

Capacity Needs and Business Operational Challenges of Private Hospitals in Guiuan Eastern Samar

¹Zaldy T. Daguinod^{id}, ²Zhedrick Jhon M. Alday^{id}, ³Elizabeth B. Yaput^{id}, ⁴Victor L. David Jr.^{id},
⁵Erica C. Molleno^{id}, ⁶Bryan B. Abing^{id}, ⁷Jordan M. Cabaguing^{id}
Eastern Samar State University - Guiuan Campus
¹zaldydaguinod@gmail.com, ²zhedrickjhonmacawilealday@gmail.com, ³eliz13yapz@gmail.com,
⁴victorlabutapdavid@gmail.com, ⁵mollenoerica154@gmail.com, ⁶bryofficial2020@gmail.com,
⁷jcabaguing20@gmail.com

Article Details:

Received: 1 April 2026
Revised: 3 April 2026
Accepted: 5 April 2026
Published: 9 April 2026
Corresponding Email:
zaldydaguinod@gmail.com

Recommended Citation:

Daguinod, Z. T., Alday, Z. J. M., Yaput, E. B., David, V. L., Molleno, E. C., Bryan B. Abing⁶, Jordan M. Cabaguing (2026). Capacity Needs and Business Operational Challenges of Private Hospitals in Guiuan Eastern Samar. *The International Review of Multidisciplinary Research*. 1 (4), 35-49.
<https://doi.org/10.5281/zenodo.19478182>

Index Terms:

capacity needs, operational challenges, medical services, private hospitals, business strategies

Abstract. The significant increase of illnesses nowadays is becoming a major public health concern and necessitating the improvement of the healthcare delivery. However, healthcare service gaps between urban and rural areas were revealed by existing studies, thereby limiting access to the needed essential medical attention. This study intends to identify root causes deterring private hospitals from providing advanced medical care and specialized services. In order to determine the service provider's capacity needs and operational challenges, a descriptive-correlational research design was employed to examine the statistical relationship between the two variables. A quantitative survey of 101 personnel was conducted from the three private hospitals in Guiuan, Eastern Samar, wherein collated data revealed a favorable interest among hospitals to augment current medical services; however, service expansion was least considered, while cost control and standardization were prioritized instead and focused on providing a limited but well-defined set of services efficiently. Health facilities' major issue concentrated on patient management, particularly the OPD consultation waiting period. A significant relationship between capacity needs in terms of medical services and equipment and supplies with operational challenges was the major revelation of the study. Recommendations focus mainly on providing adequate medical equipment and ensuring the regular maintenance and timely replenishment in response to the noted key finding. Likewise, establishing a reliable procurement system through strengthening partnership with the DOH will help reduce medical supply shortages. Moreover, engaging advanced medical healthcare services will minimize frequent referrals to city hospitals, ease patient burdens, and strengthen local healthcare capacity and service delivery.

Introduction

At present, a drastic increase of chronic illness cases, infectious diseases, and trauma injuries aggravated with an aging population is challenging the current healthcare providers in the locality of Guiuan, Eastern Samar, requiring intensive medical care and advanced diagnostic capabilities. Apparently, the health sector is allocated one of the highest national budgets annually; however, it remains a significant challenge despite consistent efforts to improve healthcare access.

Disparities between urban and rural healthcare services persist based on relevant studies, limiting the accessibility of essential medical care for many communities. According to the International Journal of Research Publication and Reviews, key issues identified in delivering healthcare services in rural areas of the Philippines were lack of healthcare professionals, health services, geographic location, poor infrastructure, and other factors affecting the health status of the population (Dondonayos et al., 2023). The primary causes of gaps in hospital-care access comprise three underlying barriers: financial unsustainability, reduced quality, and more thinly stretched human resources (Roland et al., 2023).

To address these challenges, private hospitals significantly take part in complementing healthcare services of the public sector. Guiuan, Eastern Samar, may be considered one of those mentioned rural communities; however, the municipality is equipped with existing healthcare facilities, including a rural health center, private clinics and laboratories, drug stores, and five Department of Health (DOH)-accredited Level 1 hospitals (three private and two government-owned) that cater to the primary and hospital care needs of the local population as well as neighboring towns. Although basic primary medical services are provided by local government health facilities, the quality of care varies throughout the episode of care, as private healthcare services are generally better equipped and offer faster treatment compared to their public counterparts.

Nevertheless, the capabilities of private hospitals to provide reliable healthcare services are unattainable due to various setbacks such as financial, workforce, and other related operational challenges. According to Alibudbud (2024), approximately Php 27 billion worth of reimbursements to private hospitals remained unpaid by the Philippine Health Insurance Corporation in 2023. PhilHealth reimbursements are a major source of funding for private hospitals, and thus, delaying such will definitely affect their operational sustainability. This accrued income should have been utilized for acquiring modernized medical equipment, augmenting manpower, and expanding medical services. Insufficient healthcare personnel, nurses and doctors with medical specialties in particular, exacerbated the difficulties in private hospital operation. In fact, fifty percent of private hospital nurses opted to work abroad in 2023 due to the alluring offered compensation package and better opportunities.

Furthermore, the most notable issue is the inaccessibility of specialized healthcare services, advanced diagnostics, and medical technology. Diseases are worsening, and critical cases keep rising each day, necessitating a more comprehensive episode of care; however, healthcare providers in the locality are incapacitated to cater to the present medical needs of the local population. Thus, patients are transferred to higher centers in nearby cities for further management and evaluation, causing financial and emotional distress to their respective families.

This was the foremost rationale that ignited the researcher's interest to conduct the study to determine the prevailing causes of existing private hospitals' incapability to provide modernized healthcare and medical technology in the locality. The study aimed at ascertaining the capacity needs and operational challenges faced by private hospitals in Guiuan, Eastern Samar. A thorough assessment has been conducted wherein the respective respondent hospitals were evaluated as to the capacity needs in terms of current medical services, equipment and supplies, communication, and transportation, including the personnel. The assessment also identified the prevailing operational challenges and the existing strategies employed by these private health facilities. Through addressing the needed augmentation and overcoming existing challenges, this study intends to contribute to the enhancement of more reliable and accessible advanced medical technology and improved business operations of private hospitals in the locality, thereby catering to the present health demands of the local population.

Statement of the Problem

This study aimed for the assessment of the capacity needs and operational challenges of private hospitals in Guiuan, Eastern Samar, and recommended key strategies for business operational improvement. Specifically, it seeks to answer the following questions:

1. What are the capacity needs of private hospitals in terms of:
 - 1.1. medical services;
 - 1.2. equipment and supplies;
 - 1.3. transportation and communication; and
 - 1.4. personnel?
2. What is the business operational challenges of private hospitals?
3. What strategies are currently implemented by private hospitals to address these challenges?
4. Is there a significant relationship between capacity needs and operational challenges?
5. What recommendations can be proposed to strengthen private hospitals' operational effectiveness and sustainability?

Methodology

This section of the research describes the research design method, the respondents of the study, the research instrument, data gathering procedures, and the statistical tools used for data analysis.

Research Design

A descriptive-correlational research design was employed for this study to achieve two objectives: (1) to provide assessment of the capacity needs and operational challenges of private hospitals in Guiuan, Eastern Samar; and (2) to

examine the statistical associations between capacity needs and operational challenges through using the Spearman rho correlation.

Respondents of the study

The private hospital personnel are the targeted respondents of this study, particularly the medical staff (doctors, nurses, and other healthcare workers), including the administrative personnel involved in hospital operations and management. All personnel who are directly engaged with the day-to-day hospital operation are eligible as respondents regardless of the employee's tenure status since the objective of the study was to describe the hospital operational challenges and healthcare service delivery.

Research Instrument

The structured questionnaire is the main instrument used in this study, which was designed to collect data on the capacity needs and operational challenges of private hospitals in Guiuan, Eastern Samar, focusing on four major aspects—medical services, equipment and supplies, transportation and communication, and personnel, including business operational challenges and strategies divided into three main parts.

Part I: Capacity Needs evaluates the availability of medical services and adequacy of hospital resources. It includes medical equipment and supplies inventory, a communication and transportation systems checklist, and personnel. Respondents are asked about the item's availability, functionality, and DOH compliance. This section describes the quantitative and categorical data reflecting current hospital capacity.

Part II: Operational Challenges measures the overall operational issues encountered by the hospital concerning financing, personnel, hospital resources, patient management, government regulation compliance, and medical-related problems. Through employing the five-point Likert scale with a range of 1 (Strongly Disagree) to 5 (Strongly Agree), the respondents are asked to rate according to their level of agreement. This section evaluates hospital staff insights on recurrent operational issues affecting hospital efficiency and quality of care.

Part III: Strategies determine the hospital's future action plans in achieving desired goals such as quality patient care, improvement of hospital operation, and its versatility and competency to engage the dynamics of the healthcare environment. Through employing the five-point Likert scale with a range of 1 (Strongly Disagree) to 5 (Strongly Agree), the respondents are asked to rate according to their level of agreement. This section assessed hospitals in gathering measurable feedback regarding effective implementations of good hospital practices and key strategies.

Data Gathering Procedure

A formal permission from the Campus Administrator and the Dean of the College to conduct the study was initially secured prior to the distribution of the survey questionnaire. Upon the institution's approval, a communication letter notifying the intent of the research study was submitted to the respective administrators of the respondent private hospitals in Guiuan, Eastern Samar. The researchers personally visited the hospitals as consented and coordinated with the assigned hospital staff. The structured questionnaires were then distributed to all hospital employees included in the study through complete enumeration. The respondents were instructed clearly and given ample time to complete the survey forms. After a week of respectful follow-ups, the researchers retrieved the filled-out survey instruments.

Data Analysis

All responses were reviewed for completeness and accuracy upon the completion of data collection. Gathered quantitative data were encoded into a spreadsheet and analyzed using the following statistical tools:

Frequency and percentage to summarize the categorical variables.

Mean to assess the overall respondent perceptions related to operational challenges, and key strategies of private hospitals in Guiuan Eastern Samar.

Spearman rho correlation to examine the relationship between capacity needs and operational challenges.

For the Operational challenges and strategies, the following mean score was used by the researchers in interpreting the results:

Mean Range	Scale	Interpretation
4.21- 5.00	5	Completely Agree
3.41 – 4.20	4	Agree

2.41 – 3.40	3	Moderately Agree
1.81 – 2.40	2	Disagree
1.00 – 1.80	1	Completely Disagree

For the Statistical relationship between the capacity needs and operational challenges, the following Spearman rank correlation coefficient values were used by the researchers in interpreting the results:

N=101, p<0.05, rs=spearman rho value

Results and Discussion

Capacity Needs.

This study aims to assess the capacity needs of private hospitals in Guiuan, Eastern Samar, in terms of medical and healthcare services, equipment and supplies, transportation and communication, and personnel. These sub-variables will serve as indicators in evaluating the hospitals' current resources and their capability to deliver their services.

Medical and Healthcare Services.

Table 1 presents the results of capacity needs of private hospitals in Guiuan Eastern Samar in terms of selected advanced medical & healthcare services.

Indicators	Hospital A		Hospital B		Hospital C	
	(f)	(p)	(f)	(p)	(f)	(p)
Specialized care services						
Dialysis	16	84.21	39	97.50	35	83.33
ICU / NICU facility (Intensive care unit)	16	84.21	39	97.50	33	78.57
Advanced Imaging technology						
CT scan (computed tomography)	16	84.21	39	97.50	35	83.33
2D Echo (two-dimensional echocardiogram)	16	84.21	39	97.50	37	88.10
Mammogram (X-ray examination of the breast)	16	84.21	39	97.50	36	85.71
Advanced Laboratory Services						
Microbiology	16	84.21	39	97.50	35	83.33
Histopathology and Cytopathology	16	84.21	39	97.50	34	80.95
Special Hematology	18	94.74	39	97.50	33	78.57

Table 1.0 Selected advanced Medical & Healthcare services

Those mentioned above selected advanced medical and healthcare services that are currently unavailable from the hospital care providers of Guiuan, Eastern Samar. Under the specialized care services, 16, or 84.21%, of respondents of Hospital A, 39, or 97.50%, of respondents of Hospital B, and 35, or 85.33%, of respondents of Hospital C have agreed for a dialysis augmentation, while the same previous percentage of Hospitals A and B respondents and 33, or 78.57%, have favored the ICU/NICU facility.

Pertaining to the advanced imaging technology sub-items of CT scan, 2D echo, and mammogram, percentages of 16, or 84.21%, and 39, or 97.50%, of Hospitals A and B have preferred these capacity needs. In contrast, for hospital C, 35 or 83.33%, 37 or 88.10%, and 36 or 87.71% of respondents voted positively for it, respectively.

Hospital B respondents maintained the percentage of 39, or 97.50%, in favor of all advanced laboratory services. In comparison, respondents of hospital A increased its rate to 18, or 94.74%, for the special hematology and sustained the 16, or 84.21%, percentage for the other two options. However, in Hospital C respondents noted a differing percentage of 35, or 83.33%; 34, or 80.95%; and 33, or 78.57%, respectively.

The above findings showed that Hospital B indicated a strong desire to augment its current medical services, reflecting the level of agreement consistency among respondents. The character demonstrated by the hospital respondents supported the Asian Development Bank (2023) study that one key lesson from efforts to expand hospital access in rural areas is the importance of innovation. It was also emphasized in the study of Gizaw et al. (2022) that appropriate technology is one of the four central pillars in strengthening primary healthcare in rural communities.

Equipment and Supplies.

Table 1.1 presents the availability of equipment and supplies in the basic areas of the hospital respondents, which were assessed according to the standard requirements of the Department of Health (DOH), the government agency regulating hospital operations.

Indicators	DOH standard	Hospital A		Hospital B		Hospital C	
		Availability	Interpretation	Availability	Interpretation	Availability	Interpretation
ADMINISTRATIVE SERVICE							
Computer with Internet Access	1	5	Compliant	10	Compliant	18	Compliant
Emergency Light	1per area	1	Compliant	1	Compliant	1	Compliant
Fire Extinguishers	1per area	1	Compliant	1	Compliant	1	Compliant
Generator set with Automatic Transfer Switch (ATS)	1	1	Compliant	1	Compliant	2	Compliant
EMERGENCY ROOM							
Bag-valve-mask Unit							
- Adult	1	1	Compliant	3	Compliant	2	Compliant
- Pediatric	1	1	Compliant	3	Compliant	2	Compliant
Calculator for dose computation	1	1	Compliant	1	Compliant	1	Compliant
Clinical Weighing scale	1	2	Compliant	1	Compliant	1	Compliant
Defibrillator with paddles	1	1	Compliant	1	Compliant	1	Compliant
Delivery set, primigravid	2 sets	2	Compliant	1	Noncompliant	2	Compliant
Delivery set, multigravid	2 sets	2	Compliant	1	Noncompliant	2	Compliant
ECG Machine with leads	1	1	Compliant	1	Compliant	1	Compliant
EENT Diagnostic Set with Ophthalmoscope and Otoscope	1	1	Compliant	1	Compliant	1	Compliant
Emergency Cart (for contents, refer to separate list).	1	1	Compliant	1	Compliant	1	Compliant
Examining table	1	1	Compliant	1	Compliant	1	Compliant
Examining table (with Stirrups for OB- Gyne)	1	1	Compliant	1	Compliant	1	Compliant
Glucometer with strips	1	1	Compliant	1	Compliant	1	Compliant
Gooseneck lamp/Examining Light	1	1	Compliant	1	Compliant	1	Compliant

Instrument/Mayo Table	1	1	Compliant	1	Compliant	1	Compliant
Minor Instrument Set (May be used for Tracheostomy, Closed Tube Thoracostomy, Cutdown, etc.)	2 sets	1	Noncompliant	1	Noncompliant	1	Noncompliant
Nebulizer	1	1	Compliant	1	Compliant	1	Compliant
Negatoscope	1	1	Compliant	1	Compliant	1	Compliant
Neurologic Hammer	1	1	Compliant	1	Compliant	1	Compliant
OR Light (portable or equivalent)	1	1	Compliant	1	Compliant	1	Compliant
Oxygen Unit/Tank is anchored/chained/strapped or with tank holder if not from pipeline	2	2	Compliant	3	Compliant	3	Compliant
Pulse Oximeter	1	1	Compliant	1	Compliant	1	Compliant
Sphygmomanometer, non-mercurial							
- Adult Cuff	1	1	Compliant	1	Compliant	1	Compliant
- Pediatric Cuff	1	2	Compliant	1	Compliant	1	Compliant
Stethoscope	1	2	Compliant	1	Compliant	1	Compliant
Suction Apparatus	1	1	Compliant	1	Compliant	2	Compliant
Suturing Set	2 sets	1	Noncompliant	1	Noncompliant	1	Noncompliant
Thermometer, non-mercurial							
- Oral	1	1	Compliant	1	Compliant	1	Compliant
- Rectal	1	1	Compliant	1	Compliant	1	Compliant
Vaginal Speculum, Different Sizes	1 / size	3	Compliant	1	Compliant	1	Compliant
Wheelchair	1	1	Compliant	1	Compliant	2	Compliant
Wheeled Stretcher with guard/side rails and wheel lock or anchor.	1	1	Compliant	3	Compliant	3	Compliant
OUTPATIENT DEPARTMENT			Compliant		Compliant		Compliant
Clinical Height and Weight Scale	1	1	Compliant	1	Compliant	1	Compliant
EENT Diagnostic Set with ophthalmoscope and otoscope	1	1	Compliant	1	Compliant	1	Compliant
Gooseneck lamp/Examining Light	1	1	Compliant	1	Compliant	1	Compliant
Examining table with wheel lock or anchor	1	1	Compliant	1	Compliant	1	Compliant
Instrument/Mayo Table	1	1	Compliant	1	Compliant	1	Compliant
Minor Instrument Set	1	1	Compliant	1	Compliant	1	Compliant

Neurologic Hammer	1	1	Compliant	1	Compliant	1	Compliant
Oxygen Unit Tank is anchored/chained/strapped or with tank holder if not pipeline	1	1	Compliant	1	Compliant	1	Compliant
Peak flow meter							
- Adult	1	1	Compliant	1	Compliant	1	Compliant
- Pediatric	1	1	Compliant	1	Compliant	1	Compliant
Sphygmomanometer, non-mercurial							
- Adult cuff	1	1	Compliant	1	Compliant	1	Compliant
- Pediatric cuff	1	1	Compliant	1	Compliant	1	Compliant
Stethoscope	1	1	Compliant	1	Compliant	1	Compliant
Thermometer, non-mercurial							
- Oral	1	1	Compliant	1	Compliant	1	Compliant
- Rectal	1	1	Compliant	1	Compliant	1	Compliant
Suture Removal Set	1	1	Compliant	1	Compliant	1	Compliant
Wheelchair/Wheeled Stretcher	1	1	Compliant	1	Compliant	1	Compliant

Table 1.1 Equipment and Supplies of Private Hospitals in Guiuan Eastern Samar

As expected, the equipment and supplies located in the administrative office, emergency room, and outpatient department are generally compliant, although items like delivery sets, suturing sets, and minor instrument sets were lacking at the time of the survey. Considering that compliance is one of the primary requirements for securing an annual license to operate, the completion of these missing items is highly prioritized. Based on the findings, the researchers conclude that the hospitals are generally compliant with DOH standards.

Transportation and Communication.

Table 1.2 presents the results of transportation and communication systems of private hospitals in Guiuan Eastern Samar

What forms of internal communication are being used by the institution?	Hospital A		Hospital B		Hospital C		TOTAL	
	(f)	(p)	(f)	(p)	(f)	(p)	(f)	(p)
What forms of external communication are being used by the institution?								
Telephone with landline	17	89.47	0	0.00	28	66.67	45	44.55
Cellular telephone	18	94.74	39	97.50	40	95.24	97	96.04
Pager	0	0.00	0	0.00	1	2.38	1	0.99
Facsimile machine	1	5.26	0	0.00	1	2.38	2	1.98
Short-wave radio	0	0.00	2	5.00	19	45.24	21	20.79
Runners	11	57.89	5	12.50	27	64.29	43	42.57
Others, specify	1	5.26	0	0.00	0	0.00	1	0.99
If the health facility is using telephones (whether landline or cellular), what are the alternative forms of communication in case the phone system breaks down?								
Short-wave radio	0	0.00	39	97.50	21	50.00	60	59.41
Runners	19	100.00	39	97.50	37	88.10	95	94.06
Others, specify:	0	0.00	0	0.00	4	9.52	4	3.96

What means of patient transport are used by the institution?								
Buses, minibuses and vans	0	0.00	3	7.50	0	0.00	3	2.97
Ambulance	19	100.00	40	100.00	42	100.00	101	100.00
Trucks	0	0.00	1	2.50	0	0.00	1	0.99
Private vehicles	16	84.21	7	17.50	9	21.43	32	31.68
Boats (if applicable)	0	0.00	0	0.00	0	0.00	0	0.00
Aircraft (both fixed-wing and helicopters)	0	0.00	0	0.00	0	0.00	0	0.00
Motorcycles	16	84.21	6	15.00	7	16.67	29	28.71
Others, specify:	0	0.00	0	0.00	0	0.00	0	0.00
What are the capabilities of your ambulance/s?								
Purely for transport, no special equipment	0	0.00	0	0.00	15	35.71	15	14.85
With supplies for Basic Life Support	19	100.00	37	92.50	29	69.05	85	84.16
With supplies for both Basic Life Support and Advance Cardiac Life Support	1	5.26	40	100.00	23	54.76	64	63.37
No. of ambulances in the facility								
	1		1		1		3	
Personnel assigned to the ambulance								
Driver	1		2		1		4	
Paramedic	0		2		1		3	
Nurse	1		4		1		6	
Doctor	0		2		1		3	

Table 1.2 Transportation and Communication of Private Hospitals in Guiuan Eastern Samar.

It shows a mix of transportation and communication systems used across private hospitals in Guiuan but had a notable difference wherein, in terms of internal communication, Hospital B relied more on cellular telephones (100%) and short-wave radios (95%), while Hospital A preferred intercoms (89.47%) and regular telephones (63.16%). Hospital C showed wider use, including public address systems (14.29%) and pagers (4.76%), though in smaller proportions. For external communication, cellular phones were the most widely used across all hospitals (above 94%), but landline telephones were much more common in Hospital A (89.47%) compared to Hospital B, which did not use them at all.

The results also highlight the alternative communication methods in case there will be system breakdowns wherein Hospitals B and C also chose short-wave radios (97.5% and 50%, respectively), while all three hospitals preferred runners as primary backup (94.06%) in that particular situation. This particular finding supported the study of Dondonayos et al. (2023), stating the importance of alternative communication systems, especially in rural settings where telecommunication signals may be unreliable. The ambulance was the main mode used for patient transport across all hospitals with full (100%) preference and mostly equipped with basic life support, though it was solely used for transport only by Hospital C (35.71%). Hospitals A and C also used motorcycles and private vehicles as an alternative means of transportation.

The maintenance of effective communication and reliable transport systems are deemed vital resources contributing to the efficiency of hospital operation and ensuring patients' safety, based on the Resource-Based View Theory. On the other hand, uneven resource distribution strongly suggests gaps in resource allocation affecting the quality of healthcare service (Mailani et al., 2024).

Personnel.

Table 1.3 presents the number of personnel of private hospitals in Guiuan Eastern Samar.

How many doctors does your health facility have?	DOH standard	Hospital A		Hospital B		Hospital C	
		Availability	Interpretation	Availability	Interpretation	Availability	Interpretation
Family Medicine							
Consultant	at least 1	1	Compliant	1	Compliant	4	Compliant
Resident		8		1			
Internal Medicine							
Consultant	at least 1	1	Compliant	1	Compliant	1	Compliant
Resident		0		1		1	
Obstetrics and Gynecology							
Consultant	at least 1	3	Compliant	3	Compliant	3	Compliant
Resident		0		0		0	
Pediatrics							
Consultant	at least 1	1	Compliant	1	Compliant	1	Compliant
Resident		0		1		1	
Surgery							
Consultant	at least 1	3	Compliant	3	Compliant	3	Compliant
Resident		0		0		0	
Anesthesiology							
Consultant	at least 1	1	Compliant	3	Compliant	3	Compliant
Resident		0		0		0	
ENT							
Consultant	Not Required	1		1		0	
Resident		0		0		0	
Ophthalmology							
Consultant	Not Required	0		1		0	
Resident		0		0		0	
Orthopedics							
Consultant	Not Required	1		1		1	
Resident		0		0		0	
How many staff members does the health facility have per ward/area?							
Ward/area	Ward - 1:12 Beds at any given time (plus 1 reliever for every 3 RNs)	26	Compliant	30	Compliant	43	Compliant
	8 (7+1 reliever) without Microbiology	5	Compliant	8	Compliant	8	Compliant
Laboratory							

Table 1.3 Personnel of Private Hospitals in Guiuan, Eastern Samar

Table 1.3 presents the number of medical doctors available in each hospital respondent according to their respective specialties. It also includes the number of ward nurses and medical technologists assigned to the laboratory department. The required number of specialty doctors is met in accordance with the standards set by the Department of Health (DOH). Notably, Hospitals A and B have additional consultants in other specialties, such as EENT and orthopedics, which is highly beneficial to the locality. With regard to staff nurses and medical technologists, the required ratios of one nurse per 12 beds and a 7+1 reliever system for medical technologists are likewise fulfilled.

Table 1.4 shows how private hospitals manage patient services in Guiuan Eastern Samar in terms of consultation waiting time, inpatient care, medical rounds, and complaints.

How do you handle your patients in terms of the following:	Hospital A		Hospital B		Hospital C		TOTAL	
	(f)	(p)	(f)	(p)	(f)	(p)	(f)	(p)
ER / Outpatient Consultation waiting time:								
15 mins	17	89.47	32	80.00	4	9.52	53	52.48
30 mins	0	0.00	2	5.00	17	40.48	19	18.81
1 hour	0	0.00	0	0.00	8	19.05	8	7.92
above 1 hour	0	0.00	0	0.00	4	9.52	4	3.96
Inpatient Service -Medication								
fully served	17	89.47	40	100.00	33	78.57	90	89.11
with ceiling	0	0.00	0	0.00	0	0.00	0	0.00
others, specify	0	0.00	0	0.00	0	0.00	0	0.00
Inpatient Service -Lab Exams								
fully served	17	89.47	40	100.00	41	97.62	98	97.03
Outsourced	1	5.26	0	0.00	2	4.76	3	2.97
others, specify	0	0.00	0	0.00	0	0.00	0	0.00
Inpatient Service -Medical Rounds								
Daily	17	89.47	40	100.00	26	61.90	83	82.18
alternate days	0	0.00	0	0.00	3	7.14	3	2.97
upon admission only	0	0.00	0	0.00	0	0.00	0	0.00
upon discharge only	0	0.00	0	0.00	0	0.00	0	0.00
others, specify	0	0.00	0	0.00	0	0.00	0	0.00
Patients' Complaint to:								
Billing	4	21.05	1	2.50	7	16.67	12	11.88
Services	6	31.58	1	2.50	4	9.52	11	10.89
Personnel	1	5.26	0	0.00	4	9.52	5	4.95

Table 1.4 Private Hospitals Patient Management in Guiuan, Eastern Samar

The data revealed that patient waiting time is handled differently across hospitals. Hospitals A and B attended to most outpatients within 15 minutes (89.47% and 80.00%, respectively), while longer waiting times were reported in Hospital C, with waiting periods of 30 minutes to 1 hour and even beyond. This gap indicates that patient flow and efficiency are stronger in Hospitals A and B compared to Hospital C, where delays may contribute to dissatisfaction. Long waiting times have been identified as one of the factors contributing to neglect and apathy toward health-seeking at the health care institutes in rural areas (Jacob, 2021).

For inpatient services, almost all respondents across the three hospitals indicated that medication and laboratory examinations were fully served, showing a good level of service delivery in this area. Hospitals A and B had a daily medical round; however, a weaker performance of 61.90% was reported in Hospital C for daily rounds, and the rest of the respondents answered on alternate days. This finding indicated some inconsistency, though inpatient services are generally reliable. As confirmed in a previous study, uneven personnel distribution due to workforce shortages in rural communities affects the timeliness of care (Dondonayos et al., 2023; Jacob, 2021).

Most patient complaints were related to medical services, billing, and personnel. Hospital A was noted with 31.58% service-related concerns, followed by billing and staff issues. The leading patient's concern was aligned with the ADB Brief on expanding hospital access in rural and remote areas, stating that clinical service gaps were key factors in determining an underserved area in terms of healthcare access.

Operational Challenges.

Table 2 shows the operational issues encountered by the private hospitals in various aspects of their operation, which include the staffing, patient flow, financial management, regulatory compliance, and patient safety.

Items	Mean	Interpretation
There is a shortage of qualified healthcare professionals (e.g., doctors, nurses) at our hospital.	3.25	Moderately Agree
Employee resignation in critical departments (e.g., nursing, administration)	3.20	Moderately Agree
Managing patient wait times for consultations and treatments is a major issue in the hospital.	4.33	Completely Agree
Ensuring high-quality patient care, especially during peak times.	3.09	Moderately Agree
The hospital faces difficulties in managing operational costs (e.g., salaries, medical supplies, utilities).	2.91	Moderately Agree
Billing and insurance claims processing is often inefficient, leading to revenue loss.	2.86	Moderately Agree
Compliance with healthcare regulations and accreditation standards is a continuous operational challenge.	3.29	Moderately Agree
Maintaining patient safety and infection control protocols is difficult, particularly during high patient volumes.	3.31	Moderately Agree
Overall Mean	3.28	Moderately Agree

Legend: 4.21-5.00 – Completely Agree, 3.41-4.20-Agree, 2.41-3.40-Moderately Agree, 1.81-2.40-Disagree, 1.00-1.80-Strongly Disagree

Table 2. Operational Challenges of Private Hospitals in Guiuan, Eastern Samar

Strategies.

Table 3 presents the strategy implementation of private hospitals in various aspects of their operation, which includes innovation, cost control, efficiency, and maintaining operational stability.

Items	Mean	Interpretation
Innovation is a top priority in our hospital's long-term planning.	3.89	Agree
We frequently explore new opportunities to expand healthcare offerings.	4.01	Agree
Before implementing changes, we conduct careful analysis and benchmarking.	4.09	Agree
Our hospital balances stability with adaptability to changing healthcare needs.	4.15	Agree
Our hospital focuses on delivering a limited but well-defined set of services efficiently.	4.21	Completely Agree
We prioritize cost control and standardization over service expansion.	4.29	Completely Agree
We often struggle to respond effectively to operational challenges.	3.01	Moderately Agree
Our hospital only makes changes when forced by external events.	3.1	Moderately Agree

There is no consistent long-term plan guiding our operations.	2.14	Disagree
Overall Mean	3.61	Agree

Legend: 4.21-5.00 – Completely Agree, 3.41-4.20-Agree, 2.41-3.40-Moderately Agree, 1.81-2.40-Disagree, 1.00-1.80-Strongly Disagree

Table 3. Operational Strategies of Private Hospitals in Guiuan, Eastern Samar

As shown in Table 3, strategies that focus on stability and resource management efficiency were among those prioritized. It clearly indicates that hospitals had no service expansion plans yet but were focused on strengthening internal operations. Hospitals were more focused on cost control and standardization and delivering limited but well-defined services. These findings showed the hospital's maximization skills despite the limited resources, which is actually a good strategy.

Findings also revealed that innovation was not yet an option considering the challenges being faced, particularly on finances and manpower shortage, though its value has been agreed upon, reflecting Alibudbud's (2024) study emphasis—that financial and staffing difficulties hinder private hospitals from engaging in long-term innovations.

Spearman rho correlation between capacity needs and operational challenges.

Capacity Needs	Variable	rs	Interpretation	p-value	Interpretation
Medical Services		.291	Low Correlation	0.003	Significant
Equipment and Supplies	Operational Challenges	.673	High Correlation	0.000	Highly Significant
Transportation and Communication		.172	Negligible Correlation	0.086	Not Significant
Personnel		-.018	Negligible Correlation	0.862	Not Significant

Table 4 presents the statistical relationship between the capacity needs and operational challenges of private hospitals in Guiuan, Eastern Samar.

Table 4. Spearman rho Correlation between capacity needs and operational challenges

Note: N=101, p<0.05, rs=spearman rho value

As observed, equipment and supplies are noted to have a strong relationship with operational challenges, representing high correlation. This result affirmed that inefficiencies in equipment and supplies management will cause a profound undesirable impact on hospital operation, supporting the Asian Development Bank (2023) study pointing out that limited material resources were considered a significant barrier to the improvement of rural healthcare delivery.

Although medical services had a low correlation, they still impact significantly, as manifested with the frequent referrals to higher centers due to the unavailability of advanced diagnostics and medical technology in the locality, which were articulately emphasized in the previous studies of Dondonayos et al. (2023), Roland et al. (2023), and Jacob (2021). Transportation, communication, and personnel may have a negligible correlation with operational challenges, but the importance of these aspects shouldn't be overlooked, for they will somehow affect the hospital operation in one way or another.

Conclusion and Recommendations

Based on the findings of the study, the following conclusions were drawn:

1. The statistical findings indicate a strong desire for a capacity need in augmenting current medical service capabilities of private hospitals in Guiuan, Eastern Samar, through innovations in medical technology such as specialized care services (e.g., dialysis, ICU/NICU), advanced imaging technology (e.g., CT scan/2DEcho/mammogram), and expanded laboratory services (microbiology/histopathology and cytopathology/special hematology). Hospitals' strong interest demonstrates readiness to enhance healthcare infrastructure and improve service delivery within the locality, considering the drastic increase in cases of chronic

illnesses, infectious diseases, and trauma-related injuries aggravated by an aging population that requires intensive medical care and advanced diagnostic capabilities. The required equipment and supplies in hospital frontline areas comply with DOH standards. A basic and functional transport and communication system is in place and effectively utilized. Personnel requirements are met in accordance with the DOH-mandated staffing ratio. Assessments for OPD and inpatient services were generally acceptable despite the notes in consultation and medical rounds. Patient complaints were primarily related to billings, limited medical services, and the unavailability of advanced diagnostics and medical technology.

2. The operational challenges findings were moderately agreed with, with an overall mean score of 3.28, suggesting that each challenge is being experienced by hospital management. Excluding patient wait times, which were rated as extremely critical, the combined impact of personnel shortages, financing, and governmental compliances contributed significant issues to hospital operations, requiring suitable and timely interventions.
3. The most implemented key strategies centered on cost control and standardization and efficient delivery of limited but well-defined services. This finding aligned with the operational challenge about operational costs. Despite the hospital's desire to engage innovation, it remained unattainable due to financial incapacity. Thus, the aforementioned strategies are being implemented as alternatives in lieu of such an unrealizable strategic plan.
4. A notable high correlation was ruled out between capacity needs (particularly equipment and supplies) and operational challenges, manifesting the significant relationship of these two variables. Capacity needs in terms of equipment and supplies showed a high correlation with operational challenges despite hospitals' compliance with DOH standards regarding equipment and supply availability. This strong correlation suggested that hospitals are experiencing resource management inefficiencies in this area, putting them vulnerable to operational strain. The finding underscores that mere compliance with government regulatory policies is unreliable for ensuring operational efficiency. Another related sub-variable, medical services, exhibited a low correlation; however, its relationship with operational challenges remained statistically significant. Therefore, based on this correlation, any plans for healthcare improvements will remain unrealistic due to financial constraints, which are one of the current operational challenges for private hospitals in Guiuan, Eastern Samar.

Based from the findings and conclusions of the study, the following are recommended:

1. Health administrators may focus on ensuring the availability of adequate medical equipment, tools, and instruments necessary in sustaining hospitals' daily operations. Proper maintenance and on-time replenishment must be highly observed and regularized. Also, of strengthening coordination with the Department of Health to support in the establishment of a more reliable procurement system, thereby minimizing both waste and shortages of essential medical supplies. They may consider of investing in advanced medical technologies and specialized healthcare services to lessen patient referrals to city hospitals. Such investment may ease patient burdens, enhance healthcare capacity, and improve the overall quality of service delivery in the locality. In light of the strong demand for medical service augmentation, private hospital owners might view this as an opportunity to gain competitive advantage by positioning their facilities as pioneer providers of advanced healthcare services.
2. Health administrators are advised to implement a proper distribution of manpower particularly in Outpatient and Emergency Room services to address the long waiting times identified as the most dominant operational challenge. Augmenting the current number of medical personnel may help accommodate the increasing healthcare demands of the local population. Likewise, considering upgrading ambulance functionalities, especially life-saving equipment such as Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) systems, to ensure readiness in saving the lives of patients in transit. Assigning dedicated ambulance personnel with sufficient capacity and training for every operational shift is also recommended to ensure a timely and effective emergency response. Strengthening social service support systems to address patients' concerns about hospital billing is also recommended. Significantly, facilitating access to government-sponsored financial assistance programs (e.g., MAIFIP-DOH, DSWD, PCSO, OVP, political party lists), HMO coverage, and other financial support mechanisms may help patients settle outstanding hospital payables and reduce the financial strain associated with private hospital admissions.
3. Healthcare workers may engage in continuous professional development to enhance their competencies in clinical procedures, patient care, and emerging healthcare technologies. Regular participation in trainings, skills-enhancement activities, and capacity-building programs is essential in ensuring the delivery of safe, efficient, and patient-centered care.

Future researchers are encouraged to conduct further studies on the existing healthcare services of the locality by incorporating additional underlying variables and involving community members. Since the current study was limited to hospital personnel, expanding the scope to include patient perspectives and validating collected data is recommended for future related research.

Acknowledgement

The researchers intend to convey their earnest appreciation to all who contributed to this research endeavor. To begin with, our utmost thanks to the university for entrusting us with this learning opportunity and continuous learning and development.

To our research adviser, Dr. Jordan M. Cabaguing, we express our sincerest admiration for his exceptional expertise in academic research and writing. His consistent guidance throughout this journey was a substantial factor in the successful completion of this research.

To the three private hospital proprietors in the locality of Guiuan, Eastern Samar, Dr. Nelinda Catherine P. Pangilinan, Dr. Gil E. Ponferrada, and Dr. Fernando C. Naputo Jr., our warmest appreciation for the indulgence in accommodating our intentions and for the seamless cooperation in taking part in this study. Likewise, our deepest thanks to the medical, and non-medical personnel who served and participated as respondents of this systematic investigation.

To the reputable members of the advisory committee, Dr. Jefferey A. Guimbaolibot, Dr. Alvin B. Lacaba, Dr. Rotsen C. Yodico, Dr. Cecilia G. Lagramada, and Dr. Teresita Villa G. Lacaba, our profound appreciation for the scrupulous evaluation of our works that further refined the overall credibility and quality of this research.

To our thesis instructor, June O. Dagsa, MBA, our special thanks for the invaluable shared inputs and patiently accommodating our study-related inquisitions. We hereby acknowledge as well the commendable efforts of each member of the group for the excellent teamwork which fostered reciprocity and esprit de corps, the underlying key factors for this accomplishment.

Lastly, to the respective members' families and friends; our positivity would not have been possible without their overwhelming support and motivation fueling the attainment of this outstanding achievement.

Funding

This research received no external funding from any public, commercial, or not-for-profit funding agency, and no organization provided financial support for the conduct of the study, authorship, or publication of this article.

Competing Interests Statement

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

Data Availability Statement

The data supporting this study are available from the corresponding authors upon reasonable request.

References

- Alibudbud R. (2024). Addressing the challenges of private hospitals in the Philippines. *Health Services Insights*, 17, 1-2. <https://doi.org/10.1177/11786329241241905>
- Department of Health. (n.d.). Licensing / accreditation of health facilities and services. *DOH-HFSRB*. Retrieved May 26, 2025, from <https://hfsrb.doh.gov.ph/licensing-accreditation-of-health-facilities-and-services/>
- Dondonayos, G. V., Masukat, H. H., Ochave, M. C. II, Ulangkaya, J. L., Zacaria, L., & Faller, E. M. (2023). A review of challenges of delivering healthcare service in rural areas of the Philippines. *International Journal of Research Publication and Reviews*, 4(1), 96-105. <https://ijrpr.com/uploads/V4ISSUE1/IJRPR9315.pdf>
- Fenişer, C., Sadeh, A., & Lungu, F. (2017). Organizational strategy in industry. *MATEC Web of Conferences*, 112, 1-6. <https://doi.org/10.1051/mateconf/201711209005>
- Gizaw, Z., Astale, T., & Kassie, G. M. (2022). What improves access to primary healthcare services in rural communities? A systematic review. *BMC Primary Care*, 23(1), 313. <https://doi.org/10.1186/s12875-022-01919-0>
- Jacob, A. M. (2021). Healthcare delivery systems in rural areas. In U. Bacha (Ed.), *Rural health* (pp. 1-14). *Intech Open*. <https://doi.org/10.5772/intechopen.98184>
- Legislative Budget Research and Monitoring Office. (2024, August 7). The proposed FY 2025 National Expenditure Program: Its composition, distribution, and financing (Technical Report). Senate of the Philippines.

- https://legacy.senate.gov.ph/publications/LBRMO/A%20Technical%20Report%20on%20the%20FY%202025%20Expenditure%20Program_Final.pdf
- Liu, X., Zhu, A., & Tang, S. (2018). Attraction and retention of rural primary health-care workers in the Asia Pacific Region. World Health Organization, Regional Office for South-East Asia. <https://apps.who.int/iris/handle/10665/272663>
- Mailani, D., Hulu, M., Simamora, M., & Kesuma, S. (2024). Resource-based view theory to achieve a sustainable competitive advantage of the firm: Systematic literature review. *International Journal of Entrepreneurship and Sustainability Studies*, 4(1), 1–15. https://www.researchgate.net/publication/384721885_Resource-Based_View_Theory_to_Achieve_a_Sustainable_Competitive_Advantage_of_the_Firm_Systematic_Literature_Review
- Casas, L. D. D., Hagag, S. R. H. M., Ho, F. D. V., Medina, R., Rodriguez, H. M., & Ulep, V. G. T. (2025). Measuring hospital performance in the Philippines: Evidence on quality, efficiency, and equity from social health insurance claims (Discussion Paper No. DP 2025-30). Philippine Institute for Development Studies. <https://doi.org/10.62986/dp2025.30>
- Oloruntoba, B., Okolo, C. A., Arowoogun, J. O., Adeniyi, A. O., & Chidi, R. (2024). Healthcare managerial challenges in rural and underserved areas: A review. *World Journal of Biology Pharmacy and Health Sciences*, 17(2), 323–330. <https://doi.org/10.30574/wjbphs.2024.17.2.0087>
- Panganiban JMS, Loreche AM, De Mesa RYH, Camiling-Alfonso R, Fabian NMC, Dans LF, et al. Promoting equitable and patient-centred care: an analysis of patient satisfaction in urban, rural and remote primary care sites in the Philippines. *BMJ Open Quality*. 2024;13:e002483. <https://doi.org/10.1136/bmjog-2023-002483>
- Roland, J., La Forgia, J., Lewis, M., Enciso, M., Coyne, A., Bermudez, E., Wang, H., Osewe, P. L., Dutta, A., & Yiengprugsawan, V. (2023). *Expanding hospital access in rural and remote areas* (ADB Brief No. 254). Asian Development Bank. <https://www.adb.org/sites/default/files/publication/900511/adb-brief-254-expanding-hospital-access.pdf>
- Ulep, V. G. T., Uy, J., Casas, L. D. D., & Nuevo, C. E. L. (2021). Assessment of the service capability and readiness of Philippine hospitals to provide high-quality health care (Discussion Paper No. 2021-32). Philippine Institute for Development Studies. <https://doi.org/10.62986/dp2021.32>
- World Health Organization. (2006). *Field manual for capacity assessment of health facilities in responding to emergencies*. World Health Organization, Regional Office for the Western Pacific. <https://www.eird.org/isdr-biblio/PDF/Field%20manual%20for%20capacity.pdf>

Appendices

No appendices are attached to this study.