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Leadership Skills and Challenges of Hospital Administrators in Selected Public and Private Hospitals in Butuan City: Basis for Policy Plan

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ABSTRACT

This study examines the leadership qualities and operational issues encountered by hospital managers in certain public and private hospitals in Butuan City, Philippines. The research utilized the 4Cs framework—communication, clarity, consistency, and commitment—to evaluate the correlation between leadership characteristics and challenges in managing financial, human, and material resources. A descriptive correlational design was utilized for data from 34 administrators and stakeholders. Results indicated robust self-assessed leadership, notably in commitment, while highlighting deficiencies in communication and modest issues regarding resources, especially in staffing and equipment sufficiency. A lack of significant link was seen between leadership attributes and resource challenges, indicating that structural impediments constrain the influence of human competencies. The research suggests a policy framework centered on leadership cultivation, communication improvement, and systemic transformation.

Keywords: Hospital administration, Leadership competencies, Resource management, Butuan City, Philippines, Policy plan

Introduction

Background of the Study

The integration of technology in hospitals—such as electronic health records and information systems—can improve decision-making and efficiency, but also brings challenges related to infrastructure, training, and cybersecurity. Resistance to change and limited technical capacity further complicate implementation. Effective hospital leadership is essential to manage limited resources and drive quality care, yet managers worldwide still face issues like staff shortages, financial constraints, and complex governance systems.

Key Issues

The Philippines faces a critical shortage of healthcare workers, driven by overseas migration, which worsens service gaps, especially in rural areas (Cordero, 2022). Financial constraints, outdated infrastructure, and underfunded services strain administrators' capacity to deliver quality care (Walden University, n.d.). Leadership is often weakened by hierarchical systems, lack of management training, and ineffective policy implementation (Bhati et al., 2023; Caro et al., 2020). Many hospital leaders are promoted based on clinical experience rather than managerial skills, compounding inefficiencies, particularly in resource-poor settings (Manning & Islam, 2023).

Objectives

Although healthcare services were devolved to local government units to promote accessibility, disparities between urban and rural hospitals persist (Lasco, 2020). Infrastructure limitations, cultural differences in leadership expectations, and policy gaps further complicate governance. This study highlights the need for formal leadership training, capacity building, and digital tools to support effective hospital management. Legislative reforms must also address equity, infrastructure, and policy enforcement.

Contribution

This research focuses on top-level hospital leadership—chiefs of hospitals, medical directors, and administrators—as defined by Mintzberg's "strategic apex" (2023). These leaders play a critical role in aligning vision with execution, resource distribution, and cultural transformation. Using the Healthcare Leadership Alliance (HLA) framework, the study evaluates how core competencies—communication, clarity, consistency, and commitment—impact hospital performance in the uniquely constrained Philippine healthcare setting.

Statement of the Problem

Despite health sector reforms, Filipino hospital administrators still struggle with managing resources, staff shortages, and the rising demand for quality care. There remains a gap in understanding which leadership traits effectively address these issues. This study explores leadership strategies and their influence on hospital operations and outcomes, aiming to offer evidence-based recommendations for improving management practices and healthcare delivery in the Philippines.

Literature Review

Transformational and situational leadership have long guided effective hospital management. Transformational leaders drive innovation through shared goals (Avolio & Yammarino, 2023), while situational leaders adapt to team readiness and clinical needs (Hersey et al., 2022).

The 4Cs Framework—communication, clarity, consistency, and commitment—offers a practical lens for evaluating healthcare leadership, with each trait linked to trust, accountability, and collaboration.

This study also draws on Mintzberg’s Structural Theory, which emphasizes the strategic role of top hospital leaders, and the HLA Competency Framework (Stefl, 2023), which endorses the 4Cs as core to effective leadership.

Research shows administrators with formal management training outperform those with only clinical backgrounds (Davis & Spicer, 2020). However, even skilled leaders face persistent challenges—staff shortages, funding issues, and aging infrastructure—worsened by healthcare worker migration and outdated facilities (Cordero, 2022; Caro et al., 2020).

Hospitals in Butuan City struggle with these same systemic issues (Perez et al., 2020), highlighting the need for context-aware leadership. Despite prior research on leadership and resource gaps, few studies explore how competencies like the 4Cs interact with demographics to shape performance. This study aims to fill that gap and offer targeted, evidence-based strategies for improvement..

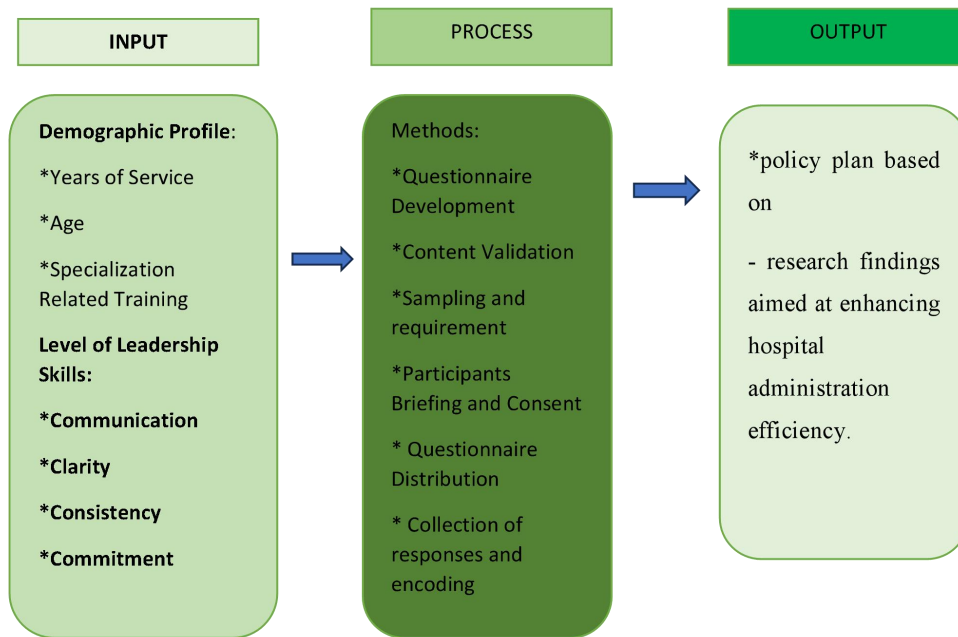
Theoretical Framework

This study drew on three frameworks—Mintzberg’s Structural Theory, the HLA Competency Framework, and Social Exchange Theory—to analyze how hospital administrators’ leadership competencies (communication, clarity, consistency, and commitment) influenced resource management in the Philippine healthcare system.

Mintzberg identified leaders at the “strategic apex,” responsible for aligning strategy and operations. The HLA Framework used the 4Cs to measure executive effectiveness, while Social Exchange Theory emphasized the role of trust and reciprocity in fostering staff engagement.

By combining these models, the study created an analytical framework linking leadership traits and demographics to challenges in managing human, physical, and financial resources—offering a systems-level view to guide policy improvements in resource-constrained hospitals like those in Butuan City.

Conceptual Framework



This conceptual framework provides a theoretical underpinning for the research by outlining the relationships between important ideas, variables, and their relationships within the investigation. Its input includes factors such as age, specialty, and years of experience. It also includes a level of leadership abilities. Furthermore, the technique developed to construct the full research is depicted in these three pictures. Lastly, the output includes a policy strategy based on the research findings.

Research Objectives

General Objective

To determine the leadership skills and challenges of hospital administrators in selected public and private hospitals in Butuan City, and to identify policy recommendations for improving hospital administration.

Specific Objectives

1. What is the demographic profile of hospital administrators in selected public and private hospitals in Butuan City in terms of:
 - 1.1 Years of service
 - 1.2 Age
 - 1.3 Specialization and related training
2. To assess the level of leadership skills among hospital administrators in terms of:
 - 2.1 Communication
 - 2.2 Clarity
 - 2.3 Consistency
 - 2.4 Commitment
3. To determine the level of challenges faced by hospital administrators and stakeholders in managing hospital resources in terms of:
 - 3.1 Human resources
 - 3.2 Physical resources
 - 3.3 Financial resources
4. To determine the significance of the relationships between leadership skills and challenges, grouped according to the demographic profile of hospital administrators.

5 To propose a policy plan based on research findings aimed at enhancing hospital administration efficiency.

Significance of the Study

Efficient hospital administration is key to coordinating services, managing scarce resources, and delivering quality care. Strong executive leadership promotes collaboration and system-wide efficiency (Bhati et al., 2023; Manning & Islam, 2023).

Despite reforms, the Philippine healthcare system continues to face challenges in infrastructure, funding, and workforce retention—worsened by the outmigration of healthcare professionals (Cordero, 2022; Caro et al., 2020). Assessing leadership capacity is vital to finding sustainable solutions.

This study focuses on senior hospital leaders in Butuan City, using the 4Cs Framework, Mintzberg's Structural Theory, and the HLA Competency Model to evaluate leadership performance and its impact on governance and operations.

As the first study of its kind in the city, it offers localized insights and evidence-based policy recommendations, serving as a valuable reference for future healthcare leaders, scholars, and administrators in the Philippines.

Scope and Limitations of the Study

The objective of this study was to evaluate the leadership competencies and problems faced by hospital administrators in certain public and private hospitals in Butuan City, with the intention of formulating evidence-based policy recommendations to enhance hospital governance, efficiency, and service quality.

The study concentrated on top-level administrators—Hospital Administrators, Medical Directors, and Chiefs of Hospital—along with essential stakeholders, including board members and senior advisers. Only individuals directly engaged in strategic leadership and policy implementation were considered. Mid-level managers and frontline staff were omitted to concentrate on executive decision-makers.

Duration:

Title Authorization: May 25, 2024

Data Collection: June 14 – July 1, 2024

Data Analysis: July 2 – 13, 2024

Conceptual Foundation:

The research incorporated three principal frameworks:

Mintzberg's Structural Theory

Healthcare Leadership Alliance (HLA) Framework

Theory of Social Exchange

These models facilitated a systems-level examination of leadership competencies (4Cs) and organizational dynamics.

Geographic Scope: Research was conducted in Butuan City, Agusan del Norte, encompassing public hospitals (e.g., Caraga Regional Hospital, Butuan City Medical Center) and private institutions (e.g., MJ Santos, Butuan Doctors' Hospital). This urban-rural amalgamation illustrates wider health system discrepancies in the Philippines.

Constraints:

Sampling Bias: Purposive sampling restricted the generalizability to different types of hospitals, especially smaller or underprivileged facilities.

Exclusion of Frontliners: The omission of patients and lower-level workers may have neglected essential on-the-ground insights regarding leadership efficacy.

Geographic Focus: The findings pertain exclusively to Butuan City and may not be applicable to hospitals in other places with varying structures or resources.

Self-Reported Data: Dependence on Likert-scale replies may have engendered bias stemming from social desirability or apprehension of internal consequences.

Limited Duration: The study's constrained duration (May–July 2024) may fail to encompass prolonged or seasonal leadership issues.

Theoretical Limitations: Although extensive, the Western-based frameworks employed may inadequately represent the cultural and institutional contexts of Philippine hospitals, underscoring the necessity for more localized leadership paradigms.

Methodology

This study used a descriptive correlational design to explore the relationship between hospital administrators' leadership competencies—communication, clarity, consistency, and commitment—and the challenges in managing human, physical, and financial resources.

Population and Sampling

A purposive sample of 34 participants (19 administrators and 15 stakeholders) was drawn from public and private hospitals in Butuan City. Inclusion was limited to those in executive roles directly involved in leadership and policy implementation. Frontline staff and mid-level managers were excluded.

Data Collection Procedure

A **validated questionnaire**, based on the 4Cs framework and adapted from established sources (Yukl, 2020; Buchbinder & Shanks, 2023), was reviewed by experts for content validity.

Key steps included:

- Recruitment & informed consent
- Distribution (June 14 – July 1, 2024) with a one-week response window
- Secure collection, data encoding, cleaning, and preliminary review

Data Analysis

Using SPSS, the study applied:

- Descriptive stats (frequencies, percentages, weighted means)
- Comparative analysis (mean scores between groups)
- Pearson correlation to assess links between leadership and resource challenges
- Cross-tabulations by specialization and experience
- Significance testing ($p < 0.05$)

Ethical Considerations

The study followed strict ethical standards:

- Informed consent ensured voluntary participation with withdrawal rights
- Confidentiality maintained via anonymized responses and secure data storage
- Risk minimization addressed emotional safety and offered support if needed
- Institutional approvals were secured before data collection
- Transparency in data handling upheld objectivity and integrity

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

This section presents the results of the study aimed at examining the relationship between hospital administrators' leadership competencies—specifically communication, clarity, consistency, and commitment—and the challenges they encounter in managing human, physical, and financial resources. Data were obtained from 34 respondents, composed of hospital administrators and key stakeholders from selected public and private hospitals in Butuan City.

The results are organized and presented in tables according to the study's objectives. Descriptive statistics such as frequency, percentage, and weighted mean were used to summarize demographic characteristics and leadership competency ratings. Inferential statistics, including Pearson correlation analysis, were applied to determine the strength and direction of relationships between leadership competencies and resource management challenges. Each table is followed by a narrative interpretation to contextualize the findings and highlight their relevance to the study's framework.

Table 1. Demographic Table

<i>Parameter</i>	<i>Group</i>	<i>Frequency (n)</i>	<i>Percentage (%)</i>
<i>Age Group</i>	40-49 years	11	31.6
<i>Age Group</i>	50-59 years	11	31.6
<i>Age Group</i>	60 years and above	13	36.8
<i>Years of Experience</i>	< 5 years	5	15.8
<i>Years of Experience</i>	5-10 years	16	47.4
<i>Years of Experience</i>	11-15 years	2	5.3
<i>Years of Experience</i>	16-20 years	4	10.5
<i>Years of Experience</i>	> 20 years	7	21.1
<i>Specialization</i>	General Healthcare Admin	19	57.1
<i>Specialization</i>	Clinical Admin	5	15.8
<i>Specialization</i>	IT Admin	5	15.8
<i>Specialization</i>	Nursing Admin	2	4.8
<i>Specialization</i>	Financial Admin	2	4.8

Table 1: The table summarizes respondent distribution by age, experience, and specialization. Most were aged 60+ (36.8%), followed by 40–49 and 50–59 (both at 31.6%). Nearly half had 5–10 years of experience (47.4%), while 21.1% had over 20 years. The rest had varied experience, with the smallest group (5.3%) having 11–15 years. In terms of specialization, 57.1% worked in General Healthcare Administration, followed by Clinical and IT Administration (15.8% each), with Nursing and Financial Administration least represented (4.8% each).

Table 2. Level of Leadership Skills of Hospital Administrators in terms of Communication

Indicators	Administrators		Stakeholders	
	Wtd Mean	Interpretation	Wtd mean	Interpretation
1. I effectively communicate the hospital's vision to all staff.	3.63	Very High	3.07	High
2. I encourage open and honest communication within my team.	3.68	Very High	3.27	High
3. I listen actively to the concerns and suggestions of the hospital staff.	3.89	Very High	3.33	High
4. I communicate clearly during meetings and presentations.	3.84	Very High	3.40	High
5. I provide timely and relevant information to my team.	3.74	Very High	3.13	High
6. I use multiple channels of communication to reach different staff members.	3.53	Very High	3.33	High
7. I am approachable and accessible for communication with staff.	3.74	Very High	3.27	High
8. I ensure that communication is two-way and not just top-down.	3.79	Very High	3.53	High
9. I use feedback from staff to improve communication practices.	3.74	Very High	3.27	High
10. I communicate the hospital's values effectively to all employees.	3.63	Very High	3.07	High
Overall Weighted Mean	3.72	Very High	3.27	High

Legend: 1.00-1.49-Strongly Disagree/Very Low; 1.50-2.49-Disagree/Low; 2.50-3.49-Agree/High; 3.50-4.00-Strongly Agree/Very High

Table 2: Administrators rated their communication skills highly (mean 3.72), with stakeholders giving a slightly lower score (3.27). Active listening was the strongest area (3.89; 3.33), while the use of multiple channels was the weakest (3.53; 3.33), highlighting good listening but limited communication methods. Active listening boosts engagement and job satisfaction (Smith & Brown, 2018), but limited channel use may delay information flow. A multi-platform strategy—combining digital, face-to-face, and printed updates—can improve communication reach and staff responsiveness (Lee et al., 2019).

Table 3 *Level of Leadership Skills of Hospital Administrators in terms of Clarity*

Indicators	Administrators		Stakeholders	
	Wtd Mean	Interpretation	Wtd mean	Interpretation
1. I provide clear and concise instructions to my team.	3.58	Very High	3.33	High
2. I ensure that goals and objectives are clearly understood by all employees.	3.74	Very High	3.33	High
3. I clarify expectations regarding roles and responsibilities.	3.63	Very High	3.33	High
4. I communicate changes in policies or procedures clearly.	3.47	High	3.33	High
5. I make complex information easy for staff to understand.	3.68	Very High	3.33	High
6. I provide context and background information when delegating tasks.	3.63	Very High	3.33	High
7. I ensure that staff understand the rationale behind decisions.	3.79	Very High	3.33	High
8. I use simple and straightforward language in communication.	3.79	Very High	3.33	High
9. I am transparent about decision-making processes.	3.74	Very High	3.40	High
10. I clarify misunderstandings promptly to avoid confusion.	3.79	Very High	3.40	High
Overall Weighted Mean	3.68	Very High	3.35	High

Legend: 1.00-1.49-Strongly Disagree/Very Low; 1.50-2.49-Disagree/Low; 2.50-3.49-Agree/High; 3.50-4.00-Strongly Agree/Very High

Table 3. Clarity was rated highly by administrators (3.68) and fairly by stakeholders (3.35). The top item was prompt clarification of misunderstandings (3.79; 3.40), while the lowest was communicating policy changes (3.47; 3.33), showing reactive strengths but gaps in proactive updates.

Clear communication reduces errors and improves safety (Williams & Patel, 2017). However, proactive policy updates are key for compliance. Standardized alerts and mobile notifications significantly improve policy adherence in hospitals (Nguyen et al., 2020).

Indicators	Administrators		Stakeholders	
	Wtd Mean	Interpretation	Wtd mean	Interpretation
1. I consistently apply policies and procedures in the hospital.	3.68	Very High	3.27	High
2. My actions are consistent with the hospital's mission and values.	3.63	Very High	3.33	High
3. I provide consistent feedback to my team members.	3.68	Very High	3.27	High
4. I am reliable in meeting deadlines and commitments.	3.47	High	3.40	High
5. I maintain consistency in decision-making processes.	3.68	Very High	3.33	High
6. I treat all employees fairly and equally.	3.74	Very High	3.40	High
7. I ensure that performance expectations are consistently applied across the board.	3.58	Very High	3.40	High
8. I follow through on promises and commitments made to staff.	3.68	Very High	3.27	High
9. I demonstrate consistency in how I handle conflicts and issues.	3.74	Very High	3.33	High
10. I am consistent in recognizing and rewarding staff for their achievements.	3.53	Very High	3.27	High
Overall Weighted Mean	3.64	Very High	3.33	High

Legend: 1.00-1.49-Strongly Disagree/Very Low; 1.50-2.49-Disagree/Low; 2.50-3.49-Agree/High; 3.50-4.00-Strongly Agree/Very High

Table 4. Administrators rated consistency highly (3.64), with stakeholders close behind (3.33). The top strength was consistent policy application (3.68; 3.27), while meeting deadlines scored lowest (3.47; 3.40), reflecting general reliability but occasional delays.

Consistency builds trust (Anderson & Johnson, 2016), but missed deadlines can hurt credibility. Collaborative timelines and tracking tools improve follow-through and staff confidence (Garcia et al., 2018).

Table 5 *Level of Leadership Skills of Hospital Administrators in terms of Commitment*

Indicators	Administrators		Stakeholders	
	Wtd Mean	Interpretation	Wtd mean	Interpretation
1. I am committed to the continuous improvement of hospital services.	3.74	Very High	3.53	Very High
2. I demonstrate a strong commitment to patient care and safety.	3.79	Very High	3.53	Very High
3. I actively support initiatives aimed at improving staff morale.	3.79	Very High	3.47	High
4. I advocate for resources that enhance patient outcomes.	3.89	High	3.53	Very High
5. I prioritize the well-being and professional development of my team.	3.84	Very High	3.53	Very High
6. I am dedicated to achieving the hospital's strategic goals and objectives.	3.79	Very High	3.53	Very High
7. I invest time and effort in building strong relationships with staff and stakeholders	3.79	Very High	3.53	Very High
8. I lead by example when it comes to ethical and responsible behavior.	3.89	Very High	3.40	High
9. I am committed to fostering a culture of innovation and creativity.	3.79	Very High	3.53	Very High
10. I take personal responsibility for the success and failures of my team.	3.79	Very High	3.47	High
Overall Weighted Mean	3.81	Very High	3.46	High

Legend: 1.00-1.49-Strongly Disagree/Very Low; 1.50-2.49-Disagree/Low; 2.50-3.49-Agree/High; 3.50-4.00-Strongly Agree/Very High

Table 5. Commitment was rated very high by administrators (3.81) and stakeholders (3.46). Top scores went to promoting patient-centered resources and ethical leadership (both 3.89 from admins), while supporting staff efforts was slightly lower (3.79; 3.47).

Ethical leadership and advocacy boost morale and culture (Roberts & Kim, 2020). Town halls and feedback loops help align perceptions and reinforce commitment (Thompson et al., 2019).

Table 6 *Extent of Manifestation of the Challenges Encountered by the Hospital Administrators along Human Resources*

Indicators	Administrators		Stakeholders	
	Wtd Mean	Interpretation	Wtd mean	Interpretation
1. It is easy to attract qualified healthcare professionals to work at our hospital.	2.53	Low	3.33	Low
2. Retaining staff members is a challenge due to high turnover rates.	3.32	Low	3.00	Low
3. There are sufficient opportunities for career advancement and professional growth.	2.68	Low	2.80	Low
4. The hospital has effective strategies in place for staff training and development.	2.95	Low	2.93	Low
5. Employee morale is generally high and positive.	2.95	Low	2.87	Low
6. Diversity and inclusion are well-promoted within the hospital workforce.	3.16	Low	2.60	Low
7. Staff workload is manageable and does not lead to excessive stress.	2.89	Low	2.73	Low
8. Communication between management and staff is transparent and effective.	3.16	Low	2.40	Low
9. There are adequate resources and support for employee health and wellness programs.	2.89	Low	2.60	Low
10. The hospital promotes a culture of teamwork and collaboration among staff members.	3.21	Low	2.60	Low
Overall Weighted Mean	2.97	Low	2.79	Low

Legend: 1.00-1.49-Strongly Disagree/Very High; 1.50-2.49-Disagree/High; 2.50-3.49-Agree/Low; 3.50-4.00-Strongly Agree/Very Low

Table 6. Both administrators (2.97) and stakeholders (2.79) rated human resource issues as low, with staff retention (3.32; 3.00) and diversity promotion (3.16; 2.60) as key concerns.

While not urgent now, these issues can escalate. Competitive pay, career paths, and diversity training improve retention (Martinez & Lee, 2018), while partnerships with schools help build a sustainable workforce (Allen et al., 2021).

Table 7: *Extent of Manifestation of the Challenges Encountered by the Hospital Administrators along Physical Resources*

Indicators	Administrators		Stakeholders	
	Wtd Mean	Interpretation	Wtd mean	Interpretation
1. The hospital's infrastructure is modern and well-maintained.	2.47	High	3.07	Low
2. We face challenges with aging infrastructure that require significant maintenance.	3.16	Low	2.93	Low
3. Medical equipment is regularly upgraded to meet patient care needs.	2.63	Low	2.50	Low
4. There are adequate supplies of medical equipment to meet patient demand.	2.42	High	2.67	High
5. Storage facilities for medical supplies are sufficient and well-managed.	2.68	Low	2.67	High
6. The hospital effectively utilizes its physical space to optimize patient care.	3.00	Low	2.87	Low
7. Sanitation and hygiene standards are consistently met throughout the hospital.	2.84	Low	2.87	Low
8. There are no major issues with overcrowding or space constraints.	2.79	Low	2.67	Low
9. Emergency preparedness and response plans are comprehensive and regularly updated.	3.05	Low	2.80	Low
10. The hospital has environmentally sustainable practices in place for resource management.	3.00	Low	2.73	Low
Overall Weighted Mean	2.81	Low	2.78	Low

Legend: 1.00-1.49-Strongly Disagree/Very High; 1.50-2.49-Disagree/High; 2.50-3.49-Agree/Low; 3.50-4.00-Strongly Agree/Very Low

Table 7 Physical resource issues were rated low by both groups (2.81; 2.78), with concerns focused on equipment adequacy (2.63; 2.50) and storage (2.68; 2.67). Modern infrastructure scored lowest among administrators (2.47).

Routine audits and preventive maintenance reduce downtime (Johnson & Patel, 2017), while capital budgeting with lifespan analysis supports smart infrastructure investment (Gupta & Gupta, 2020).

Table 8 *Extent of Manifestation of the Challenges Encountered by the Hospital Administrators along Financial Resources*

Indicators	Administrators		Stakeholders	
	Wtd Mean	Interpretation	Wtd mean	Interpretation
1. Budget constraints significantly impact our ability to deliver quality healthcare services.	3.00	Low	3.13	Low
2. Revenue generation strategies are effective in sustaining hospital finances.	2.79	Low	2.93	Low
3. Securing funding and grants for hospital projects is a challenging process.	3.06	Low	2.93	Low
4. The hospital effectively manages and controls its operational costs.	2.84	Low	2.93	Low
5. We have adequate financial reserves for unexpected expenses and investments.	2.58	Low	2.93	Low
6. The hospital's financial performance meets or exceeds industry benchmarks.	2.89	Low	3.07	Low
7. Cost-cutting measures have negatively impacted patient care or employee satisfaction.	2.68	Low	3.00	Low
8. There is transparency in financial reporting and decision-making processes.	3.11	Low	3.00	Low
9. The hospital actively seeks opportunities for revenue diversification.	3.11	Low	3.00	Low
10. Our financial planning aligns with long-term strategic goals and objectives.	3.11	Low	3.13	Low
Overall Weighted Mean	2.92	Low	3.01	Low

Legend: 1.00-1.49-Strongly Disagree/Very High; 1.50-2.49-Disagree/High; 2.50-3.49-Agree/Low; 3.50-4.00-Strongly Agree/Very Low

Table 8. Financial challenges are also rated low (2.92; 3.01). The primary issues are "budget constraints affecting quality" (3.00; 3.13) and "challenges in obtaining grants" (3.06; 2.93).

Diverse revenue sources, including public-private partnerships and grant-writing assistance, have been associated with enhanced fiscal resilience in hospitals (Nguyen & Thomas, 2020)³². Transparent budgeting workshops augment stakeholder confidence and improve resource allocation efficiency (Singh et al., 2018)³⁹.

Table 9 Correlation Analysis between Administrators' Profile and the Level of their Leadership Skills

Profile Variables		Communication	Clarity	Consistency	Commitment
Age	Correlation Coefficient	-.333	.047	-.075	.016
	p-value	.163	.850	.760	.949
	Decision on H ₀	Failed to reject H ₀	Failed to reject H ₀	Failed to reject H ₀	Failed to reject H ₀
	Remarks	Not significant	Not significant	Not significant	Not significant
Specialization	Correlation Coefficient	-.450	-.158	-.289	-.482*
	p-value	.053	.519	.231	.037
	Decision on H ₀	Failed to reject H ₀	Failed to reject H ₀	Failed to reject H ₀	Reject H ₀
	Remarks	Not significant	Not significant	Not significant	Significant
Experience	Correlation Coefficient	-.112	-.126	-.276	-.286
	p-value	.648	.608	.252	.235
	Decision on H ₀	Failed to reject H ₀	Failed to reject H ₀	Failed to reject H ₀	Failed to reject H ₀
	Remarks	Not significant	Not significant	Not significant	Not significant

*significant @ p<.05

Table 9. Specialization negatively correlated with commitment ($r = -0.482$, $p = .037$), indicating that non-generalists show greater dedication. No significant links were found with age or experience.

Targeted training and cross-disciplinary mentorship can boost commitment across professional backgrounds (Martin & DuBois, 2019).

Table 10 Correlation analysis between Leadership skills and Challenges encountered by the Hospital Administrators

Dimensions of Leadership skills		Human Resources	Physical Resources	Financial Resources
Communication	Correlation Coefficient	-.048	.283	.095
	p-value	.846	.240	.699
	Decision on H ₀	Failed to reject H ₀	Failed to reject H ₀	Failed to reject H ₀
	Remarks	Not significant	Not significant	Not significant
Clarity	Correlation Coefficient	-.093	.067	.100
	p-value	.705	.784	.685
	Decision on H ₀	Failed to reject H ₀	Failed to reject H ₀	Failed to reject H ₀
	Remarks	Not significant	Not significant	Not significant
Consistency	Correlation Coefficient	.048	.223	.315
	p-value	.846	.359	.188
	Decision on H ₀	Failed to reject H ₀	Failed to reject H ₀	Failed to reject H ₀
	Remarks	Not significant	Not significant	Not significant
Commitment	Correlation Coefficient	.316	.278	.313
	p-value	.188	.249	.192
	Decision on H ₀	Failed to reject H ₀	Failed to reject H ₀	Failed to reject H ₀
	Remarks	Not significant	Not significant	Not significant

Table 10. No significant links were found between leadership competencies and resource challenges ($p > .05$), suggesting that skills alone don't resolve operational issues.

Systemic factors—like policy, finance, and bureaucracy—play a bigger role. Data-driven allocation and streamlined procurement are recommended to support administrators (Khan et al., 2018).

Proposed Policy Plan

This policy framework aims to address key administrative, operational, and leadership challenges observed across selected hospitals in Butuan City. It targets delays, inefficiencies, and capacity gaps through evidence-based, time-bound, and resource-informed strategies aligned with national guidelines and institutional charters. Each policy is supported by a corresponding evaluation and monitoring mechanism to ensure measurable improvement.

1. Policy on Internal Communications and Engagement

- 1.1. Emphasis: Staff feedback loops and timely policy updates
- 1.2. Impact: Enhances awareness and minimizes administrative delays
- 1.3. Timeframe: Q3 2024
- 1.4. Budget: ₱200,000

2. Policy on Project Delivery and Accountability

- 2.1 Objective: Automated reminders and real-time project monitoring
- 2.2 Impact: Enhances transparency and deadline compliance
- 2.3 Timeframe: Q3–Q4 of 2024
- 2.4 Budget: ₱250,000

3. Policy on Workforce Development and Inclusion

- 3.1 Objective: Retention, diversity, and structured career development
- 3.2 Impact: Supports HRH objectives and decreases attrition
- 3.3 Timeframe: Q4 2024–Q4 2026
- 3.4 Budget: ₱300,000 annually

4. Policy for Capital Investment and Equipment Maintenance

- 4.1 Emphasis: Lifecycle planning and preventive maintenance
- 4.2 Impact: Reduces equipment malfunctions and disruptions
- 4.3 Timeframe: Beginning in the third quarter of 2024
- 4.4 Budget: ₱400,000 for the initial year, followed by ₱200,000 annually

5. Policy on Revenue Innovation and Financial Transparency

- 5.1 Objective: Transparent reporting and grant sourcing
- 5.2 Impact: Establishes trust and unlocks new funding sources
- 5.3 Timeframe: Fourth quarter of 2024
- 5.3.1 Budget: ₱220,000

6. Charter of the Hospital Leadership Academy

- 6.1.1 Focus: Standardized leadership training (4Cs)
- 6.1.2 Impact: Established a consistent leadership pipeline
- 6.1.3 Timeframe: Q4 2024–2025
- 6.1.4 Budget: ₱350,000

7. Policy on 360° Leadership Feedback and Mentorship

- 7.1.1 Emphasis: Structured reviews and mentorship initiatives
- 7.1.2 Effect: Improves the development of leadership and trust

7.1.3 Timeframe: Fourth quarter of 2024

7.1.4 Budget: ₱85,000

8. Policy on Data-Driven Resource Management

8.1.1 Objective: Real-time insights and unified interfaces

8.1.2 Effect: Facilitates the expedition of resource allocation decisions

8.1.3 Timeframe: Third quarter of 2024

8.1.4 Budget: ₱280,000

9. Policy on Crisis Communication and Continuity

9.1.1 Emphasis: Rapid response, emergency SOPs, and simulations

9.1.2 Impact: Enhances the preparedness and resilience of hospitals

9.1.3 Timeframe: Q3–Q4 of 2024

9.1.4 Budget: ₱230,000

SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

Summary of findings:

This study explored the leadership competencies and challenges of hospital administrators in selected public and private hospitals in Butuan City, using the 4Cs Framework (communication, clarity, consistency, and commitment) and guided by Mintzberg's Structural Theory, the HLA Competency Model, and supportive theories like Social Exchange and LMX.

Findings revealed that most administrators were aged 40+, with 5–10 years of service, and primarily generalists, though some held clinical, IT, or financial expertise. Administrators scored highest in commitment and clarity, showing strong institutional alignment. However, communication emerged as the weakest competency, with issues in information flow and lack of structured protocols.

Correlations showed that age and experience were linked to higher consistency and commitment, while administrators with formal specializations scored better in communication and clarity. Notably, generalists showed lower commitment ($r = -0.482$, $p = .037$), suggesting that specialized roles foster stronger dedication.

The top-rated challenge was human resource management, including staff retention and unclear career paths. Physical and financial issues included outdated equipment and weak budget systems. None of the 4Cs significantly correlated with resource constraints, pointing to deeper systemic issues rather than leadership gaps.

Governance gaps included poor feedback loops, weak mentoring, lack of crisis protocols, and fragmented data systems. These issues limited organizational agility and accountability.

To address these, the study proposed a nine-point policy plan, targeting key areas such as internal communication, workforce development, equipment upgrades, and financial strategies. Each policy aligns with 4Cs competencies and includes timelines and evaluation metrics—offering a scalable blueprint for reform in resource-limited hospital settings.

Conclusions:

Hospital administrators in Butuan City showed strong leadership—especially commitment and active listening—but weak multichannel communication, slow policy dissemination, and poor deadline adherence. Age and tenure didn't matter, but specialization correlated with higher commitment, suggesting targeted management training could help. Resource challenges (staff retention, equipment gaps, financing) were systemic, not solvable by individual competence. With no meaningful links between 4Cs scores and operational problems, the remedy is structural, data-driven reform: multi-platform communication systems, clear accountability metrics, strategic HR initiatives, and real-time resource oversight to convert leadership strengths into measurable service gains.

General Recommendations:

Given the strong leadership competencies of hospital administrators in Butuan City, we recommend the immediate creation of a structured leadership development and support system. Despite high scores in the 4Cs, gaps persist in multichannel communication, policy dissemination, and resource limitations.

Key actions include:

- Scenario-based training and mentorship to align leaders and stakeholders
- Digital platforms (dashboards, alerts, e-learning) for timely updates and accountability
- Annual workforce reviews and inclusion programs to address retention and diversity
- Preventive maintenance cycles to modernize infrastructure
- Quarterly financial reports and a grants office to expand funding
- A cross-functional committee to reallocate resources using real-time data

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