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Administrators' Assessment of Power, Politics, and Governance in Public Hospitals: Inputs To a Strategic Plan

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ABSTRACT

The research paper will use the data of 160 hospital administrators in Panay, collected using questionnaires that evaluated their views of power, politics, and governance in state hospitals. It focuses on the attribute of administrators and organisational aspects in hospitals by use of four rating scales, which are Perception of Organisational Politics, Political Skills Inventory, Extent of Political Influence in Government Hospitals and Public Hospital Governance. Results show that there is moderate organisational politics in Panay, as per the public hospitals. The evaluation established that hospital administrators are mostly excellent political skills and demonstrate excellent governance. In addition, power and political skills of administrators have an effect on the governance of the hospital by the populace and are greatly associated with the duration of the administrative service.

Keywords:

Organisational politics, Political skill, Hospital governance, Power influence

1. INTRODUCTION

The healthcare organisations are not bereft of politics within them. The organisational politics is encouraged by the nature of government hospitals. Healthcare settings that are politicised, cause the staff to feel that they are not rewarded. On the other hand, non-politicised organisations are supportive of performance by reducing job stress, low employee burnout, turnover intention, and enhancing job satisfaction (Movahedi, Bidkhori, et al., 2020). There is the Local Government Code of 1991 which has decentralised the management of key government services such as the health services to the Local Government Units (LGUs). The healthcare roles of the central Department of Health (DOH) were transformed into the management of the locally elected provincial, city and municipal officers as outlined in this paradigm. The introduction of the law has been reportedly leading to politicisation of healthcare including the government hospitals. Good political acumen is required to circumvent the internal political interference and pressure in government hospitals. Political skills are needed by the hospital administrators to materialize and resolve the conflicting interests and agendas that characterize healthcare services. In order to accomplish the second objective, the article considers the effect of consumerism on the environment and how this problem can be resolved. Political ability in the health sector is shown in the work to change. The paper aimed at discussing the political competencies of the hospital administrators, presence of organisational politics in their respective areas, the level of governance and how they evaluated the level of power or political influence within their respective organisations and their part in the strategy planning. The findings will open the eyes of the hospital administrators, the Department of Health, and the academic community to the significance of power, influence, and politics in hospital management. They will help in developing programmes that will enhance governance.

2. LITERATURE REVIEW

The population is distributed in various parts of the Island in the infirmaries, community, district, provincial, State University (SUC) and Department of Health (DOH) in Panay. These hospitals will play a critical role in offering all-round medical service in Panay as well as training doctors, nurses, and other paramedical workers.

2.1. Organisational politics

Organisational politics may be defined as the exercise of power and influence within an organisation with an aim of attaining individual or organisational goals. It is capable of integrating multiple processes that include making alliances, filtering information, creating coalitions and playing power politics (Chisanga, 2024). Muiruri (2023) believes that, the organisational politics is one such factor that influences the activities, relationship and the behaviour of the organisational members. Politics can be a disputable instrument of attaining power in organisations. They believe that it has both adverse and beneficial effects. According to Dave and Nasit (2023), however, there exists the positive side of workplace politics, which does not necessarily harm all people, as long as all people are heading in the right direction. In their turn, organisational politics are one of the most important predictors of the organisational performance (Abun, Macaspac et al., 2022).

2.2. Political Skill

Political skill refers to the capacity of a person to motivate and mobilize the members to help in the achievement of the organisational goals. This competence is a combination of social intelligence and competencies that reflect the ability to learn about people and be able to work with them, influence people, and accomplish organisational objectives (Clarke, 2023). Being able to act in the political level is viewed as an individual trait developed because of the psychological attributes (Clarke, Waring, Bishop, et al., 2021). The behaviours are malleable and impressionable, this is the reason why these are the qualities that can be nurtured and enhanced. Existence of high political ability might mean knowledge of organisational strategy and agendas, which may be useful in realisation of organisational goals and advocacy of innovations (Jonson and Kahler, 2022). Over time, political skills have a varying impact on the professionals at various levels among healthcare leaders (Feitosa, Verhoeven, et al., 2021). Furthermore, Waring, Bishop et al. (2023) came up with the theory that the political abilities and behaviours may serve as the defining features of change within healthcare organisations.

2.3. Politics and Healthcare Delivery

Healthcare is a political concern (Lo, 2019). The relationship between the society and health is tricky in politics. It highlights the huge role of a political environment on the life and health opportunities of individuals (Alhassan and Castelli, 2020). The utilization of the public health policy in addressing healthcare issues such as the controversial ones has been used by numerous political leaders. A forecast made by Transparency International (downloaded 2023) has confirmed the healthcare system to be a coalition of influencers who advance their interest over the national health goals. The national government devolves power and therefore, the decisions on the provision of healthcare and financing are distributed across the local governments. This renders the central government ineffective in the distribution of resources at the local level. More powerful than the politicians in charge of the government agencies is the politicisation of the local community and appointment of the health officials including the relational aspect of the governance that is rewarding the political identity and affiliation instead of the meritocracy (Liwanag and Wyss, 2018; 2020 as cited in Yu, Lasco, David and Baysic, 2023).

2.4. Hospital Governance

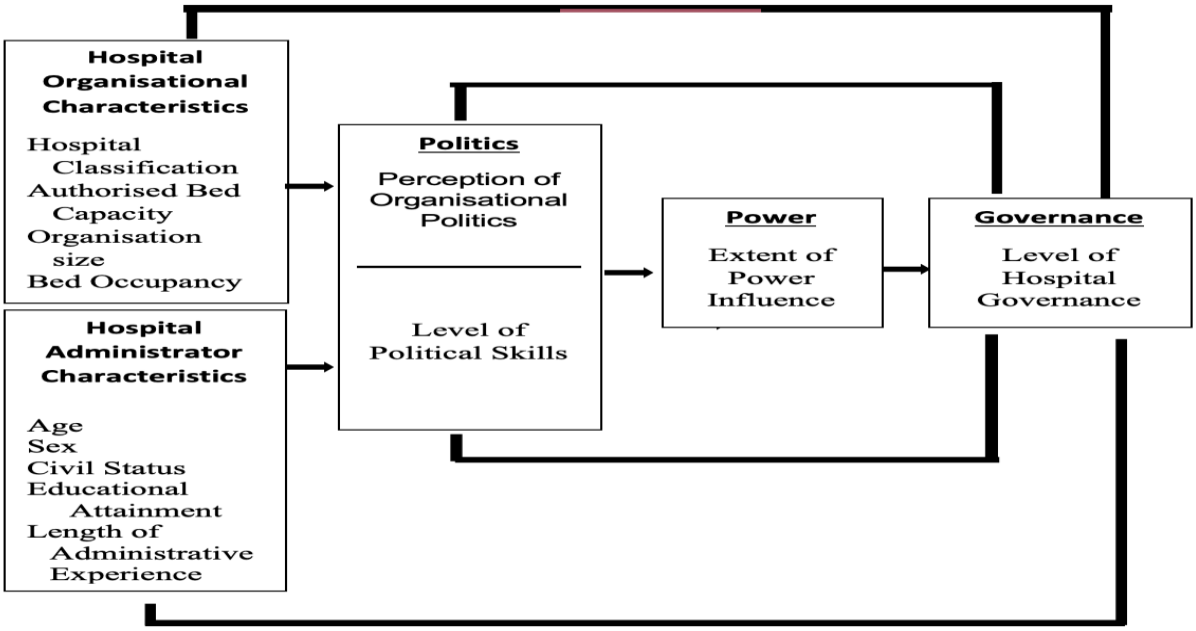
When addressing the resources provided by the government, there are never-ending problems that public hospitals face in managing the resources in an appropriate and efficient manner to offer improved services to the patients (Hajiagha, Garza-Reyes, et al., 2023). The management of the hospital provides structure and framework to strategic decision making, all the organisational activities, organisational behaviour and the complex interplay of different stakeholders. The domain of the hospital governance is taken to the normative values, such as equity, and ethics, all the way to the aspects of access, quality, responsiveness of the hospital to its patients, and patient safety. It is also comprised of the political, financial, managerial, and day-to-day operation issues (Saltman, Duran, and Dubois, 2011, as cited in Van Wiele, 2021). It further provides the strategic path in which the hospital is moving and

how it structures and distributes resources (Eeckloo et al., 2007, as quoted by Jalilvand, Raeisi, and Shaarbafchizadeh, 2024).

3. THEORETICAL AND CONCEPTUAL FRAMEWORK

The research paper employed two models that were Social Influence Theory by Kelman (1958), and Resource Dependence Theory by Pfeffer and Salancak (1978). Kelman used the social influence theory, which dictates that, perceptions, thoughts, feelings, and behaviours of an individual can alter the level of his or her governance as long as he or she believes that there is the advantage. It is also possible to indicate that people are capable of altering their attitudes, beliefs and actions or behaviours in future depending on how they observe governance that is determined by the way they view political influence. Politically, individuals are influenced and therefore choose the resultant behaviour because they are rewarded, accepted or punished or the opposite because they are disapproved (Innocent, 2021). The associated social influence is associated with the satisfaction that comes with the process effect The dependency of the key resources such as politics on the organisations influences the way they are governed according to the Resource Dependence Theory that was developed by Pfaffer and Salancak (1978). According to the theory, decisions and actions are dependent on some dependency situations. It shows how the external resources the organisation utilises affect its governance as well as impact its internal behaviour. It supposes that the ability of the organisation to access, adapt and exploit the external resources faster than the competitors, more rapidly, is one of the major conditions to the success. The principle is that resources play a significant role in organisational success and the strength is generated along with the access and control to resources. The ability to manage the external resources determines the performance of the organisation.

4. CONCEPTUAL FRAMEWORK



The research examines influences on the governance of the public hospitals based on the characteristics of the organisational features of the hospital, including the type of hospital, authorised bed capacity, the size of the organisation, and the rate of bed occupancy; the characteristics of the administrator of the organisation including the gender (male and female), the civil status, the educational level, and the years of the administrative experience; the perception of the organisational politics, the degree of These are the factors that influence the management of the public hospitals.

5. SIGNIFICANCE OF THE STUDY

The study would be helpful to hospital administrators as it will provide feedback on the level of organisational politics, the level of their political competence, the level of power influence in their institution, and governance. This first and baseline data on organisational politics in the public hospitals, the political abilities of the administrators, the degree of governance and the degree of influence wielded by politicians in the public healthcare organisations will be of use to the department of health. The investigation of how the variables, such as administrator attributes, power effect, organisational politics and personal political aptitudes influence hospital governance, will be enlightening to the student undertaking medical and paramedical studies since it reveals the implication of the variables. Similarly, local government entities and local health boards must realize that there is a necessity to guard the autonomy of the local hospitals against unnecessary power sway as well as domestic politics without infringing on the ethical benchmark as well as the clash of interests in the decision making process. In addition, the proposed research will generate findings that will be

applicable to people seeking to gain further knowledge on the factors that shape hospital governance.

6. OBJECTIVES OF THE STUDY

The study will determine how the administrators perceive power, politics and governance within the public hospitals. These are particular goals, to examine organisational variables of the hospital such as functional classification, size of organisation, bed capacity and bed occupancy rate; administrator variables such as age, sex, civil status, educational attainment and length of administrative experience; perceived organisational politics and political skills of the administrators and degree of influence of power and level of governance. The research will also be targeted at identifying the presence of any meaningful differences in political capabilities based on the nature of the administrators, the nature of political capabilities and hospital governance, as well as the connection between power influence and governance. The hypotheses of the study are the following ones: firstly, no significant differences between the perception of organisational politics based on the characteristics of the hospital organisation are expected; secondly, no significant differences between the political skills based on the characteristics of the hospital organisation are expected; thirdly, no significant differences between the political skills based on the characteristics of the administrator are expected; fourthly, no significant correlation between the political is expected.

7. METHODOLOGY

7.1. Research Design

This was a quantitative-correlational study which looked at the relationship of variables in order to

get to know how alterations in one variable affect the others. At a given time, standardised instruments were used to collect data on a selected population of respondents thus giving information into the nature of the study population.

7.2. Participants of the Study

The study respondents were 160 hospital administrators of the public hospitals located within the island of Panay in the Philippines, and they were regarded as the sample of the entire population and eligible to meet the inclusion criteria. They included hospital chiefs, Medical Centre chiefs and assistant hospital directors or division chiefs of all LGU-controlled and operated, DOH-controlled and operated hospitals in Panay regardless of sex, age, civil status, level of education, length of administration and type of hospital and authorised bed capacity, size of the organisation as well as the bed occupancy rate. This was not applicable to the administrators of hospitals in the Department of National Defence, the Philippine National Police and infirmaries operated by colleges.

7.3. Research Instrument

Primary data was collected through questionnaires specifically crafted to assess key variables. The research tool comprised five sections.

1. A) Characteristics of administrators in terms of age, sex, civil status, educational attainment, length of service and administrative experience.

B) Characteristics of hospital organisation concerning functional classification, authorised bed capacity, organisational size, and bed occupancy rate.

2. Organisational Politics. The Perception of Organisational Politics Scale (POPS) was used to measure this part and consisted of 39 items depending on Ferris, Russ, and Fandt (1989). The response was indicated on a 4 point Likert scale whereby the mean score indicated the highest score which represents a very high level of organisational politics.

3. Political Skills. The test was based on Political Skill Inventory (PSI) Scale of Ferris, Davidson, and Perrewe (2005). It consisted of a 18 item, 4 point questionnaire. The best meaning political prowess was the mean score.

4. Power Influence. The rating scale that was used in determining this section was the Extent of Political Influence in Government Hospitals Rating Scale which was developed by the researcher. It comprised 50 positively stated items that comprise different dimensions of management, which are rated on a 4-point Likert scale. The strongest average rating was used to denote a hospital environment that is highly influential.

5. Hospital Governance. The researcher developed the Public Hospital Governance Rating Scale, based on the School Governance Rating Scale developed by Muyong (1997), and the Public Hospital Governance in Asia and the Pacific: Emerging Issues and Key Lessons by Hort and Maunganidze (2015) which consisted of 47 statements on a 4-point Likert scale. The mean score was highest and it was defined as indicative of highly effective governance.

7.4. Validity

The researcher designed questionnaires were the Extent of Political Influence in Government Hospitals Rating Scale and Public Hospital Governance Rating Scale that were distributed to the panel of five specialists in research, hospital management, and academia to validate the questionnaires in terms of content, format, construction, objectivity, and clarity of the research questions. The validators were also able to provide recommendations and suggestions that were incorporated in the final version of the instrument.

7.5. Reliability Testing

The questionnaires were pilot-tested on 30 unit heads of Teresita Lopez Jalandoni Provincial Hospital in Silay City, Negros Occidental. Reliability analysis used Cronbach's alpha, with an acceptability threshold of 0.7 or higher (70% or higher) as evidence of reliability, as recommended by Tuzun, Eker, et al. (2004) and Bujang, Omar, and Baharum (2018). Using Cronbach's alpha, the Extent of Political Influence in Government Hospitals questionnaire achieved a reliability of 0.977 (97.7%), while the Public Hospital Governance questionnaire reached a reliability of 0.968 (96.8%).

7.6. Data-Gathering Procedure

Ethical approval was granted by the University Research Ethics Review Board before the process of gathering data started. On the same note, the Dean was contacted to permit the conduction of the study. Letters requesting approval to gather data were sent to the Hospital Management Office

(HMO) of the four provinces of Panay and to the individual letters to Chiefs of Hospitals in hospitals still under the control of the DOH.

7.7. Data Processing and Analysis

The responses obtained in the survey were then added up, categorised and coded and analysed with the help of the IBM SPSS Statistics (Version 20) windows version and analysed. All the inferential statistical tests were done at a significance level of 0.05. Some of the descriptive statistics that were employed in summarising and presenting the main characteristics of the data were frequencies, percentages, means and standard deviations. The SPSS Version 20.0 was used in the data analysis; different statistical methods were employed: Descriptive Statistics summarised the key characteristics of the data, frequency distributions and measures of central tendency were used to describe demographic variables. To determine whether differences that were observed between the two groups were statistically significant, a t-test was employed. On the same note, the test by Levene evaluated homogeneity of variances. Analysis of Variance (ANOVA) was used to test the null hypothesis of equal means of three or more groups. The r correlation coefficient between two continuous variables was used to measure the strength and direction of the linear relationship between two variables as used by Pearson. To compare the means of the groups when an ANOVA was significantly significant, Least Significant Difference posthoc test was used by Fisher that makes sure that the means are identified accurately.

7.8. Ethical Considerations

Ethical considerations were also considered before data collection like seeking the ethical consent of the Central Philippine University Research Ethics and Review Board. In every questionnaire, there was also the informed consent letter and ethics review protocol to seek the consent of the participants to participate. The researcher introduced the nature, purpose and objectives of the study which implied that the participation was voluntary. It was guaranteed to the respondents that their data and answers would be confidential and private according to Data Privacy Act. The researcher has not given any conflict of interest and has assured that any potential conflict would be reported in the study.

8. RESULTS AND DISCUSSION

8.1 Hospital Organisational Characteristics

Table 1 : Organisational Characteristics of Hospitals by Functional Classification, Organisation Size, Bed Capacity, and Occupancy Rate

	Total	
Categories of Variables	**f**	**%**
Functional Classification		
Infirmary	60	37.5
Level 1	74	46.3

Level 2	20	12.5
Level 3	6	3.8
Total	160	100
Number of Employees		
< 250	110	68.8
251 – 500	29	18.1
501 – 1,000	8	5.0
> 1,000	13	8.1
Total	160	100
Bed Capacity		
< 50	106	66.3
51 – 150	40	25.0
> 300	14	8.8
Total	160	100.0
Occupancy Rate		
< 60	16	10.0
61 – 80%	23	14.4
81 – 100%	111	69.4
> 100%	10	6.3
Total	160	100.0

Hospital characteristics, including functional classification, organisational size, authorised bed capacity, and bed occupancy rate, are shown in Table 1. The demographic analyses revealed the following:

8.1.1. Functional Classification: Out of the respondents of the public hospitals in Panay, 74 (46.3) were considered to belong to Level 1 hospitals, and 60 (37.5) belonged to the Infirmaries. Such a distribution suggests that the Panay-based public hospital system is still more centred on primary care and has few more specialised or tertiary services and limited service capacity, which implies limited institutional capacity to deal with complex procedures and the management of critical cases.

8.1.2. Organisation Size: Most respondents (110, 68.8%) were in hospital organisations that had less than 250 employees. Although smaller facilities can be flexible in their operations, they do not usually have the staffing diversity needed to provide a cross-functional response to provide a comprehensive and integrated service delivery (Marume et al., 2020).

8.1.3. Authorised Bed Capacity: In this specific variable, 106 respondents (66.3%) have a bed capacity of up to 50 beds whereas the rest (40)

have a bed capacity of 51-150 beds. The small number of hospitals that have medium and large capacity beds highlights the limitation of infrastructure that can be a hindrance to response in case of surge in the public health emergency, epidemic, mass casualty or disaster.

8.1.4. Bed Occupancy Rate: Most hospitals experienced an occupancy rate of 81-100%, representing 69.4% (111), with 6.3% (10)
operating at over 100% occupancy. These figures show that over 70% of facilities are functioning close to or beyond their intended capacity, indicating systemic pressures.

Categories of Variables	**Total**	
	f	**%**
Age		
35 and below	14	8.8
36 - 45	39	24.4
46 -55	58	36.3
56 and above	49	30.6
Total	160	100.0
Sex		
Male	61	38.1
Female	99	61.9
Total	160	100.0
Civil Status		
Single	34	21.3
Married	121	75.6
Separated/Widowed	5	3.1
Total	160	100.0
Educational Attainment		
Bachelor's Degree	11	6.9
Doctor of Medicine	38	23.8

Master's Degree/ Units	89	55.6
Doctorate Degree/ Units	22	13.8
Total	160	100.0
Length of Administrative Experience		
5 years or less	57	35.6
6-15 years	55	34.4
16 – 25 years	33	20.6
26 or more	15	9.4
Total	160	100.0

The characteristics of the administrators, such as age, sex, civil status, educational attainment, and length of service, are presented in Table 2. The significant trends in the results revealed:

8.2.1. Age: The administrators are reasonably spread out into three age categories. The highest number was the aged 46-55 years with 58 (36.3%), then aged 45 and under with 53 (33.1%), and aged 56 years and above with 49 (30.6%). This distribution represents a group of leaders of early, mid, and senior-career administrators.

8.2.2. Sex: Most administrators are female, accounting for 99 (61.9%), while males make up 61 (38.1%), indicating a strong female presence in public hospital leadership.

8.2.3. Civil Status: Most respondents are married at 121 (75.6%), while 34 (21.3%) are single, demonstrating that the majority effectively manage familial and professional responsibilities.

8.2.4. Highest Educational Attainment: Just over half of the administrators either hold or are pursuing a Master's degree, accounting for 89 (55.6%). This is followed by 38 (23.8%) who hold a Doctor of Medicine (MD) degree, while 22 (13.8%) do.

8.2.5. Length of Administrative Experience: The administrators with experience less than five years (35.3%) are slightly followed by six to 15 years (34.4%) group. Findings indicated that there were new, mid-tenure, and experienced healthcare leadership in the surveyed hospita

8.3. Level of Perceived Organisational Politics

Table 3

Hospitals' Level of Perceived Organisational Politics and Administrators' Level of Political Skills by Hospital Functional Classification

Functional Classification		Perceived Organisational Politics	Category	Political Skills	Category
Infirmary	N	60	High	60	Excellent
	Mean	2.50		3.26	
	Standard Deviation	.295		.307	
Level 1	N	74	Moderate	74	Excellent
	Mean	2.44		3.29	
	Standard Deviation	.321		.307	
Level 2	N	20	Moderate	20	Very Good
	Mean	2.49		3.24	
	Standard Deviation	.273		.352	
Level 3	N	6	Moderate	6	Excellent
	Mean	2.34		3.49	
	Standard Deviation	.397		.453	
Overall	N	160	Moderate	160	Excellent
	Mean	2.47		3.28	
	Standard Deviation	.308		.319	

The overall score of political skills of the participants is excellent (M = 3.28) as indicated in Table 3. This finding reveals that the majority of administrators are well prepared to operate under complicated institutional relationship, establish strategic relationship and affect organisational performance. Although all the hospital classes received excellent rating, only the Level 2 hospitals were rated as very good (M = 3.24). The marginally reduced mean implies that there is still more to

achieve in terms of strategic competencies particularly in the field of public management. As shown in Table 3, the perceived level of organisational politics among the 160 public hospital administrators surveyed across Panay Island indicates a moderate level, with a mean score of M = 2.47. This finding suggests that political behaviour occurs in public hospital settings but is neither excessive nor highly disruptive. Instead, it exists within expected or tolerable boundaries, reflecting a workplace climate where political dynamics are recognised but remain relatively manageable within hospital governance. Among hospital functional categories, infirmaries recorded the highest mean score (M=2.50, SD=0.295), indicating a high perception of organisational politics. Conversely, Level 2 hospitals achieved a mean score (M=2.49, SD=0.273), and Level 1 hospitals recorded a mean score (M=2.44, SD=0.321), both regarded as moderate. Level 3 hospitals reported the lowest mean score (M=2.34, SD=0.397), also interpreted as moderate. The findings suggest that organisational politics are present in public hospitals across Panay Island, with perceptions generally moderate.

8.4. Administrators' Perceived Level of Hospital Governance

Table 4 Hospital Administrators' Perceived Level of Hospital Governance by Hospital Functional Classification

Functional Classification		Overall Governance	Category
Infirmary	N	60	Highly Effective
	Mean	3.4299	
	Standard Deviation	.32660	
Level 1	N	74	Highly Effective
	Mean	3.4402	
	Standard Deviation	.35011	
Level 2	N	20	Highly Effective
	Mean	3.1515	
	Standard Deviation	.49464	
Level 3	N	6	Highly Effective
	Mean	3.3869	
	Standard Deviation	.46720	
Overall	N	160	Highly Effective
	Mean	3.3982	
	Standard Deviation	.37526	

Public hospital administrators across Panay Island perceive their institutions to experience moderate power and political influences. The hospital management domains of three hospitals show power and political embeddedness according to the computed overall mean which resulted in. The staff members at Level 3 hospitals report that all hospital functional levels experience power influence which they describe as only slight power impact according to Table 4. The results demonstrate that political power impacts most hospitals yet administrators observe its effects on hospital operations with varying degrees of differentness.

8.5. Administrators' Perceived Extent of Power Influence

Table 5

Administrators' Perceived Extent of Power Influence on Hospitals by Hospital Functional Classification

Functional Classification		Overall Power Influence	Category
Infirmary	N	60	Moderately Influenced
	Mean	3.1811	
	Standard Deviation	.52988	
Level 1	N	74	Moderately Influenced
	Mean	2.9874	
	Standard Deviation	.72926	
Level 2	N	20	Moderately Influenced
	Mean	2.6697	
	Standard Deviation	.69240	
Level 3	N	6	Slightly Influenced
	Mean	2.0559	
	Standard Deviation	.64598	
Overall Power Influence	N	160	Moderately Influenced
	Mean	2.9854	
	Standard Deviation	.69164	

The respondents gave their highest governance rating through their evaluation of overall governance which received a score of 3.398 according to Table 5. The public hospital administrators established their dedication to strategic decision-making through their process of developing patient-centred policies which enabled them to control hospital operations and internal organisational structures while they achieved success through key performance indicators..

8.6. Level of Political Skills According to Hospital Administrators' Personal Characteristics

Table 6

Level of Political Skills According to Hospital Administrators' Personal Characteristics

Category	N	Mean	t/F	p-value	Interpretation
Age					
35 and below	14	3.26			
36-45	39	3.34	0.866	0. 460	Not Significant
46-55	58	3.24			
56 and above	49	3.29			
Total	160	3.28			
Sex					
Male	61	3.38			
Female	99	3.28	0.611	0.435	Not Significant
Total	160	3,28			
Civil Status					
Single	34	3.28			
Married	121	3.29	0. 845	0. 432	Not Significant
Separated/Widowed	5	3.10			
Total	160	3,28			
Educational Attainment					
BS	11	3.20			
MD	38	3.28			
Masters	89	3.25	3.051	0.030	Significant
Doctorate	22	3.46			
Total	160	3.28			
Length of Administrative Experience					
5 years or less	57	3.25			
6-15 years	55	3.27			
16-25 years	33	3.31	. 829	. 480	Not Significant
26 or more	15	3.39			
Total	160	3.28			

The data analysis process requires assessment of administrator attributes which serve as essential components for political competencies. Table 6 displays the results of statistical analyses which used one-way ANOVA to test data and found no significant age differences between groups because the p value reached 0.460. The research results show educational attainment levels which exist at four distinct levels throughout the study. The age independent-samples two-tailed test showed significant results which assumed equal variances (p = 0.019).

8.7. Post Hoc Tests on the Multiple Comparisons of Political Skills

Table 7

Post Hoc Tests on the Multiple Comparisons of Political Skills among Variables in Educational Attainment

(I) Education	(J) Education	Mean Difference (I-J)	Std. Error	Sig	Interpretation
Doctorate Degree/ Units	BS	.260*	.116	.026	Significant
	MD	.181*	.084	.032	Significant
	Masters	.216*	.074	.004	Significant

The four educational groups showed significant differences in their achievements based on post hoc comparisons which used Fisher's Least Significant Difference LSD test. The group that completed a Doctorate program together with their doctoral units achieved higher scores than all other groups which included Bachelor's degree holders and MD and Master degree holders.

8.8. T-Test for Equality of Means on the Multiple Comparisons of Political Skills

Table 8. Independent Samples Test on the Multiple Comparisons of Political Skills among Variables in Educational Attainment

Independent Samples Test									
	Levene's Test for Equality of Variances		t-test for Equality of Means						
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper

Political Skill	Equal variances assumed	.354	.553	2.364	158	.019	.121	.051	.020	.222
	Equal variances not assumed			2.401	133.496	.018	.121	.050	.021	.221

*p<0.05

8.9. Relationship Between the Level of Political Skills and Hospital Governance

Table 9

Relationship Between the Level of Political Skills and Hospital Governance

Category	**Political Skills**			
	n	**r**	**p-value**	**Interpretation**
Hospital Governance	160	0.210*	0.008	Significant
Decision Making	160	0.188*	0.017	Significant
Accountability	160	0.192*	0.015	Significant
Hospital Policies	160	0.245*	0.002	Significant
Internal Organisational Structure	160	0.208*	0.008	Significant
System of Administration and Operations	160	-0.005	0.949	Not Significant

*p<0.05

Table 9 demonstrates the link between hospital administrators' political skills and hospital governance. The research results demonstrate that total political skills of hospital staff members have a strong positive relationship with their ability to manage hospital operations which was found through statistical testing that showed a correlation coefficient of 0.210 and a significance level of 0.008. The results show that administrators who possess better political skills will demonstrate more effective governance practices. The research found that multiple areas demonstrated positive connections to political skills across specific governance dimensions. The study discovered that decision-making resulted in a correlation value of (r=0.188, p=0.017) while accountability demonstrated (r=0.192, p=0.015) and hospital policies achieved (r=0.245, p=0.002) and internal organisational structure exhibited (r=0.208, p=0.008) results. The research found that administrators with better political skills demonstrate better leadership abilities for their governance duties which include policy implementation and organisational coordination and institutional accountability. The study found that the administrative system and operational system did not establish any significant connection to political skills (r = -0.005, p=0.949). The operational systems which standardised procedures and institutional regulations control

show that political skill has restricted capacity to affect their operations.

8.10. Relationship Between the Extent of Power Influence and Hospital Governance

Table 10

Relationship Between the Extent of Power Influence and Hospital Governance

Power Influence	Hospital Governance			Interpretation
	n	r	p-value	
Planning	160	0.212*	0.007	Significant
Organising	160	0.273*	0.000	Significant
Directing	160	0.226*	0.004	Significant
Reporting	160	0.279*	0.000	Significant
Staffing	160	0.155	0.050	Not Significant
Budgeting	160	0.287*	0.000	Significant
Other Management Functions	160	0.419*	0.000	Significant

*p<0.05

Table 10 illustrates the relationship between the level of power influence and administrators' perceived quality of hospital governance. The analysis revealed a statistically significant link between political influence and governance effectiveness. Strong power-influence relationships were evident in nearly all areas of demonstrated the strongest relationship (r=0.419, p<0.001). Staffing showed a weaker relationship (r=0.155, p=0.050), which is borderline at the usual 0.05 significance level. The relationship shows that people evaluate governance quality based on their perception of power which controls their view of political authority. The study shows that hospitals situated in regions with high political power use their connections to influential politicians to acquire extra resources which enable them to sustain their governance operations. The governance. Specifically, planning had a significant positive correlation (r=0.212, p=0.007), organising recorded (r=0.273, p<0.001), directing yielded (r=0.226, p=0.004), reporting was obtained (r=0.279, p<0.001), budgeting displayed (r=0.287, p<0.001), and other management functions

study found that hospitals with moderate to strong political influence experience resource problems because of conflicting priorities which results in negative assessments of their governance performance.

9. SUMMARY OF FINDINGS

The research found that most participants tested in the study were women who belonged to the age range of 46 to 55 and who were married and obtained their Master's degree or studied for their

Master's degree while having five years or less of executive work experience. Public hospitals operated at Level 1 because their organisation sizes included less than 250 employees and they maintained 50 beds or less while their hospitals reached bed occupancy rates between 81-100%. The mean value (M=2.47) showed that people perceived organisational politics at their workplaces to be present at an average level. The participants displayed strong political abilities which received an overall rating of (M=3.28).The participants from public hospitals reported that they experienced moderate power and political power which existed across all hospital management functions. The statistical analyses revealed that political skills did not show any important connections with age and sex and civil status and length of administrative work experience. The educational level of administrators showed a significant link to their political skills which reached a level of statistical significance at (p=.030). The level of political skills showed a very strong correlation with hospital governance which reached (r=0.210, p=0.008) to demonstrate a significant connection between these skills and governance standards. The degree of power or political influence had a major impact on hospital governance which produced significant results throughout all management areas.

10. CONCLUSIONS

The Panay island healthcare system functions through its Level 1 hospitals and infirmaries which provide essential medical services with their minimal healthcare personnel. The islands medical facilities cannot deliver advanced health services because the institutions do not possess enough specialized equipment and essential operational resources. The hospital operations restrict administrative leaders because their small-size facilities limit both employee numbers and patient room availability. Public hospitals serve as main operational centers which organizations use to carry out their internal political functions. The observed political activities in these environments which stay within designated political boundaries demonstrate that staff members understand political matters yet maintain control over hospital governance operations. An administrator requires political skill as their essential ability to navigate hospital politics and manage the intricate hospital system which determines how effectively governance functions. Health and politics function as essential elements that establish mutual dependence between their two domains. Public hospitals face difficulties in their governance system because political activities and power structures function at all levels of their organization from executive offices to operational duties. The research findings show that political power functions as a major force throughout all vital activities of hospital management especially during the planning and organizational development processes. These functions enable strategic management of both personnel resources and equipment resources. People develop political skills through learning process. Development occurs when people learn from their experiences while they pursue educational activities that help them enhance their abilities. This trainable skill element shows how essential intentional learning and development work become for leaders and professionals who aim to advance their careers in effective public healthcare administration. Hospital administrators use their administrative duties to develop political skills which help them gain expertise in political matters. The relationship

between political control and hospital operations proves that political elements create a major impact on hospital management practices. The presence of political power throughout hospital management operations indicates that healthcare organizations now function under political control instead of their original mission to provide medical services. The study results need further research together with mandatory policy changes and security precautions which will protect political independence for public hospitals while enabling them to deliver patient services and operate their facilities. The strong positive relationship between administrators' political skills and governance effectiveness underscores the hypothesised significant influence of political skill on good governance. The connection shows that public hospital administrators who develop political skills will achieve higher hospital governance efficiency. The effective governance of hospitals requires the combination of official regulatory systems and the development of personal connections through informal community networks according to the study results.

11. RECOMMENDATIONS

The strategic development of healthcare facilities on Panay island requires the conversion of existing infirmaries into Level 1 and Level 2 hospitals and the development of Level 3 centers which will provide advanced medical facilities while decreasing the need for primary care treatment. Public hospitals need administrators who demonstrate political skill development as a vital competence for effective governance. All leadership and management training programmes need to incorporate political skill modules. The establishment of clear boundaries between political offices and hospital operations presents a difficult challenge. The institutional protection system should develop security measures which prevent political powers from taking control of public hospitals because such actions undermine public trust and institutional integrity. The official position descriptions and public health administration curricula need to recognize political skill as an essential competency which determines effective governance according to this study's findings. Researchers should use qualitative methods to study how hospital administrators develop adaptive strategies and behaviors which help them operate successfully within organizations that maintain strong political ties.

12. DECLARATION OF CONFLICT OF INTERESTS

The author has stated that there are no competing interests.

13. DISCLAIMER (ARTIFICIAL INTELLIGENCE)

The author used ChatGPT together with other generative AI tools to improve the writing quality and structural organization of both the Introduction and Related Work sections. The team used Grammarly to check grammar and spelling errors together with plagiarism detection while Quillbot produced brief and understandable summaries and material paraphrases. The tools operated as reading improvement tools because they did not develop new content or perform data analysis or produce final results. The author checked all created content to confirm its authenticity and originality.

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