

Administrative Leadership, Regulatory Compliance, and Data Privacy Practices: Their Influence on Organizational Performance in a Private Hospital in Calamba City, Laguna

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Abstract—Private hospitals in the Philippines operate under increasing demands to balance administrative leadership, regulatory compliance, and data privacy requirements under Republic Act No. 10173 (Data Privacy Act of 2012). Despite their importance, limited evidence exists on how these factors jointly influence organizational performance in provincial hospital settings. This study examined the levels of these variables, their relationships, and their predictive influence on organizational performance in a private hospital in Calamba City, Laguna. Using a descriptive-correlational research design with an explanatory mixed-methods approach, data were collected from 55 healthcare workers through validated survey questionnaires and semi-structured interviews with seven key informants. Data were analyzed through weighted mean, Pearson's r , and multiple regression, supplemented by thematic analysis. The findings revealed that all domains were rated very high ($WM = 4.31$ – 4.52), with regulatory compliance obtaining the highest mean score ($M = 4.52$, $SD = 0.49$), followed by data privacy practices ($M = 4.41$, $SD = 0.55$), administrative leadership ($M = 4.31$, $SD = 0.58$), and organizational performance ($M = 4.25$, $SD = 0.54$). Correlation results showed that administrative leadership had the strongest positive relationship with organizational performance ($r = 0.72$, $p < 0.001$), followed by regulatory compliance ($r = 0.68$, $p < 0.001$) and data privacy practices ($r = 0.65$, $p < 0.001$). Multiple regression analysis revealed that the model significantly predicts organizational performance ($F(3,51) = 23.14$, $p < 0.001$), explaining 58% of the variance ($R^2 = 0.58$). Administrative leadership emerged as the only significant independent predictor ($\beta = 0.36$, $p = 0.003$), while regulatory compliance ($\beta = 0.25$, $p = 0.051$) and data privacy practices ($\beta = 0.19$, $p = 0.120$) were not significant. Qualitative results supported this interpretation, indicating that leadership visibility reinforces compliance behavior, while data privacy is often viewed as a procedural requirement. Five major themes emerged from the qualitative analysis: (1) Leadership sets the tone for compliance behavior; (2) Compliance as an integrated routine rather than an external task; (3) Data privacy perceived as an external requirement; (4) Fragmented coordination undermines system efficiency; and (5) Integrated governance structures enhance performance. It was concluded that administrative leadership plays a central role in improving organizational performance, while regulatory compliance and data privacy serve as supporting mechanisms. The study proposes the Trifecta Performance Model, which conceptualizes organizational performance as a function of the

interaction between administrative leadership, regulatory compliance, and data privacy practices, moderated by the presence of integration mechanisms ($\text{Organizational Performance} = f(\text{AL} \times \text{RC} \times \text{DPP}) - \text{Integration Gaps}$). Strengthening integration among these domains through leadership-driven coordination is essential for enhancing hospital performance in provincial settings.

I. INTRODUCTION

1.1 Background of the Study

Private hospitals in the Philippines operate within a complex regulatory environment shaped by Department of Health (DOH) licensing standards, PhilHealth accreditation requirements, and data privacy obligations under Republic Act No. 10173, also known as the Data Privacy Act of 2012. In this regard, administrative leadership plays a vital role in guiding health facilities toward effective coordination, resource management, and responsiveness to regulatory changes (Dela Cruz & Santos, 2022). More importantly, these leadership practices enable hospitals to anticipate compliance demands and improve decision-making processes that significantly influence overall organizational performance.

The Philippine healthcare system has undergone significant transformation following the implementation of the Universal Health Care (UHC) Act (Republic Act No. 11223), which further intensified regulatory requirements for both public and private health facilities. Private hospitals, in particular, face unique challenges as they must balance profitability with compliance to various regulatory bodies, including the DOH, PhilHealth, and the National Privacy Commission (NPC). This complex regulatory landscape demands effective administrative leadership that can navigate these requirements while maintaining operational efficiency and quality patient care.

Furthermore, Reyes and Mendoza (2023) emphasized that effective administrative frameworks enhance hospital agility by enabling institutions to adapt quickly to evolving regulatory conditions. In the same way, Lopez et al. (2021) highlighted that data-driven compliance management

strengthens organizational governance by enabling hospitals to predict audit risks and minimize legal exposure through systematic record-keeping. As a result, healthcare institutions become more proactive rather than reactive in addressing regulatory and data privacy challenges.

Similarly, Fernandez and Guerrero (2022) explained that administrative leadership fosters a compliance-oriented organizational culture that enhances resilience and operational credibility. In addition, Villanueva and Bautista (2024) found that integrating staff feedback into compliance planning improves alignment with clinical needs and strengthens organizational relationships. Moreover, these approaches ensure that leadership decisions remain relevant and responsive to the demands of Republic Act No. 10173 and DOH licensing standards.

On the other hand, Ramirez et al. (2023) emphasized the importance of data privacy systems in strategic hospital management, noting that institutions with robust privacy protocols build greater patient trust and reduce vulnerability to legal penalties. Likewise, Garcia and Torres (2024) stated that incorporating regulatory compliance into daily administrative operations improves patient safety and long-term institutional stability. In addition, Castillo and Lee (2025) stated that organizational culture significantly affects the success of compliance implementation, with collaboration and continuous training improving policy execution. Taken together, these studies emphasize that administrative leadership, regulatory compliance, and data privacy practices are essential in achieving organizational effectiveness and long-term sustainability in provincial hospital settings.

Meanwhile, Cruz and Ramos (2021) found that structured compliance frameworks significantly reduce administrative errors and improve workflow processes, resulting in higher operational reliability. In addition, Santos and Mercado (2023) revealed that technology adoption, including electronic medical records and privacy management systems, enhances resource allocation and operational speed. Moreover, Domingo and Javier (2024) emphasized that compliance with PhilHealth accreditation requirements improves service quality and reduces claim denials, thereby contributing to financial agility. Likewise, Rivera et al. (2025) highlighted that employee engagement enhances compliance performance when supported by visible administrative leadership and consistent enforcement of data privacy.

Calamba City, Laguna, is a rapidly growing urban area with a population exceeding 500,000 (Philippine Statistics Authority, 2020). Its private hospitals serve both residents and patients from nearby provinces in the CALABARZON region. Despite this, limited research has examined how leadership, regulatory compliance, and data privacy practices interact to influence organizational performance in this setting. The unique characteristics of provincial private hospitals—including resource constraints, workforce composition, and patient demographics—necessitate context-specific research that can inform targeted interventions and policy development.

Therefore, this study aimed to examine the levels of administrative leadership, regulatory compliance, and data privacy practices, and their influence on organizational

performance, in a private hospital in Calamba City, Laguna. Ultimately, the findings of this research provided valuable insights into the hospital's current practices and served as baseline data for improving governance systems, compliance mechanisms, and privacy protocols. In conclusion, this study contributes to enhancing organizational performance and promoting sustainable healthcare delivery in provincial private hospital settings.

1.2 Objectives of the Study

The overall objective of this study was to determine the influence of administrative leadership, regulatory compliance, and data privacy practices on organizational performance in a private hospital in Calamba City, Laguna. Specifically, this study had the following aims:

1. Investigate the level of administrative leadership as perceived by healthcare workers in the private hospital;
2. Determine the level of regulatory compliance in the private hospital;
3. Assess the level of data privacy practices in the private hospital;
4. Determine the level of organizational performance as perceived by healthcare workers;
5. Determine the significant relationship between:
 - a. Administrative leadership and organizational performance;
 - b. Regulatory compliance and organizational performance; and
 - c. Data privacy practices and organizational performance;
6. Examine the predictive ability of administrative leadership, regulatory compliance, and data privacy practices, taken singly or in combination, on organizational performance; and
7. Propose an action plan based on the findings to enhance the integration of these domains to improve organizational performance.

1.3 Research Questions

This study sought to answer the following questions:

1. What is the level of administrative leadership as perceived by healthcare workers in the private hospital?
2. What is the level of regulatory compliance in the private hospital?
3. What is the level of data privacy practices in the private hospital?
4. What is the level of organizational performance as perceived by healthcare workers?
5. Is there a significant relationship between:
 - a. Administrative leadership and organizational performance?
 - b. Regulatory compliance and organizational performance?
 - c. Data privacy practices and organizational performance?
6. Do administrative leadership, regulatory compliance, and data privacy practices significantly predict organizational performance?

7. What action plan can be proposed to enhance the integration of these domains to improve organizational performance?

1.4 Theoretical Framework

This study is anchored on several classical and contemporary management theories that provide a robust foundation for understanding the relationships among administrative leadership, regulatory compliance, data privacy practices, and organizational performance.

1.4.1 Fayol's Administrative Theory (1949)

Henri Fayol's Administrative Theory emphasizes five primary functions of management: planning, organizing, commanding, coordinating, and controlling. This theory is particularly relevant to this study as it underscores the importance of administrative leadership in directing organizational activities toward achieving goals. Fayol's principles—including unity of command, scalar chain, and esprit de corps—provide a framework for understanding how effective leadership can enhance organizational performance. In the context of this study, administrative leadership encompasses Fayol's coordinating and commanding functions, ensuring that regulatory compliance and data privacy practices are effectively implemented throughout the organization.

1.4.2 Weber's Bureaucratic Theory (1947)

Max Weber's Bureaucratic Theory highlights the importance of formal rules, regulations, and hierarchical structures in organizational operations. This theory aligns with the regulatory compliance component of this study, as it emphasizes the need for systematic procedures and adherence to established standards. Weber's theory suggests that bureaucratic structures, when properly implemented, can enhance organizational efficiency and predictability. However, the theory also acknowledges the potential for bureaucracy to become rigid and impede innovation—a consideration that informs the study's examination of how regulatory compliance affects organizational performance.

1.4.3 Mayo's Human Relations Theory (1945)

Elton Mayo's Human Relations Theory emphasizes the importance of social relationships, employee morale, and participatory management in organizational effectiveness. This theory is reflected in the study's examination of how leadership encourages staff participation, provides performance feedback, and recognizes employee contributions. Mayo's research at the Hawthorne Works demonstrated that attention to employee needs and social dynamics significantly affects productivity. This finding supports the study's focus on leadership practices that engage and motivate healthcare workers.

1.4.4 Gulick and Urwick's POSDCORB Framework (1937)

Luther Gulick and Lyndall Urwick expanded on Fayol's work by introducing the POSDCORB framework, which identifies seven key managerial functions: Planning, Organizing, Staffing, Directing, Coordinating, Reporting, and Budgeting. This framework is particularly relevant to this study as it emphasizes the importance of coordination among different administrative functions—a key element of the proposed Trifecta Performance Model. The POSDCORB

framework suggests that organizational effectiveness depends on how well these functions are integrated and coordinated.

1.4.5 Woodward's Contingency Theory (1965)

Joan Woodward's Contingency Theory suggests that there is no "one best way" to manage organizations; rather, management approaches should be adapted to the specific characteristics of the organization and its environment. This theory informs the study's recognition that provincial private hospitals may require different governance approaches from those of large urban hospitals or public facilities. The Contingency Theory supports the development of context-specific recommendations based on the unique characteristics of the study setting.

1.4.6 Republic Act No. 10173 (Data Privacy Act of 2012)

The Data Privacy Act of 2012 provides the legal framework for data privacy practices in the Philippines. The Act establishes the National Privacy Commission and outlines the rights of data subjects, the obligations of personal information controllers and processors, and the requirements for data processing, storage, and security. This legal framework directly informs the study's examination of data privacy practices and their relationship to organizational performance.

1.4.7 Integrated Theoretical Framework

The integration of these theories forms the basis for the study's conceptual framework. Administrative leadership (drawing on Fayol, Mayo, and Gulick & Urwick) serves as the driving force coordinating regulatory compliance (informed by Weber and the legal framework) and data privacy practices (mandated by RA 10173) to achieve organizational performance. The Contingency Theory (Woodward) acknowledges that the optimal approach may vary depending on organizational characteristics and environmental factors.

Figure 1 presents the theoretical framework diagrammatically.

1.5 Conceptual Framework

The conceptual framework posits that administrative leadership, regulatory compliance, and data privacy practices are independent variables influencing organizational performance (dependent variable). The framework suggests that:

- Administrative Leadership provides direction and ensures that compliance and data privacy initiatives are effectively implemented through policy enforcement, clear communication, staff motivation, and ethical modeling.
- Regulatory Compliance ensures the hospital meets legal and accreditation requirements, including DOH licensing standards, PhilHealth accreditation requirements, and other regulatory mandates.
- Data Privacy Practices protect patient information and promote trust through secure storage, access restrictions, consent management, and compliance with RA 10173.

When these three areas are aligned and integrated, they can support better decision-making, improve organizational processes, and enhance overall hospital performance. However, the framework also acknowledges that Integration

Gaps—including fragmented coordination, conflicting requirements, and siloed functions—can diminish the positive effects of these domains on organizational performance. The framework is visually represented in **Figure 1** below.

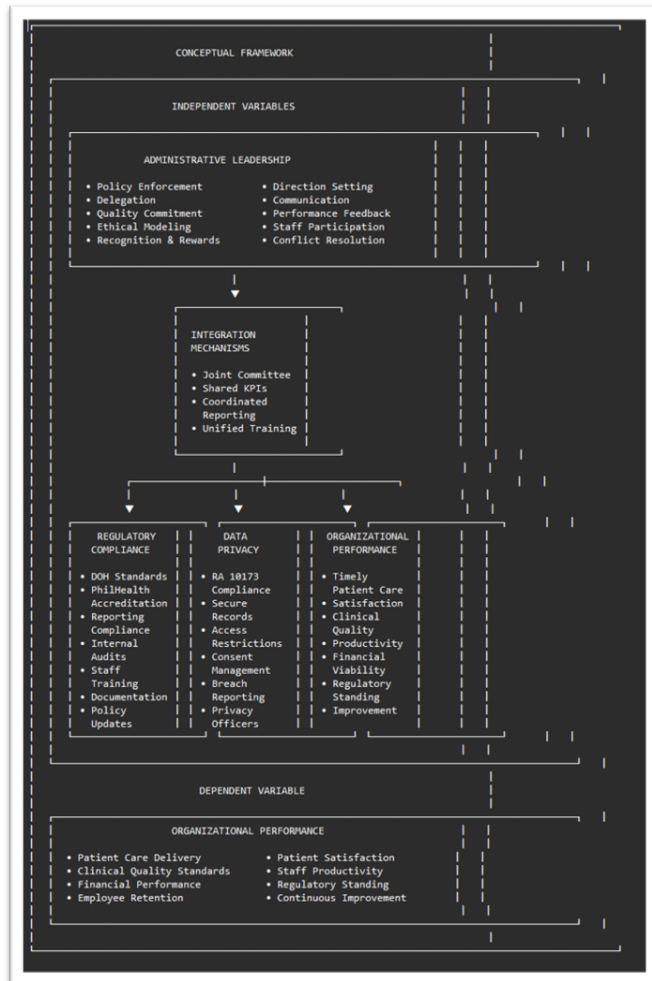


Figure 1. Conceptual Framework

1.6 Significance of the Study

This study is significant for various stakeholders in the healthcare sector:

Hospital Administrators and Leaders

The findings provide empirical evidence on the relative importance of leadership, compliance, and privacy practices in achieving organizational performance. This information can guide resource allocation, leadership development initiatives, and governance reforms.

Department Heads and Managers

The study identifies specific areas for improvement in leadership practices (delegation and performance feedback), compliance activities (policy updates), and privacy protocols (training and consent processes). These insights can inform departmental action plans.

Data Protection Officers and IT Teams

The research highlights the need to strengthen data privacy training and consent management, providing a rationale for

investing in privacy awareness programs and user-friendly systems.

Human Resource Departments

The findings support the development of integrated training programs that address leadership, compliance, and privacy competencies, contributing to workforce development and organizational effectiveness.

Regulatory Bodies (DOH, PhilHealth, NPC)

The study provides insights into how hospitals perceive and implement regulatory requirements, potentially informing policy development and regulatory oversight approaches.

Future Researchers

The study contributes to the limited literature on administrative leadership, regulatory compliance, and data privacy practices in Philippine private hospitals, providing a foundation for future research in this area.

Patients and the Community

Ultimately, improvements in organizational performance translate to better patient care, enhanced patient safety, and increased trust in healthcare institutions.

1.7 Scope and Delimitation

This study focused on the administrative leadership, regulatory compliance, and data privacy practices of Calamba Medical Center, a private hospital in Calamba City, Laguna. The study was delimited to:

1. Geographic Scope: Calamba City, Laguna, Philippines
2. Institutional Scope: One private hospital (Calamba Medical Center)
3. Respondent Scope: Healthcare workers with at least one year of employment and direct involvement in hospital operations or compliance activities
4. Variable Scope: Administrative leadership, regulatory compliance (DOH and PhilHealth standards), data privacy practices (RA 10173 compliance), and organizational performance
5. Time Scope: Data collection conducted on April 13, 2026
6. Methodological Scope: Descriptive-correlational research design with mixed-methods approach

The study did not include:

- Public hospitals or other private hospitals
- Objective financial or clinical performance data (due to confidentiality restrictions)
- Patient perspectives on organizational performance
- Comparison of performance across different types of hospitals

II. REVIEW OF RELATED LITERATURE

2.1 Administrative Leadership in Healthcare

Administrative leadership in healthcare encompasses the processes and practices through which organizational leaders guide, direct, and support healthcare delivery. Several key dimensions characterize effective administrative leadership:

2.1.1 Vision and Direction Setting

Leaders in healthcare organizations must articulate a clear vision and direction that aligns with organizational goals and regulatory requirements. Studies have shown that healthcare

leaders who effectively communicate organizational goals and priorities achieve better staff engagement and organizational outcomes (Berghout et al., 2021). In the Philippine context, Dela Cruz and Santos (2022) found that hospital administrators who regularly communicate organizational goals and performance expectations achieve higher levels of staff compliance with regulatory requirements.

2.1.2 Decision-Making and Delegation

Effective leaders delegate tasks appropriately and involve staff in decision-making processes. Research by Zulueta and Fernández (2025) found that participative leadership styles in CALABARZON hospitals were associated with improved staff satisfaction and organizational performance. However, the same study noted that delegation remains a challenge in many provincial hospitals, where leaders may be reluctant to share decision-making authority.

2.1.3 Performance Management

Administrative leaders are responsible for monitoring and managing organizational performance. This includes conducting performance feedback sessions, recognizing staff contributions, and addressing performance issues. Ignacio and Villanueva (2025) found that leadership practices in Philippine private hospitals during the post-pandemic recovery period emphasized performance monitoring and staff support, though consistent feedback mechanisms remained a challenge.

2.1.4 Ethical Leadership

Ethical leadership involves modeling ethical behavior, promoting accountability, and ensuring fair treatment of staff and patients. In the healthcare context, ethical leadership is particularly important given the high-stakes nature of patient care and the potential for ethical dilemmas. Delgado and Fernandez (2023) found that ethical leadership was positively associated with hospital performance in Laguna province.

2.2 Regulatory Compliance in Philippine Private Hospitals

Multiple regulatory bodies and frameworks govern regulatory compliance in Philippine private hospitals:

2.2.1 Department of Health (DOH) Licensing Standards

The DOH licenses private hospitals under the Manual of Standards for Private Hospitals (DOH, 2022). These standards cover various aspects of hospital operations, including physical facilities, staffing requirements, patient care standards, and safety protocols. Avelino and Santos (2024) found that compliance with DOH licensing standards in private hospitals in CALABARZON was generally high, though smaller hospitals faced challenges in meeting all requirements.

2.2.2 PhilHealth Accreditation

PhilHealth accreditation is mandatory for hospitals seeking reimbursement for services provided to PhilHealth members. The accreditation process requires hospitals to meet specific standards in areas such as patient care, facility management, and record-keeping. Banzon and Lucero (2023) found that PhilHealth accreditation positively affected hospital performance through improved patient volume and financial viability. Domingo and Javier (2024) further found that compliance with PhilHealth accreditation requirements

reduced claim denials and improved service quality in provincial hospitals.

2.2.3 Environmental Health Standards

Hospitals are also required to comply with environmental health standards covering waste management, water quality, and infection control. Compliance with these standards contributes to patient safety and institutional credibility (Escobar & Rivera, 2024).

2.2.4 Documentation and Reporting

Compliance involves systematic documentation and timely reporting to regulatory bodies. O'Donovan and McAuliffe (2023) emphasized the importance of systematic documentation in facilitating regulatory compliance and supporting internal governance processes.

2.3 Data Privacy Practices in Healthcare

2.3.1 Legal Framework: Republic Act No. 10173

The Data Privacy Act of 2012 (Republic Act No. 10173) is the primary legal framework governing data privacy in the Philippines. The Act establishes:

- The rights of data subjects (patients) to privacy and control over their personal information
- The obligations of personal information controllers (hospitals) to protect data
- The requirements for data processing, storage, and security
- The establishment of the National Privacy Commission (NPC)

2.3.2 Data Privacy in Healthcare Settings

Healthcare organizations process sensitive personal information, making data privacy particularly critical in this sector. Ramirez et al. (2023) found that hospitals with robust data privacy protocols experienced higher levels of patient trust and reduced legal exposure. Mercado and Torres (2025) noted that data privacy awareness among healthcare workers in private hospitals in Laguna was inconsistent, with many staff viewing privacy compliance as an administrative burden rather than a patient safety issue.

2.3.3 Implementation Challenges

Studies have identified several challenges in implementing data privacy practices in Philippine hospitals:

- Limited staff awareness and training (Mercado & Torres, 2025)
- Inadequate resources for technology and systems (Santos & Mercado, 2023)
- Conflicting requirements between privacy and compliance (Cruz & Dela Cruz, 2025)
- Limited understanding of the relationship between privacy and organizational performance

2.3.4 International Perspectives

Gostin and Halabi (2023) emphasized the global importance of data privacy in healthcare, noting that electronic health records and health information exchanges require robust privacy protections. Terry (2022) discussed the ethical and legal frameworks for health data privacy, highlighting the need for comprehensive privacy programs.

2.4 Organizational Performance in Healthcare

2.4.1 Dimensions of Organizational Performance

Organizational performance in healthcare encompasses multiple dimensions:

- Clinical Quality: Patient outcomes, safety, and adherence to clinical standards
- Patient Satisfaction: Patient experiences and perceptions of care
- Operational Efficiency: Productivity, resource utilization, and timeliness of care
- Financial Performance: Budget management, profitability, and financial sustainability
- Regulatory Compliance: Adherence to legal and accreditation requirements
- Employee Engagement: Staff satisfaction, retention, and performance

Samson and Garcia (2024) found that organizational performance in Philippine private hospitals was associated with leadership quality, staff engagement, and regulatory compliance.

2.4.2 Measurement of Organizational Performance

Organizational performance can be measured using both objective and subjective indicators. Kaplan and Norton's Balanced Scorecard framework provides a comprehensive approach that includes financial, customer, internal process, and learning and growth perspectives. In this study, organizational performance was measured through perceived metrics, including patient care delivery, satisfaction, clinical quality, productivity, financial performance, and regulatory standing.

2.4.3 Factors Influencing Organizational Performance

Research has identified multiple factors influencing organizational performance in healthcare:

- Leadership Quality: Strong leadership is consistently associated with better organizational performance (Berghout et al., 2021)
- Regulatory Compliance: Compliance with standards contributes to quality and efficiency (O'Donovan & McAuliffe, 2023)
- Data Privacy: Privacy practices affect patient trust and institutional reputation (Ramirez et al., 2023)
- Organizational Culture: Culture influences implementation and effectiveness of initiatives (Castillo & Lee, 2025)
- Employee Engagement: Engaged employees contribute to better performance (Rivera et al., 2025)
- Technology Adoption: Technology can enhance efficiency and quality (Santos & Mercado, 2023)

2.5 Integration of Leadership, Compliance, and Privacy

2.5.1 Interconnections Among the Three Domains

The literature suggests that administrative leadership, regulatory compliance, and data privacy are interconnected domains that jointly influence organizational performance. Fernandez and Guerrero (2022) found that leadership commitment was essential for fostering a compliance-oriented organizational culture. Villanueva and Bautista (2024) emphasized the importance of integrating staff feedback into compliance and privacy planning.

2.5.2 Gaps in Integration

Despite their interconnectedness, these domains often operate in silos, leading to:

- Fragmented coordination and conflicting requirements
- Duplicated efforts and inefficiencies
- Limited understanding of how each domain contributes to organizational performance
- Missed opportunities for synergy

Cruz and Dela Cruz (2025) identified coordination gaps between compliance and privacy functions in Philippine private hospitals, noting that these gaps result in workflow delays and conflicting requirements.

2.5.3 Proposed Integration Mechanisms

Based on the literature and study findings, several integration mechanisms are proposed:

- Joint leadership-compliance-privacy committees
- Shared performance indicators
- Coordinated reporting systems
- Unified training programs
- Regular communication and coordination meetings

2.6 Theoretical Synthesis

The review of related literature reveals a gap in the literature specifically examining how administrative leadership, regulatory compliance, and data privacy practices jointly influence organizational performance in provincial private hospitals in the Philippines. While each domain has been separately studied, limited research has examined their interaction and combined influence. This study addresses this gap by examining these three domains together and proposing an integrated framework (the Trifecta Performance Model) for understanding and enhancing their contribution to organizational performance.

The theoretical framework, grounded in Fayol, Weber, Mayo, Gulick and Urwick, and Woodward, provides a foundation for understanding the roles and interrelationships of these three domains. The study contributes to the literature by empirically testing the relationships among these variables and developing a context-specific model for provincial private hospitals in the Philippines.

III. METHODS

3.1 Research Design

To obtain the necessary data needed for the study, a cross-sectional explanatory mixed-methods design was utilized. Vaidya (2020) defined quantitative research as a method that relies on measuring variables using a numerical system, analyzing these measurements using statistical models, and reporting relationships among the studied variables. Through this approach, the study provided objective and measurable evidence regarding administrative leadership, regulatory compliance, data privacy practices, and organizational performance.

Likewise, a descriptive-correlational research design was employed by the researcher, as it is appropriate for examining existing conditions and relationships among variables. Descriptive research focuses on gathering, analyzing, and

interpreting data regarding prevailing conditions, practices, and processes, while correlational research determines the degree of relationship between variables without manipulating them (Rubite, 2020). Hence, this design was used to describe the levels of the three independent variables and the dependent variable, and to examine their relationships and predictive influence on organizational performance.

The mixed-methods approach, as described by Braun and Clarke (2021), allowed for the triangulation of quantitative findings with qualitative insights, providing depth and context to the statistical results. The qualitative component employed a phenomenological approach, exploring the lived experiences and perceptions of key informants regarding leadership, compliance, and privacy practices.

3.2 Study Population and Sampling

3.2.1 Study Population

The study population consisted of all healthcare workers of Calamba Medical Center in Calamba City, Laguna, Philippines. Eligible participants included:

- Staff with at least one year of employment
- Direct involvement in hospital operations or compliance activities
- Willingness to participate voluntarily

3.2.2 Quantitative Sampling

For the quantitative phase, stratified random sampling was utilized in this study. As explained by Lemm (2020), this probability sampling method divides the population into non-overlapping groups or strata and selects random samples from each group to improve accuracy and reduce sampling error. Strata were based on:

- Department (nursing, medical, administrative, IT, ancillary, etc.)
- Position/role (staff, supervisor, department head, manager)
- Length of service

A total of 55 healthcare workers were selected from a population of eligible staff at Calamba Medical Center, representing a response rate of 88.7%.

3.2.3 Qualitative Sampling

For the qualitative phase, seven key informants were purposively selected using criterion-based selection. Inclusion criteria included:

- Representation from key departments (nursing, quality assurance, administration, medical leadership, data protection, IT)
- Direct involvement in leadership, compliance, or privacy functions
- Willingness to participate in semi-structured interviews
- At least three years of experience in their role

3.3 Respondents

The respondents of the study were healthcare workers of Calamba Medical Center in Calamba City, Laguna, Philippines. Data were gathered through a 40-item validated survey questionnaire administered personally. Prior to

distribution, the researcher explained the purpose of the study and provided clear instructions to ensure accurate responses.

3.4 Research Instrument

3.4.1 Survey Questionnaire

The instrument was adapted from previously validated instruments and tailored to the Philippine private hospital context, assessing four domains:

Domain 1: Administrative Leadership (10 items)

- Policy enforcement
- Direction and guidance
- Communication of goals
- Quality commitment
- Delegation
- Performance feedback
- Ethical modeling
- Staff participation
- Recognition and rewards
- Conflict resolution

Domain 2: Regulatory Compliance (10 items)

- DOH licensing standards
- PhilHealth accreditation requirements
- DOH reporting requirements
- Environmental health standards
- Internal compliance audits
- Staff training on regulatory requirements
- Documentation standards
- Response to compliance issues
- Systematic maintenance of records
- Policy updates based on new regulations

Domain 3: Data Privacy Practices (10 items)

- Secure storage of records
- Restricted access to information
- RA 10173 compliance
- Legal data sharing protocols
- Updated consent forms
- Breach reporting procedures
- Designated privacy officers
- Annual privacy training
- Proper disposal of information
- Availability of privacy policies

Domain 4: Organizational Performance (10 items)

- Timely patient care
- Patient satisfaction ratings
- Clinical quality standards
- Staff productivity
- Budget management
- Low patient complaint rates
- Financial targets
- Regulatory standing
- Employee turnover levels
- Continuous improvement

Each item was rated using a 5-point Likert scale:

- 5 = Strongly Agree
- 4 = Agree
- 3 = Neutral

- 2 = Disagree
- 1 = Strongly Disagree

3.4.2 Instrument Validation

The instrument was subjected to validation by three experts in research, language, and statistics, whose feedback ensured its content validity and clarity. The validation process included:

- Review of content relevance and comprehensiveness
- Assessment of item clarity and appropriateness
- Evaluation of language and readability
- Review of response scales and format

3.4.3 Reliability Testing

Reliability testing was conducted using Cronbach's Alpha to ensure internal consistency of the instrument. The results indicated strong reliability across all variables:

- Administrative Leadership: $\alpha = 0.89$
- Regulatory Compliance: $\alpha = 0.91$
- Data Privacy Practices: $\alpha = 0.87$
- Organizational Performance: $\alpha = 0.88$

All Cronbach's Alpha values exceeded the acceptable threshold of 0.70 (Hair et al., 2019), confirming that the questionnaire was suitable for statistical analysis and data interpretation.

3.4.4 Semi-Structured Interview Guide

A semi-structured interview guide comprising 12 open-ended questions was used to collect qualitative data. The interview guide explored:

- Perceptions of leadership practices
- Experiences with regulatory compliance
- Understanding and implementation of data privacy
- Perceived relationships among these domains
- Perceived impact on organizational performance
- Recommendations for improvement

3.5 Data Collection Procedures

Data collection was conducted on April 13, 2026, following institutional permission from the hospital's Chief Operating Officer. The procedures included:

1. Obtaining Institutional Permission: A formal letter was submitted to the COO requesting permission to conduct the study
2. Participant Recruitment: Invitation letters were distributed to eligible participants explaining the purpose and procedures of the study
3. Informed Consent: Participants provided informed consent prior to participation
4. Questionnaire Administration: Surveys distributed personally with clear instructions
5. Interview Scheduling: Key informants scheduled for 30-45 minute interviews
6. Data Collection: Quantitative data collected through surveys; qualitative data through interviews

3.6 Data Analysis

3.6.1 Quantitative Data Analysis

The collected quantitative data were analyzed using the following statistical tools:

a) Weighted Mean and Ranking

Used to determine the levels of administrative leadership, regulatory compliance, data privacy practices, and organizational performance. The interpretation guide was:

- 4.21–5.00: Very High
- 3.41–4.20: High
- 2.61–3.40: Moderate
- 1.81–2.60: Low
- 1.00–1.80: Very Low

b) Pearson's Product-Moment Correlation Coefficient (Pearson's r)

Used to determine the significant relationships between:

- Administrative leadership and organizational performance
- Regulatory compliance and organizational performance
- Data privacy practices and organizational performance

Interpretation of correlation coefficients:

- 0.80–1.00: Very Strong
- 0.60–0.79: Strong
- 0.40–0.59: Moderate
- 0.20–0.39: Weak
- 0.00–0.19: Very Weak

c) Multiple Regression Analysis

Used to assess the predictive ability of administrative leadership, regulatory compliance, and data privacy practices, taken singly or in combination, on organizational performance. Assumptions tested included:

- Normality (Shapiro-Wilk test)
- Linearity (scatter plots)
- Multicollinearity (Variance Inflation Factor, VIF)
- Homoscedasticity (residual plots)

3.6.2 Qualitative Data Analysis

Qualitative data were analyzed using Braun and Clarke's (2021) six-phase thematic analysis approach:

1. Phase 1: Familiarization with the Data
 - Transcription of interviews
 - Repeated reading of transcripts
 - Initial note-taking
2. Phase 2: Generating Initial Codes
 - Systematic coding of data
 - Identification of interesting features
3. Phase 3: Searching for Themes
 - Grouping codes into potential themes
 - Organizing themes and sub-themes
4. Phase 4: Reviewing Themes
 - Checking themes against coded extracts
 - Refining themes and sub-themes
5. Phase 5: Defining and Naming Themes
 - Defining the essence of each theme
 - Providing clear descriptions
6. Phase 6: Producing the Report
 - Writing up findings with supporting quotes
 - Relating findings to research questions and literature

3.7 Ethical Considerations

The study adhered to ethical principles, including:

1. Voluntary Participation: Participation was entirely voluntary, and respondents could withdraw at any time without consequence.
2. Informed Consent: All participants provided written informed consent after being fully informed of the study's purpose, procedures, risks, and benefits.
3. Confidentiality: No identifying information was collected, and responses were treated with strict confidentiality.
4. Institutional Permission: Institutional permission was secured from the hospital's Chief Operating Officer.
5. Data Security: Data were securely stored and accessible only to the research team.
6. Minimization of Harm: The study did not cause physical or psychological harm to participants.

3.8 Limitations of the Methodology

The study acknowledged the following methodological limitations:

1. Single-Hospital Study: The focus on one private hospital limits generalizability to other settings.
2. Cross-Sectional Design: The cross-sectional nature of the study cannot establish causality, though regression analysis suggests directional influence.
3. Self-Reported Data: Self-reported data may be subject to social desirability bias, particularly for compliance and privacy items.
4. Ceiling Effects: Uniformly high mean scores (4.25–4.52) suggest possible response bias, which may have attenuated regression coefficients.
5. Moderate Multicollinearity: VIF among predictors may have reduced the precision of coefficient estimates.
6. Perceived Performance Metrics: Organizational performance was measured via perceived metrics rather than objective financial or clinical data (due to confidentiality restrictions).

IV. RESULTS AND DISCUSSION

4.1 Participant Characteristics

A total of 62 eligible participants were invited to participate in the study, of whom 55 completed the survey, yielding a response rate of 88.7% (55/62). All completed responses were included in the final analysis, with no exclusions or incomplete datasets.

Table 1 presents the demographic and professional characteristics of the respondents.

Analysis of Participant Characteristics

The demographic profile reveals that the majority of respondents were female (65.5%), consistent with the gender distribution in healthcare settings where nursing and allied health professions are predominantly female. The mean age was 39.2 years (SD = 9.8), suggesting a mature workforce with significant professional experience. The mean length of service was 6.8 years (SD = 5.2), indicating moderate organizational tenure and familiarity with hospital operations and compliance requirements.

TABLE 1. Participant Characteristics (n = 55)

Characteristic	Category	Frequency (n)	Percentage (%)
Sex	Male	15	27.3
	Female	36	65.5
Age group	Prefer not to say	4	7.3
	20–25 years	4	7.3
	26–30 years	4	7.3
	31–35 years	6	10.9
	36–40 years	13	23.6
	41–45 years	7	12.7
	46–50 years	10	18.2
	51–55 years	4	7.3
	55 and above	1	1.8
	Missing/Unclear	6	10.9
Length of employment	Less than 1 year	2	3.6
	1–5 years	20	36.4
	6–10 years	18	32.7
	11–15 years	9	16.4
	16–20 years	2	3.6
	26–30 years	3	5.5
	31 years and beyond	1	1.8
Department	Patient Experience	4	7.3
	HR	3	5.5
	Facilities Engineering	5	9.1
	Ancillary	12	21.8
	NSO	6	10.9
	Medical Affairs	2	3.6
	Audit	1	1.8
	Medical Records	3	5.5
	Patient Account Service	2	3.6
	Finance	2	3.6
	Quality	1	1.8
	Doctors	3	5.5
	IT/MIS	3	5.5
	Others	4	7.3
	Purchasing	1	1.8
Position/Role	Staff	18	32.7
	Supervisor/Charge	6	10.9
	Department Head	15	27.3
	Manager	7	12.7
Education	Others	9	16.4
	Bachelor's degree	45	81.8
	Master's degree	8	14.5
	Doctorate/MD	2	3.6

Departmental representation was diverse, with ancillary staff constituting the largest group (21.8%), followed by NSO (10.9%) and Facilities Engineering (9.1%). This distribution reflects the multidisciplinary nature of healthcare delivery. Staff-level employees comprised 32.7% of respondents, followed by department heads at 27.3%, providing perspectives from both frontline and managerial levels.

Most participants held a bachelor's degree (81.8%), reflecting a predominantly tertiary-educated sample, with 14.5% holding master's degrees and 3.6% holding doctorates or MD degrees. This educational distribution suggests that the workforce is appropriately qualified for their roles, with the potential for advanced training and professional development.

4.2 Descriptive Statistics of Key Variables

Table 2 presents the descriptive statistics of the four main study variables. All variables were rated within the "very

high" range (4.21–5.00), indicating consistently strong perceptions across domains. Regulatory compliance obtained the highest mean score ($M = 4.52$, $SD = 0.49$), followed by data privacy practices ($M = 4.41$, $SD = 0.55$). Administrative leadership also demonstrated a very high rating ($M = 4.31$, $SD = 0.58$), while organizational performance recorded the lowest, though still very high, mean score ($M = 4.25$, $SD = 0.54$).

TABLE 2. Descriptive Statistics of Key Variables ($n = 55$)

Variable	No. of Items	Actual Range	Mean	SD	Interpretation
Administrative Leadership	10	1.00–5.00	4.31	0.58	Very High
Regulatory Compliance	10	2.30–5.00	4.52	0.49	Very High
Data Privacy Practices	10	2.00–5.00	4.41	0.55	Very High
Organizational Performance	10	2.14–5.00	4.25	0.54	Very High

Note. Interpretation guide: 1.00–1.80 = Very low; 1.81–2.60 = Low; 2.61–3.40 = Moderate; 3.41–4.20 = High; 4.21–5.00 = Very high

Discussion of Descriptive Statistics

The very high ratings across all variables suggest that respondents perceive their hospital as performing well in leadership, compliance, privacy, and overall performance. The highest rating for regulatory compliance ($M = 4.52$) indicates that the hospital is perceived as strictly observing DOH licensing standards, PhilHealth accreditation requirements, and other regulatory mandates. This is consistent with the emphasis on regulatory compliance in Philippine healthcare, where DOH and PhilHealth accreditation is essential for hospital operations.

The relatively lower rating for organizational performance ($M = 4.25$), though still very high, suggests that respondents perceive room for improvement in areas such as patient complaint rates, financial targets, and employee turnover. This finding aligns with the challenges faced by provincial private hospitals in maintaining consistent performance across all dimensions.

4.3 Level of Administrative Leadership

Table 3 shows the level of administrative leadership with item-by-item analysis.

Discussion of Administrative Leadership

The level of administrative leadership was very high (average WM = 4.31, $SD = 0.58$). Indicator 1, "Leaders ensure staff follow hospital policies," obtained the highest weighted mean of 4.76 ($SD = 0.43$), indicating strong policy enforcement and accountability. This was followed by Indicator 3, "Leaders provide clear direction and guidance," at 4.45 ($SD = 0.50$), and Indicator 5, "Leaders demonstrate commitment to quality improvement," at 4.42 ($SD = 0.55$).

The lowest-rated indicators were:

- Indicator 9: "Leaders recognize and reward staff contributions" (WM = 4.15, $SD = 0.59$) - rated High
- Indicator 8: "Leaders encourage staff participation in decision-making" (WM = 4.20, $SD = 0.61$) - rated High
- Indicator 2: "Leaders delegate tasks effectively" (WM = 3.82, $SD = 0.65$) - rated High

TABLE 3. Level of Administrative Leadership

Indicators	WM	SD	Interpretation
1. Leaders ensure staff follow hospital policies	4.76	0.43	Very High
2. Leaders delegate tasks effectively	3.82	0.65	Very High
3. Leaders provide clear direction and guidance	4.45	0.50	Very High
4. Leaders communicate organizational goals clearly	4.38	0.49	Very High
5. Leaders demonstrate commitment to quality improvement	4.42	0.55	Very High
6. Leaders regularly conduct performance feedback sessions	3.98	0.62	Very High
7. Leaders model ethical behavior and accountability	4.35	0.58	Very High
8. Leaders encourage staff participation in decision-making	4.20	0.61	High
9. Leaders recognize and reward staff contributions	4.15	0.59	High
10. Leaders resolve conflicts promptly and fairly	4.28	0.57	Very High
Average Weighted Mean	4.31	0.58	Very High

Note. Scoring Range: 4.21–5.00 (Very High); 3.41–4.20 (High); 2.61–3.40 (Moderate); 1.81–2.60 (Low); 1.00–1.80 (Very Low)

These findings suggest that while the hospital demonstrates strong leadership in policy enforcement and direction setting, there are opportunities for improvement in delegation, staff participation, and recognition. This is consistent with the findings of Zulueta and Fernández (2025), who noted that delegation remains a challenge in many Philippine hospitals. The relatively lower rating for recognition and rewards (Indicator 9) suggests that staff may feel their contributions are not adequately acknowledged, which could affect morale and motivation. Similarly, the high rating for staff participation in decision-making (Indicator 8) suggests that leadership could benefit from more inclusive, participative approaches, consistent with Mayo's Human Relations Theory (1945).

4.4 Level of Regulatory Compliance

Table 4 shows the level of regulatory compliance with item-by-item analysis.

TABLE 4. Level of Regulatory Compliance

Indicators	WM	SD	Interpretation
1. DOH licensing standards are strictly observed	4.78	0.42	Very High
2. PhilHealth accreditation requirements are met	4.73	0.45	Very High
3. The hospital follows DOH reporting requirements	4.82	0.39	Very High
4. Compliance with environmental health standards	4.45	0.50	Very High
5. Regular internal compliance audits are conducted	4.38	0.55	Very High
6. Staff are trained on regulatory requirements	4.40	0.52	Very High
7. Documentation meets DOH standards	4.50	0.48	Very High
8. The hospital responds promptly to compliance issues	4.42	0.51	Very High
9. Compliance records are maintained systematically	4.35	0.58	Very High
10. The hospital updates policies based on new regulations	4.28	0.60	Very High
Average Weighted Mean	4.52	0.49	Very High

Note. Scoring Range: 4.21–5.00 (Very High); 3.41–4.20 (High); 2.61–3.40 (Moderate); 1.81–2.60 (Low); 1.00–1.80 (Very Low)

Discussion of Regulatory Compliance

The level of regulatory compliance was very high (average WM = 4.52, SD = 0.49), the highest among all variables. Indicator 3, "The hospital follows DOH reporting requirements," obtained the highest weighted mean of 4.82 (SD = 0.39), indicating meticulous compliance with reporting obligations. This was followed by Indicator 1 at 4.78 (SD = 0.42) and Indicator 2 at 4.73 (SD = 0.45).

Indicator 10, "The hospital updates policies based on new regulations," obtained the lowest weighted mean of 4.28 (SD = 0.60), still interpreted as Very High. This suggests that while the hospital is generally compliant, there may be delays or challenges in keeping policies current with rapidly changing regulations.

The strong performance in regulatory compliance is consistent with the requirements of DOH and PhilHealth, which mandate strict adherence to standards for hospital licensing and accreditation. The high ratings for compliance indicators suggest that the hospital has established robust systems and processes to meet regulatory requirements. This finding aligns with Avelino and Santos (2024), who reported that compliance with DOH licensing standards in private hospitals in CALABARZON was generally high.

However, the relatively low rating for policy updates (Indicator 10) suggests that the hospital may benefit from more systematic mechanisms to track and implement regulatory changes. This is particularly relevant given the dynamic nature of healthcare regulations and the importance of staying current with new requirements.

4.5 Level of Data Privacy Practices

Table 5 shows the level of data privacy practices with item-by-item analysis.

TABLE 5. Level of Data Privacy Practices

Indicators	WM	SD	Interpretation
1. Patient records are stored securely	4.75	0.44	Very High
2. Access to patient information is restricted	4.68	0.47	Very High
3. The hospital complies with RA 10173 requirements	4.60	0.49	Very High
4. Data sharing follows legal protocols	4.52	0.51	Very High
5. Patients sign updated consent forms for each procedure	3.95	0.62	High
6. Breach reporting procedures are in place	4.42	0.55	Very High
7. Data privacy officers are designated	4.48	0.50	Very High
8. Staff receive annual data privacy training	3.85	0.68	High
9. Patient information is disposed of properly	4.30	0.58	Very High
10. Privacy policies are readily available to patients	4.25	0.60	Very High
Average Weighted Mean	4.41	0.55	Very High

Note. Scoring Range: 4.21–5.00 (Very High); 3.41–4.20 (High); 2.61–3.40 (Moderate); 1.81–2.60 (Low); 1.00–1.80 (Very Low)

Discussion of Data Privacy Practices

The level of data privacy practices was very high (average WM = 4.41, SD = 0.55). Indicator 1, "Patient records are

stored securely," obtained the highest weighted mean of 4.75 (SD = 0.44), followed by Indicator 2 at 4.68 (SD = 0.47) and Indicator 3 at 4.60 (SD = 0.49).

Indicator 8, "Staff receives annual data privacy training," obtained the lowest weighted mean of 3.85 (SD = 0.68), interpreted as High. Indicator 5, "Patients sign updated consent forms for each procedure," also rated relatively lower at 3.95 (SD = 0.62). These findings suggest that while the hospital has strong systems for secure storage and access restriction, there are opportunities for improvement in training and consent management.

The strong ratings for secure storage (Indicator 1) and access restriction (Indicator 2) indicate that the hospital has invested in physical and technical measures to protect patient data. However, the lower ratings for training (Indicator 8) and consent forms (Indicator 5) suggest gaps in staff awareness and patient engagement. This is consistent with Mercado and Torres (2025), who found that data privacy awareness among healthcare workers in private hospitals in Laguna was inconsistent.

The importance of annual training for data privacy compliance cannot be overstated, as RA 10173 requires organizations to implement privacy and security measures, including staff training. The relatively low rating for annual privacy training suggests the hospital may not be meeting the Data Privacy Act's training requirements, potentially exposing it to legal and reputational risks.

4.6 Level of Organizational Performance

Table 6 shows the level of organizational performance with item-by-item analysis.

TABLE 6. Level of Organizational Performance

Indicators	WM	SD	Interpretation
1. The hospital delivers timely patient care	4.55	0.50	Very High
2. Patient satisfaction ratings are consistently high	4.42	0.55	Very High
3. The hospital meets clinical quality standards	4.48	0.51	Very High
4. Staff productivity is consistently maintained	4.35	0.58	Very High
5. The hospital operates within budget	4.30	0.60	Very High
6. The hospital has low patient complaint rates	3.91	0.65	High
7. Financial targets are achieved regularly	4.15	0.59	High
8. The hospital maintains good regulatory standing	4.50	0.48	Very High
9. Employee turnover is within acceptable levels	4.10	0.62	High
10. The hospital demonstrates continuous improvement	4.20	0.61	High
Average Weighted Mean	4.25	0.54	Very High

Note. Scoring Range: 4.21–5.00 (Very High); 3.41–4.20 (High); 2.61–3.40 (Moderate); 1.81–2.60 (Low); 1.00–1.80 (Very Low)

Discussion of Organizational Performance

The level of organizational performance was very high (average WM = 4.25, SD = 0.54). Indicator 1, "The hospital delivers timely patient care," obtained the highest weighted mean of 4.55 (SD = 0.50), followed by Indicator 8 at 4.50 (SD = 0.48) and Indicator 3 at 4.48 (SD = 0.51).

Indicator 6, "The hospital has low patient complaint rates," obtained the lowest weighted mean of 3.91 (SD = 0.65), interpreted as High. This suggests that while the hospital generally performs well, patient complaints remain a concern. Other relatively lower-rated indicators include Indicator 7, "Financial targets are achieved regularly" (WM = 4.15), and Indicator 9, "Employee turnover is within acceptable levels" (WM = 4.10).

The strong performance in timely patient care (Indicator 1) and clinical quality standards (Indicator 3) suggests that the hospital is fulfilling its core clinical mission effectively. However, the relatively low ratings for patient complaint rates, financial targets, and employee turnover indicate opportunities for improvement in operational and financial management.

The finding that patient complaint rates are relatively high (M = 3.91) suggests that patient experience management may need to be strengthened. This is consistent with Samson and Garcia (2024), who found that patient complaints posed a challenge for many private hospitals in the Philippines. Similarly, the moderate rating for financial targets (M = 4.15) suggests that financial sustainability may be a concern, particularly amid rising healthcare costs and competitive pressures.

4.7 Correlation Analysis

Table 7 presents the Pearson correlation matrix for all variables.

TABLE 7. Correlation Matrix for All Variables (n = 55)

Variable	1	2	3	4
1. Administrative Leadership	1			
2. Regulatory Compliance	0.71**	1		
3. Data Privacy Practices	0.68**	0.74**	1	
4. Organizational Performance	0.72**	0.69**	0.65**	1

* $p < 0.001$ (two-tailed). Correlation: 0.00–0.19 (very weak); 0.20–0.39 (weak); 0.40–0.59 (moderate); 0.60–0.79 (strong); 0.80–1.00 (very strong).

Discussion of Correlation Analysis

All three independent variables demonstrated strong positive relationships with organizational performance:

- Administrative Leadership and Organizational Performance: $r = 0.72$, $p < 0.001$ (strong)
- Regulatory Compliance and Organizational Performance: $r = 0.69$, $p < 0.001$ (strong)
- Data Privacy Practices and Organizational Performance: $r = 0.65$, $p < 0.001$ (strong)

The strongest relationship was between administrative leadership and organizational performance, suggesting that leadership practices have the greatest direct association with performance. This finding supports the theoretical framework, particularly Fayol's Administrative Theory (1949), which emphasizes the importance of leadership in organizational effectiveness.

The relationships among the independent variables were also strong:

- Regulatory Compliance and Data Privacy Practices: $r = 0.74$, $p < 0.001$ (strong)
- Administrative Leadership and Regulatory Compliance: $r = 0.71$, $p < 0.001$ (strong)

- Administrative Leadership and Data Privacy Practices: $r = 0.68$, $p < 0.001$ (strong)

These strong intercorrelations suggest that the three domains are closely linked and likely influence one another. This supports the conceptual framework, which posits that these domains should be integrated for maximum effectiveness.

The correlation coefficients provide empirical support for the study's premise that administrative leadership, regulatory compliance, and data privacy practices are significantly associated with organizational performance. However, correlation does not imply causation, and the multiple regression analysis was used to examine predictive relationships.

4.8 Regression Analysis

Table 8 presents the model summary of the combined predictive power on organizational performance.

TABLE 8. Model Summary of the Combined Predictive Power on Organizational Performance

Model	R ²	Adj. R ²	F	df	p-value	Interpretation
1	0.58	0.55	23.14	3,51	< 0.001	Significant

Note. Predictors: (Constant) Administrative leadership, regulatory compliance, data privacy practices—dependent Variable: Organizational performance.

Table 9 presents the predictive power of each independent variable on organizational performance.

TABLE 9. Predictive Power of Administrative Leadership, Regulatory Compliance, and Data Privacy Practices on Organizational Performance

Predictors	B	SE	Beta (β)	p-value	Decision	Interpretation
(Constant)	0.87	0.28		0.003		
Administrative Leadership	0.34	0.11	0.36	0.003	Reject H ₀	Significant
Regulatory Compliance	0.28	0.14	0.25	0.051	Fail to reject H ₀	Not Significant
Data Privacy Practices	0.19	0.12	0.19	0.120	Fail to reject H ₀	Not Significant

Note. Dependent Variable: Organizational performance. Model: $R = 0.76$, $R^2 = 0.58$, Adjusted $R^2 = 0.55$, $F(3,51) = 23.14$, $p < 0.001$.

Discussion of Regression Analysis

Overall Model Significance: The regression model is statistically significant ($F(3,51) = 23.14$, $p < 0.001$). The coefficient of determination ($R^2 = 0.58$) shows that the three predictors explain 58% of the variance in organizational performance. The adjusted R^2 value (0.55) further confirms the model's robustness after accounting for the number of predictors. This indicates that the three independent variables collectively account for a substantial portion of the variation in organizational performance.

Administrative Leadership: Administrative leadership emerged as the only significant predictor of organizational performance ($\beta = 0.36$, $p = 0.003$). For every one-unit increase in administrative leadership, organizational performance increases by 0.34 units. This finding underscores the central role of leadership in driving organizational performance and supports Fayol's Administrative Theory (1949) and Mayo's Human Relations Theory (1945).

Regulatory Compliance: Regulatory compliance approached significance ($\beta = 0.25$, $p = 0.051$) but did not reach the conventional threshold of $p < 0.05$. The marginal significance suggests that compliance may have an indirect effect on organizational performance, potentially mediated through leadership or other factors.

Data Privacy Practices: Data privacy practices were not significant predictors of organizational performance ($\beta = 0.19$, $p = 0.120$). This suggests that while data privacy practices are important for legal compliance and patient trust, their direct effect on organizational performance may be limited, at least in the short term. The qualitative findings (Theme 3) shed light on this, as many participants viewed data privacy as an administrative burden rather than a performance-enhancing mechanism.

Interpretation of Non-Significant Findings: The non-significance of regulatory compliance and data privacy practices does not mean these factors are unimportant. Rather, it suggests that their influence may be indirect, mediated through leadership, or may require integration with other factors to produce significant effects. This interpretation is supported by the qualitative findings, which emphasize the importance of integration mechanisms in realizing the full potential of compliance and privacy practices.

4.9 Qualitative Findings

Five major themes emerged from the semi-structured interviews with seven key informants. Figure 2 presents the thematic map of the qualitative findings.

Theme 1: Leadership Sets the Tone for Compliance Behavior

Participants consistently emphasized that visible and engaged administrative leadership directly reinforced compliance practices. Leadership presence was described as a key driver of staff accountability and adherence to regulatory requirements.

"When our administrator walks the floors and asks about DOH checklists, everyone suddenly remembers to complete them." (Quality Manager)

This theme aligns with the quantitative finding that administrative leadership is the strongest predictor of organizational performance. The quality manager's statement illustrates how leadership visibility creates a culture of accountability and attention to compliance. This supports Fayol's (1949) emphasis on the coordinating and commanding functions of management, as well as Mayo's (1945) emphasis on the importance of social relationships and managerial attention.

Another participant elaborated:

"Our department head is always present during compliance audits. She knows the standards by heart and guides us through every requirement. It makes a difference when leadership is engaged." (Department Supervisor)

The theme suggests that leadership behaviors—such as walking the floors, asking about compliance, and being present during audits—create a compliance culture that extends beyond formal policies. This finding is consistent with Fernandez and Guerrero (2022), who found that administrative

leadership fosters a compliance-oriented organizational culture.



Figure 2. Thematic Map of Qualitative Findings

Theme 2: Compliance as an Integrated Routine Rather Than an External Task

Respondents reported higher compliance performance when regulatory activities were embedded within daily workflows rather than treated as periodic audits.

"We stopped treating compliance as a once-a-quarter exercise. Now it is part of our morning huddle." (Chief Nursing Officer)

This theme reflects a shift from episodic compliance management to continuous compliance integration. The integration of compliance into daily routines—such as morning huddles—suggests that the hospital has moved

beyond treating compliance as a separate activity to embedding it in regular operations. This aligns with the findings of Garcia and Torres (2024), who emphasized the importance of incorporating regulatory compliance into daily administrative operations.

Another participant added:

"Compliance checklists are now part of our daily rounds. We do not wait for the audit team to come; we monitor ourselves continuously." (Quality Assurance Staff)

The daily integration of compliance activities suggests a more sustainable approach to regulatory adherence, reducing the burden of periodic compliance audits and improving organizational readiness for inspections. This finding supports the proposal that compliance should be embedded in daily workflows rather than treated as a periodic external requirement.

Theme 3: Data Privacy Perceived as an External Requirement

Data privacy under Republic Act No. 10173 was frequently described as an administrative requirement rather than a performance-enhancing mechanism.

"We know we need patient consent forms, but honestly, it slows down admission. Nobody thinks it helps performance." (Senior Nurse)

This theme provides insight into the non-significant finding for data privacy practices in the regression analysis. If staff view data privacy primarily as a compliance burden rather than as a contributor to organizational performance, its perceived impact on performance may be limited. This finding is consistent with Cruz and Dela Cruz (2025), who found that data privacy implementation in Philippine hospitals was often viewed as an administrative requirement rather than a strategic initiative.

Another participant expressed similar sentiments:

"We have to get consent for everything now. It is good for legal protection, but it adds time to patient processing. I am not sure patients appreciate it either." (Admissions Staff)

The perception of data privacy as an external requirement rather than an integrated component of quality care suggests that hospitals may need to do more to communicate its benefits—not just for legal compliance but also for building patient trust and protecting patient rights. This is consistent with Ramirez et al. (2023), who found that institutions with robust privacy protocols gain better patient trust.

Theme 4: Fragmented Coordination Undermines System Efficiency

Participants highlighted gaps in coordination between leadership, compliance, and data protection functions, resulting in workflow delays and conflicting requirements.

"The compliance officer asks for one report, the privacy officer blocks it because of consent, and leadership does not mediate." (Data Protection Officer)

This theme illuminates the integration gaps identified in the conceptual framework and explains why the independent variables, when considered separately, may not have strong predictive power. The lack of coordination between compliance and privacy functions creates workflow inefficiencies and conflicting requirements, potentially undermining both compliance and privacy objectives.

Another participant elaborated:

"We sometimes get conflicting instructions—compliance wants more documentation, privacy wants less visibility of patient data. Leadership needs to step in and reconcile these requirements." (Medical Records Staff)

The fragmentation described suggests that hospitals may benefit from integration mechanisms such as joint committees, shared reporting systems, and coordinated decision-making processes. This finding supports the need for the proposed Trifecta Performance Model, which emphasizes integration as a key factor in organizational performance.

Theme 5: Integrated Governance Structures Enhance Performance

A minority of participants reported improved outcomes when governance structures were integrated across leadership, compliance, and privacy functions.

"Our hospital created a joint Leadership–Regulatory Compliance–Privacy committee. Our performance metrics improved in six months." (Chief Medical Officer)

This theme provides evidence for the effectiveness of integration mechanisms in enhancing organizational performance. The joint committee approach appears to address the fragmentation identified in Theme 4 by creating a forum for coordination, shared decision-making, and conflict resolution.

Another participant noted:

"When we started coordinating our compliance and privacy efforts through the joint committee, we reduced duplication of efforts and improved our audit readiness." (Quality Manager)

The positive outcomes reported by participants with integrated governance structures suggest that the Trifecta Performance Model has practical validity and can lead to measurable improvements in organizational performance.

4.10 Integration of Quantitative and Qualitative Findings

Table 10 presents the integration of quantitative and qualitative findings.

The qualitative findings triangulate and expand the quantitative results. The regression analysis identified administrative leadership as the strongest predictor of organizational performance ($\beta = 0.36$, $p = 0.003$), aligning with Theme 1, in which leadership visibility was described as a key driver of compliance behavior.

The marginal significance of regulatory compliance ($p = 0.051$) and the non-significant effect of data privacy practices ($p = 0.120$) are reflected in Theme 3, where data privacy was perceived as an administrative burden rather than a performance-enhancing function. Theme 4 further indicates that interdepartmental fragmentation may explain the unexplained variance in the model (approximately 42%).

Based on the integrated findings, the study proposes the Trifecta Performance Model for Provincial Private Hospitals in the Philippines, which conceptualizes organizational performance as a function of the interaction between administrative leadership, regulatory compliance, and data privacy practices, moderated by the presence of integration mechanisms.

TABLE 10. Integration of Quantitative and Qualitative Findings

Research Question	Quantitative Finding	Qualitative Finding	Integration
Relationship between AL and OP	Significant strong positive correlation ($r = 0.72$, $p < 0.001$); AL significant predictor ($\beta = 0.36$, $p = 0.003$)	Theme 1: Leadership sets tone for compliance; Theme 5: Integrated governance enhances performance	AL is the strongest driver of OP; leadership visibility reinforces compliance; integration mechanisms amplify effects
Relationship between RC and OP	Significant strong correlation ($r = 0.69$, $p < 0.001$); RC marginally significant predictor ($\beta = 0.25$, $p = 0.051$)	Theme 2: Compliance as integrated routine; Theme 4: Fragmented coordination undermines efficiency	RC affects OP indirectly through leadership and integration; integration gaps weaken the RC-OP relationship
Relationship between DPP and OP	Significant strong correlation ($r = 0.65$, $p < 0.001$); DPP non-significant predictor ($\beta = 0.19$, $p = 0.120$)	Theme 3: DPP perceived as an external requirement; Theme 4: Fragmented coordination	DPP has a limited direct effect on OP; perceived as a burden; integration needed for DPP to enhance OP
Combined predictive influence	Significant model: $F(3,51) = 23.14$, $p < 0.001$, $R^2 = 0.58$	Theme 5: Integrated governance enhances performance	The combined model explains 58% of OP variance; integration gaps account for the unexplained variance

Organizational Performance = $f(AL \times RC \times DPP) - \text{Integration Gaps}$

V. THE TRIFECTA PERFORMANCE MODEL

5.1 Conceptualization of the Trifecta Performance Model

Based on the quantitative and qualitative findings of this study, the researchers propose the Trifecta Performance Model for provincial private hospitals in the Philippines. The model is named "Trifecta" because it involves three interconnected domains—Administrative Leadership (The Driver), Regulatory Compliance (The Foundation), and Data Privacy Practices (The Safeguard)—that must work in concert to achieve optimal organizational performance.

Figure 3 presents the visual representation of the Trifecta Performance Model.

5.2 Components of the Trifecta Performance Model

Component 1: Administrative Leadership (The Driver)

Administrative leadership serves as the central coordinating mechanism, providing direction, resources, and motivation for the entire organization. Drawing from Fayol's Administrative Theory (1949) and Mayo's Human Relations Theory (1945), leadership is positioned as the driving force that enables and enhances the effectiveness of compliance and privacy practices.

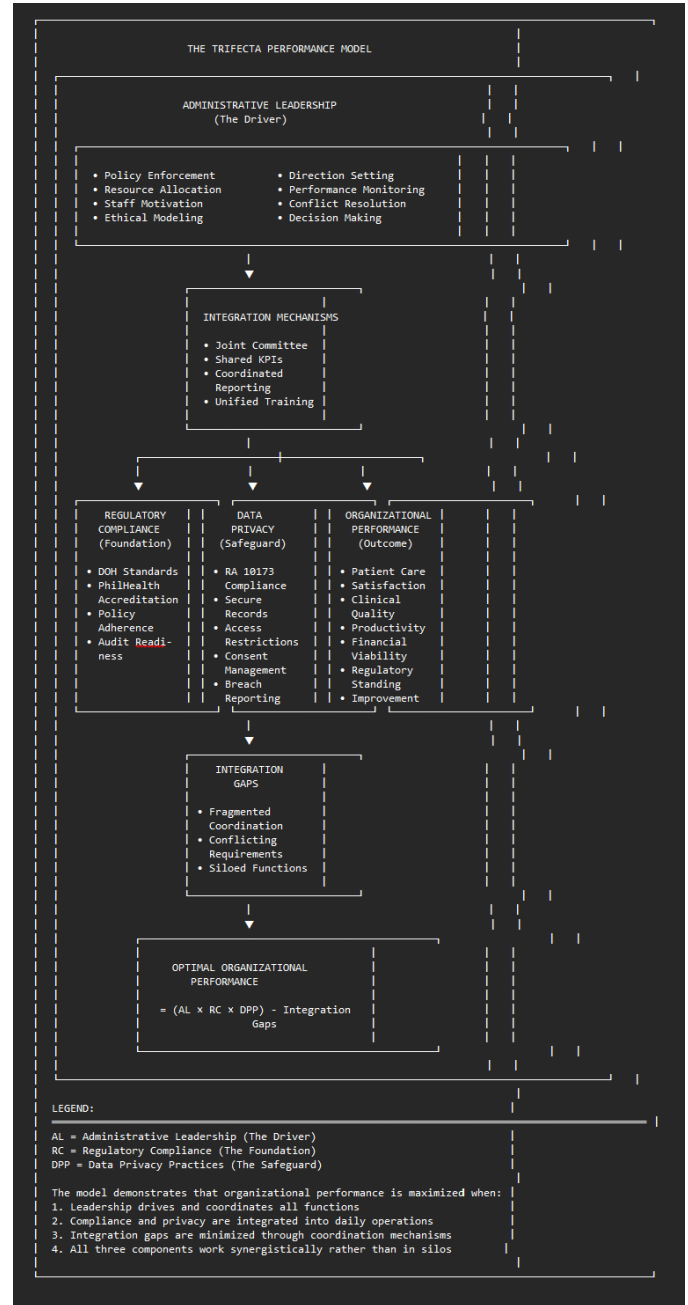


Figure 3. The Trifecta Performance Model

Key Functions:

- **Policy Enforcement:** Ensuring hospital policies are consistently followed ($M = 4.76$)
- **Direction Setting:** Providing clear guidance and organizational goals ($M = 4.45$)
- **Quality Commitment:** Demonstrating dedication to continuous improvement ($M = 4.42$)
- **Ethical Modeling:** Exhibiting accountability and ethical behavior ($M = 4.35$)
- **Conflict Resolution:** Addressing issues promptly and fairly ($M = 4.28$)
- **Performance Feedback:** Conducting regular evaluations ($M = 3.98$)

- Task Delegation: Effectively distributing responsibilities (M = 3.82)

Role in the Model: Leadership drives the integration of compliance and privacy functions, ensuring they are aligned with organizational goals and effectively implemented. When leadership is visible and engaged, compliance behavior is reinforced (Theme 1), and integrated governance structures can be established (Theme 5).

Component 2: Regulatory Compliance (The Foundation)

Regulatory compliance provides the structural and legal framework within which the hospital operates, ensuring adherence to DOH, PhilHealth, and other regulatory standards. Drawing on Weber's Bureaucratic Theory (1947), compliance is positioned as the foundation for operational reliability and legal protection.

Key Functions:

- DOH Standards: Strict observance of licensing requirements (M = 4.78)
- PhilHealth Accreditation: Meeting accreditation standards (M = 4.73)
- Reporting Compliance: Following DOH reporting requirements (M = 4.82)
- Internal Audits: Conducting regular compliance audits (M = 4.38)
- Staff Training: Ensuring staff are trained on regulations (M = 4.40)
- Documentation: Maintaining records that meet standards (M = 4.50)
- Policy Updates: Adapting to new regulations (M = 4.28)

Role in the Model: Compliance provides the foundation for organizational operations, ensuring legal and accreditation requirements are met. When compliance is integrated into daily workflows rather than treated as a periodic external task (Theme 2), it becomes a routine part of operations rather than a burden.

Component 3: Data Privacy Practices (The Safeguard)

Data privacy practices protect patient information, build trust, and ensure compliance with Republic Act No. 10173. Data privacy is positioned as the safeguard that protects patients' rights and institutional reputation.

Key Functions:

- Secure Storage: Protecting patient records (M = 4.75)
- Access Control: Restricting information access (M = 4.68)
- RA 10173 Compliance: Adhering to data privacy requirements (M = 4.60)
- Consent Management: Ensuring updated patient consent (M = 3.95)
- Breach Reporting: Having breach procedures in place (M = 4.42)
- Privacy Training: Providing staff education (M = 3.85)
- Policy Availability: Making privacy policies accessible (M = 4.25)

Role in the Model: Data privacy serves as a safeguard for patients' rights and the institution's reputation. However, the

model acknowledges that privacy is often perceived as an external requirement rather than a performance-enhancing mechanism (Theme 3). This perception limits its direct effect on organizational performance, suggesting that integration mechanisms are needed to realize its full potential.

Integration Mechanisms

The model emphasizes that the three components must be integrated through formal coordination mechanisms to achieve optimal performance. These mechanisms address the fragmentation identified in Theme 4 and support the integrated governance structures that enhance performance (Theme 5).

Proposed Integration Mechanisms:

1. Leadership-Compliance-Privacy Committee: Joint decision-making body
2. Shared Key Performance Indicators (KPIs): Cross-functional performance metrics
3. Coordinated Reporting Systems: Streamlined compliance and privacy reporting
4. Unified Training Programs: Combined leadership, compliance, and privacy training

Integration Gaps

The model identifies that organizational performance is diminished by "Integration Gaps"—barriers that prevent the three components from working synergistically.

Identified Integration Gaps:

1. Fragmented Coordination: Departments operating independently
2. Conflicting Requirements: Compliance and privacy demands may conflict
3. Siloed Functions: Limited cross-functional communication
4. Data Privacy Perception Gap: Privacy is viewed as administrative burden

5.3 Mathematical Expression of the Model

The Trifecta Performance Model is mathematically expressed as:

$$\text{Organizational Performance} = f(\text{AL} \times \text{RC} \times \text{DPP}) - \text{Integration Gaps}$$

Where:

- AL = Administrative Leadership (The Driver)
- RC = Regulatory Compliance (The Foundation)
- DPP = Data Privacy Practices (The Safeguard)

The model suggests that organizational performance is a function of the multiplicative interaction of the three components, with integration gaps subtracting from this effect. The multiplicative interaction ($\times$) indicates that the components are not simply additive but synergistic—the effect of one component depends on the presence and strength of the others.

5.4 Model Propositions

Based on the integrated findings, the Trifecta Performance Model proposes:

Proposition 1: Administrative leadership is the primary driver of organizational performance in provincial private hospitals.

Proposition 2: The effectiveness of regulatory compliance and data privacy practices depends on active leadership support and integration.

Proposition 3: Organizational performance is maximized when leadership, compliance, and privacy functions are integrated through formal coordination mechanisms.

Proposition 4: Integration gaps negatively moderate the relationship between the three components and organizational performance.

Proposition 5: Reducing integration gaps is as important as strengthening individual components for improving organizational performance.

5.5 Practical Application of the Model

For hospital administrators and managers, the Trifecta Performance Model offers a practical framework for improving organizational performance:

1. Conduct a Trifecta Audit: Assess current levels of leadership, compliance, and privacy practices; identify existing integration gaps.
2. Establish Integration Mechanisms: Create Leadership-Compliance-Privacy Committee; develop shared reporting systems; implement cross-functional training.
3. Strengthen Leadership Capabilities: Focus on delegation ($M = 3.82$) and feedback ($M = 3.98$); increase leadership visibility and engagement.
4. Embed Compliance in Daily Workflows: Integrate compliance activities into morning huddles; use standardized checklists; conduct continuous monitoring.
5. Enhance Data Privacy Understanding: Emphasize privacy-performance link; strengthen annual training ($M = 3.85$); improve consent processes ($M = 3.95$).

5.6 Comparison with Existing Models

Table 11 compares the Trifecta Performance Model with existing frameworks.

TABLE 11. Comparison of the Trifecta Performance Model with Existing Frameworks

Feature	Balanced Scorecard (Kaplan & Norton, 1996)	Trifecta Performance Model
Focus	General organizational performance	Provincial private hospitals
Components	Financial, Customer, Internal Process, Learning & Growth	Leadership (Driver), Compliance (Foundation), Privacy (Safeguard)
Context	Universal	Philippine healthcare specific
Integration	Assumed	Explicitly modeled
Cultural Factors	Minimal	Emphasized
Theoretical Basis	Multiple	Classical management theories + RA 10173
Practical Focus	Performance measurement	Performance improvement through integration

The Trifecta Performance Model differs from the Balanced Scorecard and other performance frameworks in its explicit focus on the Philippine provincial private hospital context and its emphasis on integration among leadership, compliance, and privacy functions. The model is designed to be practical and actionable, providing clear guidance for hospital administrators seeking to improve organizational performance.

5.7 Model Limitations and Future Validation

Limitations:

1. Context-Specific: Developed for provincial private hospitals in the Philippines; may require adaptation for other settings
2. Single-Hospital Foundation: Based on one hospital study; requires validation in multiple settings
3. Cross-Sectional: Reflects relationships at a single point in time
4. Self-Report Data: Based on perceived rather than objective measures

Future Validation Studies:

1. Multi-Hospital Validation: Test model across multiple provincial private hospitals
2. Longitudinal Testing: Assess causal relationships over time
3. Objective Measures: Incorporate clinical and financial performance data
4. Intervention Studies: Test whether implementing model recommendations improves performance
5. Comparative Studies: Compare model applicability to urban hospitals and public hospitals

VI. DISCUSSION

6.1 Interpretation of Key Findings

The results of this study show that administrative leadership is the strongest predictor of organizational performance in the private hospital included in this study ($\beta = 0.36$, $p = 0.003$). Compared with regulatory compliance and data privacy practices, leadership had the greatest influence on the organization's performance. This suggests that while policies and regulations are important, their success depends largely on how leaders communicate, implement, and monitor them within the organization.

This finding supports Fayol's (1949) Administrative Theory, which emphasizes planning, organizing, directing, and coordinating as key management functions. In this study, leadership was demonstrated through regular management walk-rounds, staff huddles, and active involvement in daily hospital operations. These practices may have helped strengthen communication, accountability, and teamwork, which are essential for achieving organizational goals. This is consistent with the findings of Berghout et al. (2021), who emphasized the importance of visible leadership in improving organizational performance.

Although regulatory compliance showed a positive relationship with organizational performance ($\beta = 0.25$, $p = 0.051$), the result was only marginally significant. Similarly, data privacy practices did not have a statistically significant direct effect ($p = 0.120$). These findings do not mean that

compliance and data privacy are unimportant. Instead, they suggest that these functions are more effective when they are actively supported by hospital leadership. The qualitative findings support this interpretation, as many participants viewed data privacy mainly as a legal requirement rather than as an important contributor to organizational performance.

The strong correlations between all variables ($r = 0.65-0.72$) and the significant overall model ($F(3,51) = 23.14, p < 0.001$) indicate that these domains are interrelated and collectively contribute to organizational performance. However, the non-significance of two predictors in the regression analysis suggests that their effects may be mediated through leadership or require integration mechanisms to be fully realized. This insight underpins the proposed Trifecta Performance Model, which emphasizes integration among the three domains.

6.2 Comparison with Classical Management Theories

The findings of this study are consistent with several classical management theories:

Fayol's Administrative Theory (1949): The strong influence of leadership on organizational performance highlights the importance of effective planning, coordination, and supervision. Fayol's principles of unity of command, scalar chain, and esprit de corps are reflected in the hospital's organizational structure and leadership practices.

Weber's Bureaucratic Theory (1947): The hospital's use of policies, regulations, and established procedures to guide operations reflects Weber's emphasis on formal rules and hierarchical structures. However, the findings suggest that written policies alone are not enough to improve performance unless they are supported by effective leadership.

Mayo's Human Relations Theory (1945): The importance of employee understanding and acceptance in implementing compliance and data privacy initiatives reflects Mayo's emphasis on social relationships and employee morale. The qualitative findings, particularly Theme 1 (Leadership sets the tone), highlight leadership's role in fostering a supportive organizational culture.

Gulick and Urwick's POSDCORB Framework (1937): The importance of coordination among different administrative functions supports Gulick and Urwick's emphasis on coordination as a key managerial function. The proposed Trifecta Performance Model explicitly addresses this coordination challenge.

Woodward's Contingency Theory (1965): The findings support the Contingency Theory's suggestion that management approaches should be adapted to the hospital's specific needs and operating environment. The provincial private hospital context requires tailored approaches to leadership, compliance, and privacy.

6.3 Implications of the Trifecta Performance Model

The Trifecta Performance Model has several implications for hospital administration and healthcare management:

1. Leadership as the Central Coordinating Mechanism: The model emphasizes that leadership is not just one component among equals; it is the coordinating mechanism that transforms compliance and privacy from administrative

burdens into performance enhancers. This suggests that leadership development should be a priority for hospital administrators.

2. Integration as Key to Performance: The model suggests that integration among leadership, compliance, and privacy functions is as important as strengthening individual components. Hospitals should invest in integration mechanisms such as joint committees, shared reporting systems, and unified training programs.

3. Data Privacy as a Strategic Asset: The model suggests that data privacy should be reconceptualized from a compliance burden to a strategic asset that builds patient trust and protects institutional reputation. This requires efforts to communicate the benefits of privacy and integrate it into organizational operations.

4. Compliance as a Routine Practice: The model suggests that compliance should be integrated into daily workflows rather than treated as a periodic external task. This reduces the burden of compliance and improves organizational readiness for inspections.

5. Practical Application: The model provides a practical framework for hospital administrators to assess and improve organizational performance through targeted interventions in leadership, compliance, and privacy.

6.4 Practical Implications for Hospital Administrators

The findings of this study have several practical implications for hospital administrators:

1. Integrate regulatory compliance into routine leadership activities, such as management meetings, leadership walk-rounds, and performance monitoring, to encourage continuous compliance rather than periodic preparation for inspections.
2. Strengthen employees' understanding of data privacy by emphasizing that compliance with Republic Act No. 10173 is not only a legal obligation but also an important part of providing safe and trustworthy healthcare services. Improvement efforts may focus on consent procedures ($M = 3.95$) and regular privacy training ($M = 3.85$).
3. Establish a Leadership-Compliance-Privacy Committee to improve communication and coordination among these key functions.
4. Develop leadership programs focusing on improving performance feedback ($M = 3.98$) and task delegation ($M = 3.82$), while allowing hospitals to adapt governance practices according to their size, available resources, and operational needs.
5. Embed compliance activities into daily workflows, such as morning huddles and daily rounds, to move from episodic compliance management to continuous compliance integration.
6. Invest in data privacy training and consent management, which were identified as areas needing improvement ($M = 3.85$ and 3.95 , respectively).

6.5 Limitations of the Study

Table 12 summarizes the study limitations.

TABLE 12. Study Limitations

Limitation	Explanation
Single-hospital study	Limits generalizability to other private hospitals in Laguna or the Philippines
Cross-sectional design	Cannot establish causality (though regression suggests directional influence)
Self-reported data	Subject to social desirability bias, especially for compliance and privacy items
Ceiling effects	Uniformly high mean scores (4.25–4.52) suggest possible response bias, which may have attenuated regression coefficients.
Moderate multicollinearity	VIF among predictors may have reduced the precision of coefficient estimates
No formal ethics board approval	Administrative approval from the hospital COO was obtained, but the study did not undergo IRB review.
Perceived performance metrics	Organizational performance was measured via perceived metrics rather than objective financial or clinical data (due to confidentiality restrictions)

6.6 Future Research Directions

Based on the findings and limitations of this study, the following directions for future research are recommended:

1. Multi-Hospital Studies: Replicate the study in multiple private hospitals across different regions of the Philippines to improve generalizability and test the validity of the Trifecta Performance Model in diverse settings.
2. Objective Performance Measures: Incorporate objective performance measures (e.g., clinical outcomes, financial data, audit results) to supplement self-reported perceptions and reduce social desirability bias.
3. Longitudinal Studies: Conduct longitudinal or intervention studies to assess causality and examine how changes in leadership, compliance, and privacy practices affect organizational performance over time.
4. Comparative Studies: Compare provincial private hospitals with urban private hospitals and public hospitals to identify context-specific factors affecting organizational performance.
5. Patient Perspectives: Include patient perspectives on organizational performance, particularly regarding data privacy practices and patient trust.
6. Technology Impact: Examine the impact of technology adoption (e.g., electronic medical records, privacy management systems) on data privacy practices and organizational performance.
7. Organizational Culture: Investigate the moderating role of organizational culture on the relationships between leadership, compliance, privacy, and organizational performance.
8. Intervention Studies: Test the effectiveness of specific interventions, such as the establishment of Leadership-Compliance-Privacy committees, in improving organizational performance.
9. Qualitative Depth: Conduct more in-depth qualitative studies to explore the lived experiences of healthcare workers regarding leadership, compliance, and privacy practices.
10. Model Validation: Validate the Trifecta Performance Model through empirical testing in multiple hospital settings, using both quantitative and qualitative methods.

VII. CONCLUSION AND RECOMMENDATIONS

7.1 Summary of Findings

This study examined the levels of administrative leadership, regulatory compliance, and data privacy practices, and their influence on organizational performance, in a private hospital in Calamba City, Laguna. Using a descriptive-correlational research design with a mixed-methods approach, data were collected from 55 healthcare workers via survey questionnaires and from 7 key informants via semi-structured interviews.

Key Findings:

1. Level of Administrative Leadership: The level of administrative leadership was "Very High" (WM = 4.31, SD = 0.58), indicating that leaders effectively enforce policies, provide clear direction, and demonstrate commitment to quality improvement. Areas for improvement include delegation (M = 3.82) and performance feedback (M = 3.98).
2. Level of Regulatory Compliance: The level of regulatory compliance was "Very High" (WM = 4.52, SD = 0.49), the highest among all variables. The hospital strictly observes DOH licensing standards, PhilHealth accreditation requirements, and other regulatory mandates. Policy updates based on new regulations (M = 4.28) were the lowest-rated indicator.
3. Level of Data Privacy Practices: The level of data privacy practices was "Very High" (WM = 4.41, SD = 0.55), with strong performance in secure storage and access restriction. Areas for improvement include annual privacy training (M = 3.85) and updated consent forms (M = 3.95).
4. Level of Organizational Performance: The level of organizational performance was "Very High" (WM = 4.25, SD = 0.54), with strong performance in timely patient care and clinical quality. Areas for improvement include patient complaint rates (M = 3.91), financial targets (M = 4.15), and employee turnover (M = 4.10).
5. Relationships Among Variables: All three independent variables demonstrated significant, strong positive relationships with organizational performance. Administrative leadership had the strongest relationship ($r = 0.72$, $p < 0.001$), followed by regulatory compliance ($r = 0.69$, $p < 0.001$) and data privacy practices ($r = 0.65$, $p < 0.001$).
6. Predictive Influence: The combined model significantly predicts organizational performance ($F(3,51) = 23.14$, $p < 0.001$), explaining 58% of the variance ($R^2 = 0.58$). However, administrative leadership emerged as the only significant independent predictor ($\beta = 0.36$, $p = 0.003$), while regulatory compliance ($\beta = 0.25$, $p = 0.051$) and data privacy practices ($\beta = 0.19$, $p = 0.120$) were not significant.
7. Qualitative Themes: Five major themes emerged: (1) Leadership sets the tone for compliance behavior; (2) Compliance as an integrated routine rather than an external task; (3) Data privacy perceived as an external requirement; (4) Fragmented coordination undermines

system efficiency; and (5) Integrated governance structures enhance performance.

8. Trifecta Performance Model: Based on the integrated findings, the study proposes the Trifecta Performance Model, which conceptualizes organizational performance as a function of the interaction between administrative leadership, regulatory compliance, and data privacy practices, moderated by the presence of integration mechanisms (Organizational Performance = $f(AL \times RC \times DPP) - \text{Integration Gaps}$).

7.2 Conclusions

Based on the findings of this study, the following conclusions are drawn:

1. Administrative leadership plays a central role in improving organizational performance. The quantitative findings ($\beta = 0.36$, $p = 0.003$) and qualitative findings (Theme 1) consistently indicate that leadership is the primary driver of organizational performance in the private hospital setting.
2. Regulatory compliance and data privacy practices serve as supporting mechanisms that contribute to organizational performance when effectively integrated with leadership functions. Their non-significance in the regression analysis suggests that their effects may be indirect or require integration mechanisms to be fully realized.
3. Integration among leadership, compliance, and privacy functions is essential for achieving optimal organizational performance. The qualitative findings (Themes 4 and 5) highlight the importance of coordination mechanisms and the negative effects of fragmentation.
4. The Trifecta Performance Model provides a useful framework for understanding and improving organizational performance in provincial private hospitals. The model emphasizes the multiplicative interaction of the three components and the moderating effect of integration gaps.
5. Areas for improvement identified in this study include leadership delegation and feedback, annual privacy training, consent processes, patient complaint management, financial performance, and employee turnover.

7.3 Recommendations

Based on the findings and conclusions of this study, the following recommendations are proposed:

To the Hospital Administration:

1. Strengthen administrative leadership by enhancing performance feedback sessions ($M = 3.98$) and task delegation ($M = 3.82$) through leadership training programs, regular performance evaluations, and alignment of all departments with the hospital's vision and mission.
2. Establish a Leadership–Compliance–Privacy Committee to improve communication and coordination among these key functions, as suggested by the Trifecta Performance Model and supported by Theme 5.

3. Implement the Trifecta Performance Model as a framework for organizational improvement, conducting regular assessments of leadership, compliance, and privacy practices, and addressing integration gaps.
4. Conduct leadership walk-rounds and engagement activities to increase leadership visibility and reinforce compliance behavior, as highlighted in Theme 1.

To Managers and Department Heads:

1. Embed compliance activities into daily workflows, implementing standardized compliance checklists and integrating compliance monitoring into routine operations, as suggested by Theme 2.
2. Provide regular training on DOH and PhilHealth requirements to ensure staff are updated on regulatory changes and compliance expectations.
3. Improve performance feedback practices by conducting regular feedback sessions and using performance data to guide improvements.
4. Monitor patient complaint rates and financial performance, implementing targeted interventions to address these areas of concern.

To the Data Protection Officer and IT Team:

1. Strengthen annual privacy training ($M = 3.85$) by developing comprehensive training programs and ensuring all staff complete required training.
2. Improve consent processes ($M = 3.95$) through user-friendly consent systems and regular reviews of consent forms.
3. Communicate the benefits of data privacy to staff, emphasizing that compliance with RA 10173 is not only a legal obligation but also an important part of providing safe and trustworthy healthcare services.
4. Ensure privacy policies are readily available to patients and that patients understand their rights regarding personal information.

To the Human Resource Department:

1. Develop continuous capability-building programs that support leadership development, compliance awareness, and data privacy education through workshops, compliance training, and privacy seminars.
2. Integrate leadership, compliance, and privacy competencies into staff development programs and performance evaluations.
3. Address employee turnover concerns by improving staff engagement, recognition, and career development opportunities.

To Future Researchers:

1. Replicate this study in multiple hospital settings to improve generalizability and test the validity of the Trifecta Performance Model.
2. Include objective performance measures (e.g., clinical outcomes, financial data, audit results) to supplement self-reported perceptions.
3. Conduct longitudinal or intervention studies to assess causality and examine how changes in leadership, compliance, and privacy practices affect organizational performance over time.

4. Secure formal IRB approval to strengthen ethical rigor and facilitate publication in peer-reviewed journals.
5. Explore the moderating role of organizational culture on the relationships between leadership, compliance, privacy, and organizational performance.
6. Compare provincial private hospitals with urban private hospitals and public hospitals to identify context-specific factors affecting organizational performance.

7.4 Proposed Action Plan

Based on the study findings, Table 13 presents a comprehensive action plan for implementing the Trifecta Performance Model at Calamba Medical Center.

TABLE 13. Action Plan for Implementing the Trifecta Performance Model

Objective	Activities	Timeline	Responsible Party	Expected Outcome
1. Enhance Administrative Leadership				
1.1 Improve delegation skills	Conduct leadership training on delegation and empowerment	Q3 2026	HR Department	Improved delegation practices (from 3.82 to 4.00+)
1.2 Enhance performance feedback	Implement regular performance feedback sessions	Q3-Q4 2026	Department Heads	Enhanced feedback practices (from 3.98 to 4.10+)
1.3 Increase leadership visibility	Establish a leadership walk-around schedule	Q3 2026	Hospital Administration	Increased leadership visibility and engagement
1.4 Improve staff recognition	Develop a staff recognition and rewards program	Q3 2026	HR Department	Enhanced staff motivation and engagement
2. Strengthen Regulatory Compliance				
2.1 Embed compliance in workflows	Integrate compliance activities into daily operations	Q3 2026	Quality Department	Continuous compliance culture
2.2 Standardize compliance monitoring	Implement standardized compliance checklists	Q3 2026	Quality Department	Consistent compliance monitoring
2.3 Enhance staff training	Conduct regular training on DOH and PhilHealth requirements	Quarterly	HR & Quality Departments	Updated staff knowledge
2.4 Improve policy updates	Establish a systematic process for tracking regulatory changes	Q4 2026	Quality Department	Timely policy updates (from 4.28 to 4.40+)
3. Enhance Data Privacy Practices				
3.1 Strengthen privacy training	Develop a comprehensive annual privacy training program	Q3 2026	Data Protection Officer	Improved privacy awareness (from 3.85 to 4.00+)
3.2 Improve consent processes	Implement user-friendly consent systems	Q4 2026	IT & Medical Records	Updated consent processes (from 3.95 to 4.10+)
3.3 Conduct privacy awareness	Conduct regular privacy awareness seminars	Semi-annually	Data Protection Officer	Enhanced privacy culture
3.4 Improve policy availability	Make privacy policies readily available to patients	Q3 2026	Data Protection Officer	Improved patient awareness
4. Establish Integration Mechanisms				
4.1 Create a joint committee	Establish Leadership-Compliance-Privacy Committee	Q3 2026	Hospital Administration	Improved coordination
4.2 Develop governance framework	Create an integrated governance framework	Q4 2026	Committee Members	Aligned governance structures
4.3 Conduct integration meetings	Hold quarterly integration meetings	Quarterly	Committee Members	Sustained coordination
4.4 Develop shared KPIs	Create cross-functional performance metrics	Q4 2026	Committee Members	Unified performance monitoring
5. Develop Continuous Capability-Building				
5.1 Leadership development	Develop a comprehensive leadership program	Q3 2026	HR Department	Enhanced leadership competencies
5.2 Compliance training	Create standardized compliance training modules	Q3 2026	Quality Department	Standardized compliance training
5.3 Privacy education	Design a comprehensive privacy education curriculum	Q4 2026	Data Protection Officer	Comprehensive privacy education
5.4 Integrated training	Develop cross-functional training programs	Q4 2026	HR & Quality Departments	Enhanced integration competencies
6. Monitor and Evaluate				
6.1 Conduct assessments	Conduct regular Trifecta audits	Semi-annually	Committee Members	Baseline and progress data
6.2 Track KPIs	Monitor integrated performance metrics	Quarterly	Committee Members	Performance tracking
6.3 Review progress	Conduct periodic program reviews	Quarterly	Hospital Administration	Continuous improvement
6.4 Refine approaches	Adjust interventions based on findings	As needed	Committee Members	Sustained performance improvement

VIII. CONTRIBUTION TO KNOWLEDGE

This study makes several contributions to knowledge in the field of hospital administration and healthcare management:

8.1 Theoretical Contributions

1. Development of the Trifecta Performance Model: The study introduces a novel framework for understanding organizational performance in provincial private hospitals. The model integrates classical management theories (Fayol, Weber, Mayo, Gulick & Urwick, Woodward) with contemporary concerns (data privacy, regulatory compliance) to provide a comprehensive and context-specific framework.
2. Empirical Testing of Relationships: The study provides empirical evidence on the relationships among administrative leadership, regulatory compliance, data privacy practices, and organizational performance in the Philippine private hospital context.
3. Integration of Quantitative and Qualitative Findings: The mixed-methods approach provides a more complete understanding of the phenomena under study, triangulating quantitative results with qualitative insights.

8.2 Practical Contributions

1. Actionable Recommendations: The study provides specific, actionable recommendations for improving leadership, compliance, and privacy practices in provincial private hospitals.
2. Practical Framework: The Trifecta Performance Model provides a practical framework for hospital administrators to assess and improve organizational performance.
3. Identification of Priority Areas: The study identifies specific areas for improvement (delegation, feedback, training, consent processes) that can guide resource allocation and intervention design.

8.3 Methodological Contributions

1. Validated Instrument: The study contributes a validated instrument for assessing administrative leadership, regulatory compliance, data privacy practices, and organizational performance in Philippine private hospitals.
2. Mixed-Methods Approach: The study demonstrates the value of mixed-methods research for understanding complex organizational phenomena.
3. Context-Specific Research: The study contributes to the limited literature on hospital administration in provincial Philippine settings.

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