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Title: Power and Influence of Bureaucracy in the Implementation of Primary Health Care Decentralisation, in Portugal

1. Introduction

The decentralisation of Primary Health Care (PHC) has been one of the most significant public administration reforms in Portugal since the 1970s, aiming to strengthen local autonomy, reduce hospital-centrism, and improve responsiveness to community needs. Despite successive reforms—including the creation of Health Centres (1971), the establishment of the National Health Service (SNS) (1979), and the PHC reforms of 1999 and 2005—decentralisation has remained partial and uneven. Functional and administrative autonomy increased, yet financial autonomy remained limited, and many decisions continued to depend on central structures such as the Regional Health Administrations (ARS).

The most recent decentralisation initiative, established by Decree-Law 23/2019, transferred competencies to municipalities with the objective of reinforcing subsidiarity, local governance, and community-centred decision-making. However, its implementation has revealed persistent challenges: unclear distribution of responsibilities, tensions between central and local authorities, and heterogeneous responses across PHC units.

These difficulties highlight the central role of bureaucratic actors—top-level (TLB), mid-level (MLB), and street-level bureaucrats (SLB)—in mediating policy intentions and shaping implementation outcomes. Yet, in Portugal, the differentiated role of these bureaucratic levels in decentralisation reforms remains understudied. This research addresses this gap by analysing how power and influence are exercised across the three bureaucratic levels of the SNS during the implementation of PHC decentralisation policies.



2. Literature Review

2.1. Public Policy Implementation

Implementation research has evolved from classical top-down perspectives, which view implementation as a hierarchical translation of political decisions into administrative action, to bottom-up approaches emphasising the autonomy, discretion, and interpretive practices of frontline actors. More recent scholarship advocates for multilevel or hybrid perspectives, recognising that implementation emerges from interactions between actors situated at different organisational levels, influenced by ambiguity, resource constraints, and negotiation processes.

2.2. Multilevel Bureaucracy

The multilevel bureaucracy framework conceptualises public administration as a layered structure in which:

- **TLB** define strategic priorities, allocate resources, and negotiate political expectations.
- **MLB** translate policies into operational guidelines, coordinate teams, and mediate between strategic and frontline levels.
- **SLB** interact directly with citizens, exercising high levels of discretion in service delivery. Lipsky's theory highlights how frontline professionals shape policy outcomes through discretionary practices developed under conditions of ambiguity, limited resources, and high demand. In PHC, SLB include physicians, nurses, and other health professionals whose decisions directly affect service delivery and the lived experience of decentralisation.

Understanding how these levels interact is essential for analysing implementation processes in complex systems such as health care.



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2.3. Power and Influence in Public Administration

Power is understood as the capacity to shape decisions, behaviours, or outcomes, while influence refers to the ability to affect others' perceptions or actions.

Power in public administration takes multiple forms—including persuasion and authority (Elmore, 1979), coercive influence (Knorr, 1973), coordination and control in top-down models (Barrett, 2004), and operational governance (Hill & Hupe, 2002) —which help explain how TLB structure and steer implementation. At the frontline, discretionary power (Lipsky, 1980; Thomann et al., 2018) and professional authority shape SLB practices, while MLB mediate through control, interpretation, and resource management mechanisms (Erasmus & Gilson, 2008). Interpretive and relational forms of power, such as policy framing (Lehmann & Matwa, 2008) and meaning-making (Fischer, 2003), further influence interactions across levels. Organisational constraints and incentives (Brehm & Gates, 1997; Brewer et al., 2000) also condition how bureaucrats exert influence, reinforcing the need for a multilevel understanding of implementation.

This research examines how these forms of power and influence are mobilised by TLB, MLB, and SLB in the implementation of decentralisation reforms.

3. Methodology

3.1. Research Design

The study adopts a qualitative, exploratory design suitable for investigating complex social processes and uncovering meanings, practices, and mechanisms not easily captured through quantitative approaches. It follows a case-study logic centred on the decentralisation of PHC in Portugal.

3.2. Data Collection

Data collection is based on **semi-structured interviews**, currently underway, adapted to each bureaucratic level:

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- **Top-Level Bureaucrats (TLB):** national and regional decision-makers, CEOs and executive board members of Local Health Units (ULS), senior administrators, and directors involved in PHC governance.
- **Mid-Level Bureaucrats (MLB):** ACES executive directors, ACES/ERA medical coordinators, and managers responsible for translating policy into organisational practice.
- **Street-Level Bureaucrats (SLB):** family doctors, nurses, clinical secretaries - frontline professionals delivering PHC services.

Interview guides explore perceptions of power, influence strategies, constraints, mechanisms of action, and inter-level interactions.

3.3. Data Analysis

Data analysis follows an inductive thematic content approach inspired by grounded theory:

- Open coding: line-by-line identification of initial codes grounded in participants' language.
- Axial coding: grouping codes into categories and identifying relationships.
- Selective coding: integrating categories into a coherent analytical model explaining how power and influence shape implementation.

This iterative approach allows categories to emerge from empirical material before being compared with theoretical frameworks.

4. Expected Results and Contributions

4.1. Theoretical Contributions

The research is expected to contribute to the literature by:

- Developing a multilevel analytical model explaining how power and influence are exercised by TLB, MLB, and SLB during decentralisation implementation.

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These contributions will be consolidated through **four scientific articles**:

1. **SLB**: mechanisms of power and influence in public policies implementation.
2. **MLB**: structural and relational mechanisms of influence and the mediating role of intermediate managers in public policy implementation.
3. **TLB**: strategic framing, resource mobilisation, and top-level influence in steering implementation of public policies.
4. **Comparative analysis** — cross-level patterns of power and influence, culminating in the proposed multilevel model.

4.2. Practical Contributions

The study is expected to offer:

- Identification of practices used by SLB, MLB, and TLB in PHC, concerning power and influence, that can be institutionalised or adapted to improve implementation.
- Evidence on conditions that facilitate or hinder effective decentralisation.
- Insights to support governance reforms in PHC.

5. Conclusion

Decentralisation reforms in PHC provide a unique opportunity to examine how bureaucratic actors across different organisational levels shape policy implementation. By analysing power and influence dynamics within the SNS bureaucracy, this research seeks to explain why decentralisation policies evolve as they do in practice and to contribute to both academic debates and future governance reforms in Portugal.



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