely theorized in a systematic manner. Younger healthcare professionals were generally found to place greater emphasis on participatory leadership styles, continuous feedback, and work–life balance, whereas older cohorts tended to emphasize employment stability, professional duty, and organizational loyalty (Twenge et al., 2010; Lyons & Kuron, 2014). These differences were often reported descriptively rather than integrated into explanatory models.

Notably, generational variables were frequently treated as control variables or background characteristics rather than as interpretive lenses shaping how leadership practices and organizational environments are perceived. This limited conceptualization constrains theoretical development and obscures potentially important variation in leadership–commitment relationships across cohorts.

5.5. Synthesis of Findings

Overall, the systematic review reveals a clear gap between empirical evidence and theoretical integration. While leadership practices, organizational commitment, and turnover intentions are frequently examined in healthcare research, their interrelationships are rarely embedded within governance-sensitive frameworks that explicitly account for institutional constraints and workforce heterogeneity. The findings underscore the need for integrative models that move beyond direct-effect assumptions and incorporate mediating mechanisms and contextual conditioning factors. Taken together, these findings establish the empirical and conceptual basis for the model developed in the next section. More specifically, the recurrent association between leadership and commitment supports the positioning of organizational commitment as a mediating mechanism; the repeated salience of red tape and working conditions justifies their inclusion as contextual moderators; and the uneven but suggestive evidence on cohort-related differences supports the treatment of generational dynamics as transversal interpretive processes. The next section, therefore, shifts from literature synthesis to conceptual integration by translating these review-based patterns into a structured explanatory framework.

6. Conceptual Framework and Model Development

Building on the theoretical synthesis developed in the preceding sections and the systematic patterns identified through the literature review, this article proposes a governance-sensitive integrative framework to explain workforce retention dynamics in public healthcare organizations. The framework responds directly to persistent fragmentation in leadership and retention research by integrating leadership practices, attitudinal mechanisms, and institutional contexts within a single explanatory model grounded in Public Administration theory.

Rather than conceptualizing leadership as a context-free managerial input, the framework situates leadership within organizational and governance environments characterized by institutional constraints, professional norms, and heterogeneous workforce expectations. In doing so, it advances a mechanism-based and context-sensitive account of how leadership influences turnover intentions in public healthcare settings.

6.1. Core Assumptions

The proposed framework rests on three core assumptions derived from the theoretical and empirical synthesis. First, leadership effects on workforce retention are predominantly indirect and operate through organizational commitment as a central attitudinal mechanism.

Leadership practices shape healthcare professionals' attachment, identification, and sense of obligation toward their organizations, which in turn influence turnover intentions.

Second, institutional and organizational contexts condition the strength of leadership–commitment relationships. Administrative burden, governance arrangements, and working conditions influence the extent to which leadership practices can be translated into sustained organizational attachment. Leadership effects are therefore contingent rather than universal.

Third, generational differences shape interpretive processes rather than functioning as simple moderators. Differences across cohorts influence expectations, values, and sense-making processes, thereby shaping how leadership practices and organizational environments are perceived and experienced by healthcare professionals.

Each of the framework's core relationships is derived from the patterns identified in the systematic review. The repeated association between leadership practices and stronger affective or normative attachment supports the placement of organizational commitment as the central mediating mechanism. The recurring evidence that workload, staffing pressures, and administrative burden affect the strength of leadership-related outcomes justifies the inclusion of working conditions and red tape as contextual moderators. Finally, the literature's intermittent but consistent indication that workforce cohorts differ in expectations regarding participation, feedback, and professional meaning supports the treatment of generational dynamics as transversal interpretive processes.

6.2. People-Centered Leadership as an Antecedent

Within the framework, people-centered leadership is conceptualized as a relational and ethical leadership approach emphasizing respect, inclusion, support, and participation. This conceptualization draws on post-New Public Management and New Public Service perspectives, which emphasize human-centered governance and value pluralism and public value creation (Denhardt & Denhardt, 2015; Osborne, 2010). Rather than prioritizing control or performance metrics, people-centered leadership focuses on enabling professionals and fostering trust-based relationships.

In public healthcare organizations, such leadership practices align closely with professional values rooted in care, ethical responsibility, and service to society. By recognizing professional expertise and supporting meaningful work, people-centered leadership enhances perceived organizational support and contributes to stronger affective and normative attachment to the organization.

6.3. Organizational Commitment as a Mediating Mechanism

Organizational commitment occupies a central mediating position within the framework. Leadership practices influence healthcare professionals' affective and normative commitment by shaping perceptions of fairness, support, and value alignment. These attitudinal responses, in turn, influence turnover intentions, reflecting the well-established role of commitment as a key predictor of retention-related outcomes (Meyer & Allen, 1997; Meyer et al., 2002).

This mediating role reinforces attitudinal theories in Public Administration and organizational behavior, which emphasize that leadership does not directly control behavior but shapes meaning, identification, and attachment within institutional environments (Van der Voet et al., 2016). By explicitly modeling commitment as a mediating mechanism, the framework moves beyond direct-effect assumptions and offers a more explanatory account of leadership–retention relationships.

6.4. Institutional Contexts as Moderators

Institutional and organizational contexts are modeled as conditioning factors that moderate the relationship between leadership practices and organizational commitment. Red tape, defined as burdensome rules and administrative procedures that lack functional value, weakens the positive effects of leadership by constraining autonomy, increasing frustration, and diverting attention away from core professional tasks (Bozeman, 2000; DeHart-Davis, 2017).

Working conditions, including workload, staffing levels, and resource availability, further shape leadership effectiveness. Supportive working environments enhance leaders' capacity to translate people-centered practices into sustained commitment, whereas adverse conditions limit the scope of leadership influence. This moderation logic aligns with institutional and street-level bureaucracy theories, which emphasize the constraining role of rules, resources, and organizational environments in shaping behavior (Lipsky, 1980).

6.5. Generational Differences as Transversal Dynamics

Rather than modeling generational differences as simple moderators, the framework conceptualizes them as transversal interpretive dynamics that shape expectations, values, and responses to leadership and organizational contexts. This approach avoids deterministic generational stereotypes while acknowledging that cohorts socialized under different institutional and labor market conditions may interpret leadership practices and organizational signals in distinct ways (Lyons & Kuron, 2014).

By treating generational differences as sense-making processes rather than fixed attributes, the framework accommodates heterogeneity within cohorts and recognizes that leadership–commitment relationships may vary across individuals and contexts. This conceptualization enhances the explanatory flexibility of the model and supports comparative and longitudinal analysis.

Figure 1 illustrates how people-centered leadership influences turnover intentions indirectly through organizational commitment, with institutional contexts conditioning these relationships and generational dynamics shaping interpretive processes.

7. Discussion

This discussion interprets the findings of the review beyond a simple restatement of the literature synthesis. The governance-sensitive framework developed in this article suggests that retention in public healthcare cannot be adequately explained through direct leadership effects alone. Instead, leadership matters because it shapes organizational commitment, and its effectiveness is contingent upon the institutional and organizational environments in which healthcare professionals work. This interpretation brings leadership research into closer dialogue with core Public Administration concerns, including governance capacity, administrative burden, and public value creation.

First, the analysis confirms that leadership effects on workforce retention in public healthcare are predominantly indirect. Across the reviewed studies, leadership practices were consistently associated with organizational commitment, which in turn emerged as a robust and recurrent predictor of turnover intentions. This pattern provides strong support for attitudinal theories in organizational behavior and Public Administration, which emphasize that leadership shapes employees' attachment, identification, and sense of meaning rather than exerting direct behavioral control (Meyer & Allen, 1997; Van der Voet et al., 2016). By explicitly positioning organizational commitment as a central mediating mechanism, the proposed framework challenges simplified leadership outcome models that continue to dominate parts of the healthcare management literature, where leadership is often treated as a direct and universal determinant of retention.

Second, the discussion highlights the central role of institutional and organizational contexts in conditioning leadership effects. The systematic review revealed that administrative burden and working conditions frequently attenuate or amplify leadership commitment relationships, yet these factors remain under-theorized and under-modeled in much of the existing empirical literature. This omission is particularly striking given the pervasive presence of red tape, resource constraints, and hierarchical accountability structures in public healthcare organizations. By explicitly modeling red tape and working conditions as contextual moderators, the framework responds directly to longstanding calls within Public Administration to re-center institutional realities and governance arrangements in empirical research (Bozeman, 2000; Pollitt, 2016; DeHart-Davis, 2017).

Third, the discussion advances a more nuanced and theoretically grounded understanding of generational dynamics in public healthcare workforces. While generational differences are increasingly acknowledged in empirical studies, they are frequently treated as static cohort effects or relegated to the role of control variables. In contrast, this article conceptualizes generational differences as transversal interpretive dynamics shaping how leadership practices and organizational environments are perceived, evaluated, and enacted. This perspective avoids deterministic generational stereotypes while recognizing that cohorts socialized under different institutional, economic, and labor market conditions may hold distinct expectations regarding leadership, participation, career development, and work–life balance (Lyons & Kuron, 2014; Twenge et al., 2010).

Importantly, the findings also underscore the limits of leadership-centered explanations of retention. Leadership practices, even when relational, ethical, and people-centered, cannot fully compensate for dysfunctional administrative systems, chronic understaffing, or persistently adverse working conditions. This insight resonates with post-New Public Management critiques of managerialism, which caution against overestimating the capacity of managerial interventions to resolve structurally embedded governance problems (Pollitt & Bouckaert, 2017). Leadership development initiatives that are not accompanied by efforts to reduce unnecessary administrative burden, improve working conditions, and address systemic resource constraints are therefore unlikely to generate sustained improvements in workforce retention.

From a broader theoretical perspective, the discussion situates the proposed framework within ongoing debates on the future direction of Public Administration. Recent scholarship has emphasized the need to move beyond narrow managerial concerns and to re-engage with foundational issues of governance, legitimacy, and public value creation (Pollitt, 2016; Christensen & Lægreid, 2025). By embedding leadership within institutional and governance contexts, this article contributes to this reorientation and demonstrates how leadership research can be reintegrated into the core theoretical concerns of the field. In doing so, it offers a more realistic and analytically robust account of leadership and retention dynamics in public healthcare organizations. To preserve analytical tractability, the framework deliberately prioritizes a limited set of theoretically central mechanisms and contextual conditions over exhaustive model complexity.

8. Theoretical, Methodological and Practical Contributions

8.1. Theoretical Contributions

This article makes several theoretical contributions to leadership and Public Administration research. First, it addresses persistent fragmentation in leadership and workforce retention studies by integrating leadership practices, attitudinal mechanisms, and institutional contexts within a single explanatory framework. By positioning organizational commitment as a central mediating mechanism, the model advances attitudinal theories of public sector behavior and clarifies how leadership effects unfold in highly institutionalized

environments, where behavior is shaped by norms, values, and governance arrangements rather than managerial authority alone (Meyer & Allen, 1997; Perry & Wise, 1990; Van der Voet et al., 2016).

Second, the framework contributes to post-New Public Management and New Public Service debates by demonstrating how people-centered leadership operates under institutional constraints. Rather than assuming idealized organizational conditions, the model explicitly incorporates red tape and working conditions as conditioning factors, thereby aligning leadership theory with the empirical realities of public healthcare organizations. This governance-sensitive perspective responds to longstanding critiques of decontextualized leadership models and reinforces the relevance of institutional theory in contemporary Public Administration research (March & Olsen, 1989; Denhardt & Denhardt, 2015; Christensen et al., 2016; Pollitt & Bouckaert, 2017).

Third, the conceptualization of generational differences as transversal interpretive dynamics constitutes a novel theoretical contribution. By reframing generational effects as processes of sense-making rather than as fixed cohort characteristics, the article offers a more flexible and theoretically grounded approach to understanding workforce heterogeneity in public organizations. This perspective builds on institutional and sociological approaches to generational analysis and avoids deterministic assumptions that have limited explanatory power in prior leadership research (Lyons & Kuron, 2014; Twenge et al., 2010; Parry & Urwin, 2011).

Collectively, these contributions advance leadership theory within Public Administration by embedding leadership effects within governance structures, institutional constraints, and heterogeneous workforce dynamics, thereby offering a more realistic and explanatory account of retention processes in public healthcare. More specifically, the framework advances beyond existing approaches by replacing direct-effect assumptions with a mediated explanation centred on organizational commitment and by explicitly integrating institutional constraints into the explanatory structure, rather than treating them as background conditions.

8.2. Methodological Contributions

Methodologically, the article demonstrates the value of systematic literature reviews as theory-building instruments in Public Administration. While systematic reviews are increasingly employed in the field, they are often used descriptively or aggregatively, focusing on cataloguing findings rather than advancing theoretical understanding. This study illustrates how a PRISMA-guided systematic review can be mobilized configuratively to identify mechanisms, contextual contingencies, and theoretical gaps, thereby contributing to cumulative knowledge development (Petticrew & Roberts, 2006; Gough et al., 2017).

By prioritizing explanatory patterns over effect-size aggregation, the review aligns with recent methodological calls to strengthen theory-driven synthesis in Public Administration and governance research (Peters & Pierre, 2017; Peters & Torfing, 2025). The approach enables the integration of heterogeneous empirical findings into a coherent conceptual framework, addressing fragmentation and enhancing theoretical coherence across leadership, organizational behavior, and institutional literatures.

More broadly, the methodological design provides a template for addressing complex and multi-level research questions in public sector studies, particularly in fields characterized by diverse theoretical traditions and contextual variation. In doing so, it contributes to ongoing debates on methodological pluralism and rigor in Public Administration research (Creswell & Plano Clark, 2018; George & Bennett, 2005).

8.3. Practical and Policy Implications

From a practical and policy perspective, the findings underscore that leadership development initiatives in public healthcare must be embedded within broader organizational and governance reforms. While people-centered leadership practices can enhance organizational commitment and strengthen retention, their effectiveness is constrained by administrative burden, governance arrangements, and working conditions. Policymakers and healthcare managers should therefore view leadership not as a standalone solution but as one component of an integrated workforce governance strategy (OECD, 2016; Pollitt, 2016).

Reducing unnecessary red tape, streamlining administrative procedures, and investing in supportive working environments are critical complements to leadership development efforts (Bozeman, 2000; DeHart-Davis, 2017). Aligning administrative systems with professional values and clinical realities can enhance the capacity of leaders to foster commitment and engagement among healthcare professionals.

Furthermore, recognizing generational diversity in expectations, career orientations, and work life preferences can inform more tailored leadership approaches and workforce policies. Such strategies may include differentiated career paths, participatory decision-making structures, and flexible work arrangements aimed at sustaining organizational commitment across cohorts (Lyons & Kuron, 2014; OECD, 2016).

9. Conclusions and Research Agenda

This article developed a governance-sensitive integrative framework to explain workforce retention dynamics in public healthcare organizations. By combining theoretical synthesis with systematic evidence integration, the study offers an original and theoretically coherent contribution to leadership and Public Administration research, addressing persistent fragmentation in the literature on leadership, organizational commitment, and turnover intentions.

The proposed framework advances understanding in three key ways. First, it demonstrates that leadership effects on retention in public healthcare are predominantly indirect, operating through organizational commitment as a central attitudinal mechanism. This finding reinforces attitudinal and institutional theories that emphasize the role of identification, value alignment, and moral obligation in shaping behavior within public organizations (Meyer & Allen, 1997; Perry & Wise, 1990; Van der Voet et al., 2016). By moving beyond direct-effect assumptions, the framework offers a more explanatory and theoretically grounded account of leadership–retention relationships.

Second, the framework highlights the conditioning role of institutional and organizational contexts, particularly administrative burden and working conditions. By explicitly modeling red tape and material constraints as conditioning factors, the article responds to longstanding calls within Public Administration to re-center governance arrangements and institutional realities in empirical research (Bozeman, 2000; Pollitt, 2016; DeHart-Davis, 2017). This perspective underscores that leadership practices unfold within institutional environments that may either enable or constrain their effectiveness.

Third, the article reconceptualizes generational differences as transversal interpretive dynamics shaping how leadership practices and organizational environments are perceived and enacted. Rather than treating generations as fixed cohorts or control variables, this approach recognizes the role of socialization processes, institutional trajectories, and changing labor market conditions in shaping expectations and sense-making processes across the workforce (Lyons & Kuron, 2014; Twenge et al., 2010). This conceptualization enhances explanatory flexibility and supports comparative and longitudinal analysis.

These contributions open a more specific research agenda. Future studies should test the mediating role of affective and normative commitment, assess whether red tape and

working conditions weaken or strengthen leadership effects, and examine how generational dynamics shape the interpretation of leadership practices across professional groups and governance contexts. Comparative, longitudinal, and multilevel research designs are especially well-suited to evaluating these model components across different public healthcare systems. Future studies could examine the framework across different national health systems, governance regimes, and professional groups, thereby enhancing its external validity and contributing to comparative Public Administration research (Christensen et al., 2016; Peters & Pierre, 2017). Longitudinal designs may further illuminate how leadership, commitment, and retention dynamics evolve over time in response to institutional reform and crisis.

For practitioners and policymakers, the findings emphasize that sustainable retention strategies in public healthcare require integrated approaches that combine leadership development with administrative and organizational reform. While leadership matters, it matters most when aligned with supportive institutional environments, manageable administrative systems, and working conditions that allow professionals to perform meaningful work consistent with public service values (OECD, 2016; WHO, 2023). Leadership initiatives that neglect these structural dimensions are unlikely to yield durable improvements in workforce retention.

More broadly, the article contributes to ongoing debates on the future direction of Public Administration by demonstrating how leadership research can be re-embedded within governance-oriented and people-centered perspectives. In an era marked by workforce shortages, administrative complexity, and escalating demands on public healthcare systems, such integrative and institutionally grounded approaches are essential for advancing both scholarly understanding and practical solutions to pressing public sector challenges. The framework is also amenable to empirical testing through multilevel and mixed-methods designs. People-centered leadership may be operationalized through validated relational and ethical leadership measures; organizational commitment through affective and normative dimensions; turnover intentions through established intention measures and, where possible, administrative exit data; and contextual conditions through indicators of red tape, workload, staffing adequacy, and resource availability. Such operationalization opens a promising agenda for comparative research across governance regimes and healthcare systems.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/admsci16070306/s1>, Supplementary materials include the PRISMA 2020 Flow Diagram (Supplementary File S1), PRISMA 2020 Checklist (Supplementary File S2), Full Search Strategies and Coding Framework (Supplementary File S3), Overview of the Sources Included in the Final Analytical Corpus (Supplementary File S4), Full-text reports excluded after eligibility assessment, with primary reasons for exclusion (Supplementary File S5), and the PRISMA 2020 for Abstracts Checklist (Supplementary File S6).

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