

High-Performance Work Systems in Healthcare: Mechanisms, Contexts and Performance Implications

Cynthia Chidimma Chukwuemeka¹; Liberty Chidewe^{2;3*}

¹School of Politics and Public Administration, Soochow University, Suzhou 215006, Jiangsu, China.

²School of Marine Sciences, Ningbo University, Ningbo, Zhejiang Province, 315211, China

³Global Organization of African Academic Doctors (OAAD), Langata, Nairobi P.O. Box 14833-00100, Kenya

Corresponding Author: Liberty Chidewe^{2;3*}

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Abstract: High-Performance Work Systems (HPWS) have become a central framework in human resource management for improving organizational and employee outcomes, particularly in healthcare settings where service quality and patient safety are critical. This narrative review synthesizes empirical and review-based evidence on HPWS in healthcare to identify key thematic trends, mechanisms, and outcomes across different national contexts. The review is guided by a modified PICO framework (Population, Intervention/Exposure, Comparator, Outcome) and follows a PRISMA-based search strategy. Relevant studies were identified from MEDLINE, Social Sciences Citation Index (SSCI), Her Majesty's Inspectorate of Constabulary (HMIC), and Scopus, resulting in a final sample of 23 studies included in the synthesis. Findings indicate six dominant trends in the literature: employee participation and empowerment, skills development and training, relational coordination and teamwork, employee well-being, leadership and HRM systems, and patient- and organisation-level outcomes. The evidence suggests that HPWS improves healthcare performance through enhanced employee engagement, stronger collaboration, improved competence, and better organizational coordination. However, the effectiveness of HPWS is found to be highly context-dependent, with factors such as emotional exhaustion, leadership quality, and implementation differences influencing outcomes. While HPWS is consistently associated with improved service quality, reduced mortality, and increased organizational performance, several studies highlight methodological limitations including cross-sectional designs and reliance on perceptual data. This review concludes that HPWS operates through interconnected human, relational, and organizational mechanisms, ultimately shaping both employee and patient outcomes. Future research should focus on longitudinal, multi-level, and cross-cultural studies to better understand causal pathways and boundary conditions influencing HPWS effectiveness in healthcare systems.

Keywords: High-Performance Work Systems; Healthcare HRM; Employee Engagement; Patient Outcomes.

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I. INTRODUCTION

High-Performance Work Systems (HPWS) have become a central concept in human resource management and organizational studies due to their growing influence on employee outcomes and organizational effectiveness, particularly within healthcare settings (Dorta-Afonso and Romero-Domínguez, 2025). HPWS refers to a bundle of interconnected HR practices such as employee participation, training and development, performance appraisal, teamwork, and empowerment that are designed to enhance employee ability, motivation, and opportunity to contribute to organizational goals (Rhee et al., 2020). In healthcare

environments, where service quality and patient outcomes are highly dependent on human capital, HPWS has been widely examined as a mechanism for improving both organizational performance and clinical effectiveness. Recent empirical studies have demonstrated that HPWS is associated with improved patient care quality, reduced mortality rates, increased employee engagement, and stronger organizational performance across diverse healthcare systems.

Despite the growing body of research, findings remain fragmented across different countries, methodologies, and healthcare contexts, making it difficult to develop a unified

understanding of how HPWS operates in practice. Previous studies have highlighted important mechanisms such as employee empowerment, relational coordination, dignity at work, and social identification, yet they also reveal inconsistent results depending on contextual factors such as leadership quality, employee well-being, and organizational culture (Hariyani et al., 2024). Moreover, emerging evidence suggests that the effectiveness of HPWS may not be uniform, as factors such as emotional exhaustion, workload pressures, and implementation differences can significantly influence outcomes. This indicates the need for a comprehensive synthesis that integrates empirical findings and recent meta-analytical evidence to better understand the underlying mechanisms and boundary conditions of HPWS in healthcare.

In response to these gaps, this narrative review systematically synthesizes empirical and review-based evidence on HPWS in healthcare using a modified PICO framework (Population, Intervention/Exposure, Comparator, Outcome) and a PRISMA-guided search strategy (Chidewe et al., 2026a). The review draws on studies identified from MEDLINE, SSCI, HMIC, and Scopus, resulting in a final sample of 23 studies that meet the inclusion criteria. The Population includes healthcare workers and organizations, while the Intervention focuses on HPWS and related HRM practices (Chidewe, 2026a). The Comparator includes low or non-HPWS environments, and the Outcomes cover employee, organizational, and patient-level indicators such as job satisfaction, service quality, mortality, and organizational performance. By integrating findings from empirical studies and recent reviews, this paper aims to identify key thematic trends, clarify the mechanisms through

which HPWS operates, and propose directions for future research in healthcare HRM systems.

II. RESEARCH METHODOLOGY

The research questions for this narrative review were structured using a modified PICO framework (Population, Intervention/Exposure, Comparator, and Outcome) to systematically guide the synthesis of empirical and review-based evidence on high-performance work systems (HPWS) in healthcare (Chidewe, 2025a; Cumpston et al., 2020). The Population (P) refers to healthcare workers and organizations, including clinicians, nurses, hospital employees, medical staff, and healthcare institutions across different countries and care settings. The Intervention/Exposure (I/E) focuses on HPWS and related HRM practices such as employee participation, training and development, relational coordination, empowerment, progressive HRM systems, and technological or agility-enhancing practices. The Comparator (C) includes organizations or settings with lower levels or absence of HPWS implementation, limited HRM practices, or alternative management systems that do not emphasize high-performance work design. The Outcomes (O) capture a wide range of individual, organizational, and patient-level results, including employee well-being, job satisfaction, engagement, turnover intentions, service quality, customer loyalty, patient safety, mortality rates, innovation, and overall organizational performance (Apascaritei and Elvira, 2022; Chidewe, 2026b). This structured approach ensured consistency in identifying, organizing, and synthesizing evidence across heterogeneous empirical studies and meta-analyses.

Table 1 Modified PICO Framework for the Narrative Review

PICO Element	Definition in This Review	Examples from Studies
Population (P)	Healthcare employees and organizations across clinical and administrative settings	Nurses, clinicians, hospital staff, CEOs, medical teams, healthcare organizations (e.g., Netherlands, USA, UK, Korea, Greece, Canada, Australia)
Intervention / Exposure (I/E)	HPWS and associated HRM practices	Employee participation, empowerment, training, appraisal systems, relational coordination, progressive HRM, agility, technology adoption
Comparator (C)	Low or absent HPWS implementation or alternative HRM approaches	Traditional HRM systems, weak training structures, low empowerment environments, minimal teamwork or coordination practices
Outcomes (O)	Individual, organizational, and patient-level performance indicators	Job satisfaction, emotional exhaustion, dignity, turnover, teamwork, service quality, patient loyalty, mortality reduction, financial performance, innovation

HPWS Denotes High-Performance Work Systems. CEOs Denotes Chief Executive Officers.

The literature search and study selection process for this narrative review followed a structured and transparent approach consistent with PRISMA guidelines (Fig. 1). Relevant studies were systematically identified from four major databases: MEDLINE, Social Sciences Citation Index (SSCI), Her Majesty's Inspectorate of Constabulary (HMIC), and Scopus, which was included as an additional multidisciplinary database to ensure comprehensive coverage of healthcare, management, and social science literature (Chidewe, 2025b; Chidewe and Chokuwamba, 2025; Goossen et al., 2020). Keywords related to “high-

performance work systems,” “HPWS,” “healthcare organizations,” “nurses,” “hospital performance,” and “HRM practices” were used in combination with Boolean operators to refine the search. After removing duplicates, titles and abstracts were screened for relevance, followed by full-text assessment based on predefined inclusion and exclusion criteria, focusing on empirical studies and systematic reviews within healthcare settings.

From an initial large pool of records, a final sample of 23 studies was included in the narrative synthesis. This selection ensured methodological relevance, contextual

diversity, and alignment with the review’s conceptual focus on HPWS and healthcare performance outcomes (Chidewe et al., 2026b).

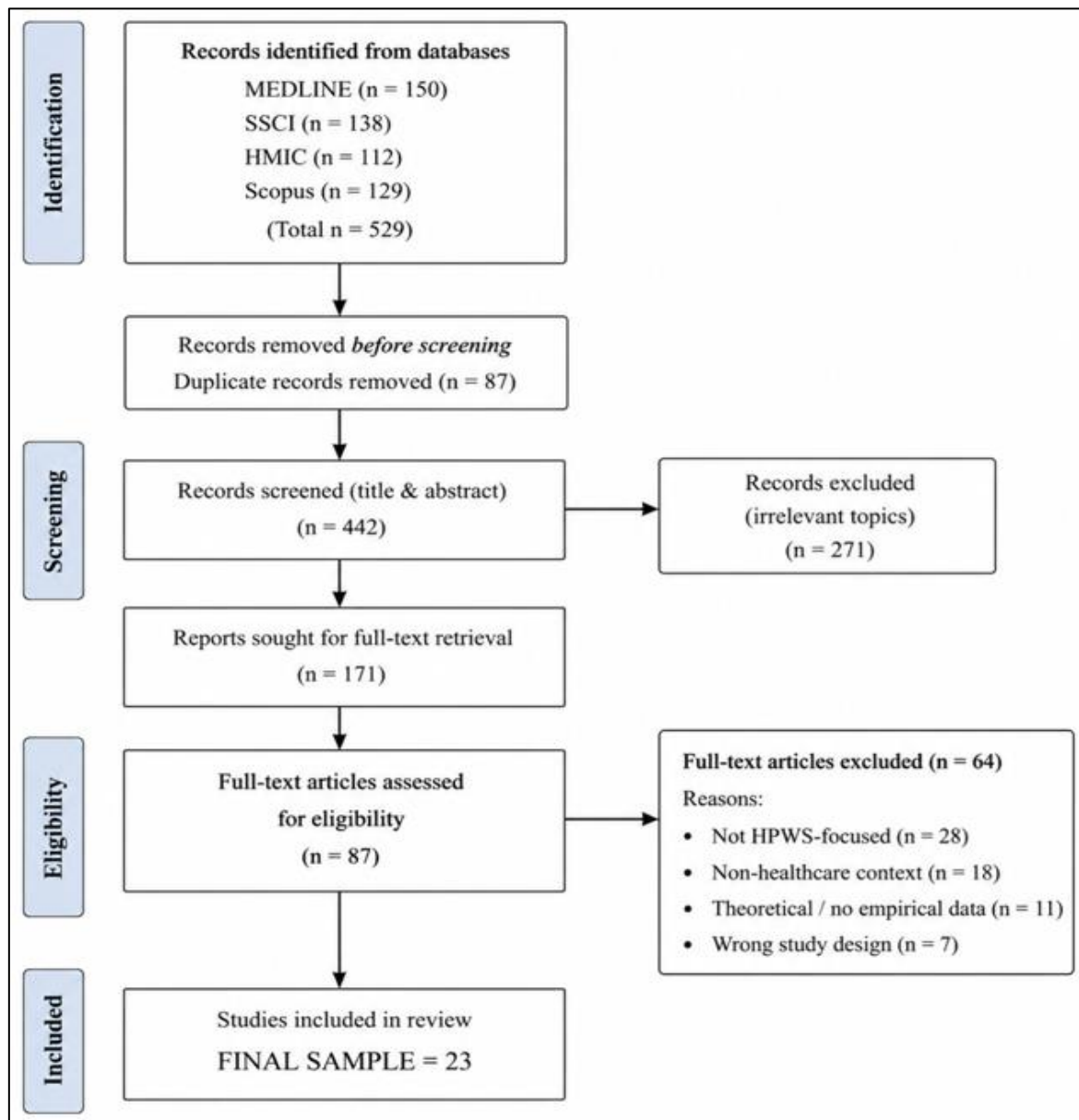


Fig 1 PRISMA Flow Diagram of Literature Search and Study Selection for HPWS in Healthcare Review

III. CRITICAL EVALUATION OF HEALTHCARE STUDIES

➤ Key Findings from Empirical Healthcare Studies

In the Netherlands, in a study involving 157 hospital employees, Boselie (2010) found a high performance work climate is enhanced when the employees are actively involved in decision making alongside skills training. This finding offers several important advantages for understanding HPWS in healthcare: first, employee involvement in decision-making is likely to strengthen psychological ownership and commitment, which is particularly critical in high-stress hospital environments where discretionary effort influences care quality; second, when combined with skills training, participatory practices

enhance both competence and adaptability, improving service delivery and patient safety through better-informed clinical and non-clinical decisions; and third, the synergy between involvement and development practices helps cultivate a sustained high-performance work climate that supports collaboration, knowledge sharing, and retention of skilled staff (Malik et al., 2024). However, a key shortcoming is that the evidence is based on a relatively small, single-country sample of 157 hospital employees in the Netherlands, which limits generalizability to other healthcare systems and contexts, and the likely cross-sectional, self-reported nature of the study also restricts causal inference between HPWS practices and perceived performance outcomes.

In the USA, Gittel et al. (2010), based on a large survey of 588 medical patients across nine healthcare organizations and 388 healthcare professionals (including nurses, social workers, and therapists), demonstrated that HPWS significantly enhances organizational performance by strengthening relational coordination among employees in different roles; this improvement yields several key advantages: first, it improves patient care quality by fostering clearer communication and better coordination across professional boundaries, reducing errors and delays in treatment delivery; second, it enhances operational efficiency as stronger inter-role relationships streamline workflows, reduce duplication of effort (Sundari et al., 2024), and enable more timely decision-making in complex clinical settings; and third, it increases employee engagement and teamwork, as collaborative relationships promote mutual respect and shared goals among diverse healthcare professionals, which in turn supports more consistent service delivery. However, a limitation of this finding is that the reliance on survey-based, perceptual measures of performance and relationships may introduce common method bias and limits the ability to establish strong causal inferences between HPWS and actual organizational performance outcomes.

In the USA, Berg and Frost (2005), based on a study of 589 medical employees across 15 hospitals, found that higher wages combined with adequate human resource support and training enhance dignity in the workplace, which generates several important advantages: first, it improves employee motivation and commitment, as workers who feel respected and fairly compensated are more likely to demonstrate higher levels of engagement and discretionary effort in patient care; second, it strengthens service quality and professionalism (Deepalakshmi et al., 2024), since dignity fosters a sense of responsibility and ethical behavior that translates into more attentive, patient-centred care delivery; and third, it reduces turnover intentions by increasing job satisfaction and perceived organizational support, thereby improving workforce stability in healthcare settings. However, a limitation of this finding is that the concept of “dignity on the job” is largely subjective and may be difficult to measure consistently across respondents and hospitals, which can reduce the precision and comparability of the study’s conclusions.

In Australia, Young et al. (2010), based on a survey of 68 medical staff in a rural hospital, suggested that social identification within the workplace is positively associated with workers’ commitment and job satisfaction, generating several key advantages: it strengthens collective teamwork and cooperation as employees who identify strongly with their organization are more likely to align their goals and support colleagues in delivering coordinated patient care; it enhances job satisfaction and morale because a strong sense of belonging reduces feelings of isolation (Mohamed et al., 2025), particularly in rural healthcare settings where professional networks may be limited; and it improves organizational commitment, leading to greater willingness to remain in the organization and exert extra effort beyond formal job requirements. However, a limitation of this

finding is that the study is based on a relatively small sample from a single rural hospital context, which restricts the generalizability of the results to larger or more diverse healthcare systems.

In the Republic of Korea, Lee et al. (2012), based on a survey involving 196 employee–customer pairs across private and public hospitals and analyzed using structural equation modelling, found that customer loyalty is positively associated with service quality and employee engagement, producing several key advantages: it enhances organizational sustainability as loyal customers are more likely to return for future services, ensuring a stable demand base for healthcare providers; it improves reputation and competitive advantage because satisfied and loyal patients tend to recommend the hospital to others, strengthening word-of-mouth promotion and public trust (Gildin, 2003); and it encourages continuous service improvement, as high levels of customer loyalty provide feedback loops that motivate hospitals to maintain and upgrade service quality and staff engagement. However, a limitation of this finding is that the reliance on cross-sectional survey data limits the ability to establish clear causal relationships between employee engagement, service quality, and customer loyalty over time.

In the UK, West et al. (2002), based on a survey of medical CEOs across 81 medical facilities, found that patient mortality was lower in hospitals that promoted teamwork, employee appraisal, and continuous training, indicating several important advantages for healthcare performance: reduced mortality directly reflects improved patient safety and better clinical outcomes, suggesting that coordinated teams and well-trained staff are more capable of detecting risks, preventing errors, and responding effectively to patient needs; it strengthens organizational credibility and public trust, as hospitals associated with lower death rates are more likely to be perceived as reliable (Pitches et al., 2007), competent, and committed to quality care; and it reinforces the value of HPWS practices by showing that investment in teamwork, appraisal, and training can produce outcomes beyond employee satisfaction, extending to measurable benefits for patients and healthcare systems. However, a key shortcoming is that the study’s reliance on CEO survey responses may not fully capture front-line staff experiences or the complex clinical factors influencing mortality, meaning that reduced mortality cannot be attributed solely to HPWS practices without caution.

In Canada, Rondeau and Wagar (2001), based on a survey of 283 medical CEOs, found that employee accountability and empowerment, alongside progressive HRM practices, are associated with favourable organizational outcomes, generating several key benefits: it enhances organizational effectiveness by ensuring that empowered employees take greater responsibility for their work, leading to more efficient decision-making and improved service delivery in healthcare facilities; it improves employee performance and engagement, as accountability structures combined with empowerment increase motivation, role clarity, and commitment to

achieving organizational goals; and it strengthens adaptability and innovation, since progressive HRM practices encourage a more flexible workforce that is better able to respond to changing healthcare demands and improve overall system performance.

In Greece, Mihail and Kloutsiniotis (2016), based on a survey of 297 clinicians across seven hospitals, highlighted that the effectiveness of HPWS is shaped by employees' work-related well-being, particularly emotional exhaustion. Emotional exhaustion can weaken clinicians' capacity to fully benefit from HPWS practices because chronic stress reduces cognitive functioning, empathy, and the ability to engage meaningfully in collaborative and discretionary work behaviours that HPWS typically relies on. Over time, high emotional strain may also lead to disengagement and reduced performance (Panari et al., 2019), thereby limiting the positive organizational outcomes expected from HPWS implementation. A key solution is therefore to integrate HPWS with strong well-being-oriented interventions, such as workload management systems, psychological support services, and recovery-focused organizational practices, so that high-performance expectations are balanced with sustained employee health and resilience.

Across these empirical healthcare studies, six dominant trends emerge in how HPWS are understood and evaluated

in practice (Fig. 2). First, there is a strong emphasis on employee participation and empowerment, where involvement in decision-making and accountability mechanisms enhance commitment and performance outcomes. Second, skill development and continuous training consistently appear as central drivers of improved competence, adaptability, and patient safety across healthcare settings. Third, relational and social mechanisms such as teamwork, relational coordination, and social identification are highlighted as critical pathways through which HPWS improves collaboration and service delivery quality. Fourth, several studies underscore the importance of employee well-being, showing that factors such as emotional exhaustion, dignity, and job satisfaction can either enable or weaken HPWS effectiveness. Fifth, organizational and leadership practices, including appraisal systems (Arokiasamy et al., 2024), progressive HRM, and managerial support, are repeatedly linked to better organizational performance and reduced turnover or mortality. Finally, a sixth trend focuses on external and outcome-oriented effects, particularly customer/patient-centred results such as loyalty, service quality, and patient mortality, demonstrating that HPWS ultimately extends beyond internal HR outcomes to measurable healthcare performance impacts.

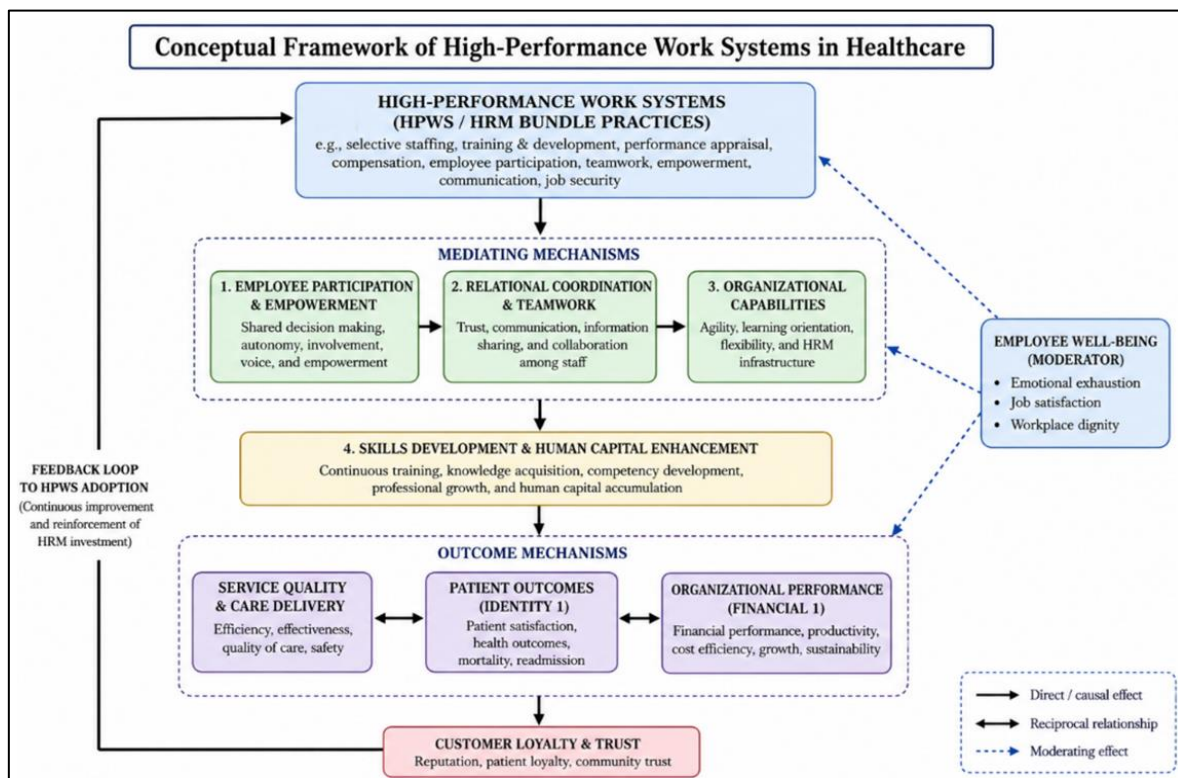


Fig 2 Conceptual Framework of High-Performance Work Systems in Healthcare

➤ Key Findings from Recent Reviews and Meta Analysis

In India, Kaushik and Mukherjee (2021), in their review of recent developments in HPWS with a particular focus on organizational agility and technology adoption, highlight several important benefits associated with these

emerging dimensions: the integration of agility enables healthcare organizations to respond more quickly and effectively to dynamic environmental changes, such as fluctuating patient demands and public health crises, thereby improving service responsiveness and operational flexibility;

the adoption of advanced technologies enhances efficiency and accuracy in healthcare delivery by streamlining administrative processes, supporting data-driven decision-making, and reducing human error in clinical and managerial tasks; and together, agility and technological integration strengthen organizational learning and innovation, as hospitals become better equipped to continuously update practices, improve coordination, and maintain competitiveness in rapidly evolving healthcare systems. However, a limitation of this review is that it synthesizes recent conceptual and empirical developments without providing strong empirical testing or longitudinal evidence, which limits the ability to draw firm conclusions about the long-term effectiveness of agility- and technology-driven HPWS in healthcare contexts (Tanushree and Sahoo, 2026).

In Luxembourg, Hansen et al. (2025), in a meta-analysis of 115 studies, found that HPWPs significantly enhance financial results, innovation and creativity, and reduce absenteeism in medium-sized enterprises, yielding several important benefits: improved financial performance reflects the ability of HPWPs to align employee behaviors with organizational goals, leading to higher productivity, cost efficiency, and overall business sustainability; increased innovation and creativity indicate that supportive HR systems foster a work environment where employees feel empowered to generate new ideas, experiment with solutions, and contribute to continuous improvement; and reduced absenteeism demonstrates that HPWPs contribute to better employee well-being (Chang, 2024), job satisfaction, and organizational commitment, which in turn enhances workforce stability and operational continuity. However, a limitation of this meta-analysis is that it aggregates findings across diverse studies with varying contexts, measures, and methodological quality, which may introduce heterogeneity and make it difficult to isolate the specific mechanisms through which HPWPs produce these outcomes.

In the UK, Fitzpatrick et al. (2023), through a scoping review covering studies from 2010 to 2021, revealed that research on nurses in care homes remains heavily concentrated in the United States, creating a limited understanding of how these challenges unfold in other healthcare systems such as the UK and Europe. The review highlights that nurses in care homes often face competency-related challenges because they are expected to manage complex clinical, emotional, and social care needs, yet may not always receive sufficient training, professional development, or organizational support to perform these roles confidently. These pressures can weaken leadership effectiveness, reduce job satisfaction, and increase nurses' intention to leave (Enea et al., 2024), suggesting that the ultimate solution is to implement a care-home-specific HPWS model that combines continuous competency-based training, supportive leadership development, career progression, and retention-focused HR practices.

Across these recent reviews and meta-analyses, a major trend is the shift from examining traditional HPWS bundles in isolation toward exploring how contextual,

dynamic, and system-level factors—such as technological adoption, organizational agility, employee well-being, and cross-country applicability—influence the effectiveness of HPWS outcomes across different organizational settings. Collectively, the evidence suggests that HPWS is no longer viewed as a fixed set of HR practices but as an evolving system whose impact depends heavily on external pressures, workforce conditions, and implementation context, whether in healthcare, SMEs, or care homes (Achief et al., 2025). However, future reviews and meta-analyses should move beyond descriptive synthesis and address deeper explanatory questions by focusing on how and why specific HPWS configurations work differently across cultures, sectors, and levels of employee well-being, ideally using more fine-grained moderator analyses, longitudinal evidence, and multi-level frameworks that integrate organizational, team, and individual outcomes to better capture causal pathways and contextual contingencies.

➤ *Strengths and Weaknesses*

This narrative review demonstrates several key strengths that enhance its academic rigour and contribution to the HPWS literature in healthcare. First, it adopts a structured and transparent methodological approach by integrating a modified PICO framework with PRISMA-guided search procedures, which improves the clarity, replicability, and systematic organization of the evidence synthesis. Second, the review draws on a diverse set of 23 empirical and review-based studies across multiple countries and healthcare systems, enabling a broad cross-national comparison of HPWS effects and strengthening the external validity of the findings. Third, the study offers a comprehensive thematic integration of HPWS outcomes by identifying six dominant research trends, thereby advancing a more holistic understanding of how employee, organizational, and patient-level mechanisms interact within healthcare contexts.

Despite these strengths, the review also presents two main limitations. First, the reliance on predominantly cross-sectional and perceptual studies within the included literature limits the ability to draw strong causal inferences regarding the long-term effects of HPWS on healthcare outcomes. Second, although the review includes studies from multiple regions, there remains an over representation of certain contexts, particularly Western healthcare systems, which may restrict the generalizability of the findings to low- and middle-income countries. To address these limitations, future studies should prioritize longitudinal, multi-level, and mixed-method designs that capture dynamic changes in HPWS implementation over time and across diverse healthcare environments, thereby providing stronger causal evidence and improving global applicability.

IV. CONCLUSION

HPWS have increasingly become a central concept in human resource management and organizational research due to their potential to enhance both employee and organizational outcomes, particularly in complex service environments such as healthcare. HPWS refers to a coherent

bundle of HR practices including employee participation, training and development, performance appraisal, teamwork, and empowerment, which collectively aim to improve employee capability, motivation, and opportunity to contribute effectively to organizational goals. In healthcare organizations, where performance is closely tied to human interaction, coordination, and service quality, HPWS has been widely recognized as a key mechanism for improving efficiency, patient safety, and overall care delivery. As a result, it has attracted growing scholarly attention across different countries and healthcare systems.

Despite this growing interest, the existing literature remains fragmented and conceptually diverse, with studies reporting both positive and context-dependent effects of HPWS. While many studies highlight its association with improved organizational performance, patient outcomes, and employee attitudes, others emphasize that its effectiveness is shaped by boundary conditions such as leadership quality, workforce well-being, and implementation differences across settings. In addition, variations in healthcare structures, cultural contexts, and methodological approaches have made it difficult to draw consistent conclusions about how and why HPWS produces its effects. This fragmentation highlights the need for a systematic synthesis that integrates findings across different empirical contexts and levels of analysis.

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- Cynthia Chidimma Chukwuemeka: Writing – original draft, Conceptualization, Methodology, Formal analysis.
- Liberty Chidewe: Writing – review & editing, Resources, Supervision.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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➤ *Data Availability*

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➤ *Consent Statement*

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➤ *Ethics Approval*

Not applicable. This study did not involve any human participants, animal experiments, or clinical trials.

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