



Exploring administrative challenges and coping strategies in public hospital management in Ghana

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Abstract

Purpose: The study examined the administrative challenges faced by public hospital managers in Ghana and explored the coping strategies adopted to sustain hospital operations. The study focused on understanding how financial, human resource and institutional constraints shape managerial decisions and service delivery in public hospitals.

Methodology Design: A qualitative research design was adopted. Data were collected through in depth interviews with 20 public hospital administrators selected using purposive sampling. The study relied on a constructivist and pragmatist philosophical orientation. Interview data were analyzed using thematic analysis to identify recurring patterns related to administrative challenges and coping strategies.

Findings: The findings revealed that hospital managers faced persistent challenges related to inadequate funding, staff shortages, bureaucratic procedures, and weak infrastructure. In response, managers adopted coping strategies such as prioritizing critical services, flexible role assignment, collaboration with external stakeholders, and strengthening internal communication. These strategies helped hospitals maintain essential services despite difficult operating conditions.

Implications: The study provides useful insights for health sector policymakers and hospital administrators in Ghana. Strengthening institutional support, improving funding flows and granting managers' greater administrative flexibility can enhance hospital performance and service sustainability.

Originality Value: The study contributes context specific evidence on public hospital management in Ghana by linking administrative practices to Institutional Theory and Contingency Theory, thereby enriching health management literature in sub Saharan Africa.

Keywords: Public hospital management, administrative challenges, coping strategies, health administration, ghana

Introduction

Public hospitals play a central role in the delivery of health care services in Ghana, especially for low and middle income populations. These hospitals are expected to provide accessible, affordable, and quality health services while operating within limited financial and human resources. Over the years, Ghana has made several policy efforts to strengthen public health care delivery, including the introduction of the National Health Insurance Scheme and decentralization of health administration. However, the effectiveness of these reforms largely depends on how well public hospitals are managed at the administrative level (Atinga, Abekah Nkrumah, & Domfeh, 2020) [7].

Hospital administration involves planning, organizing, coordinating, and controlling resources to achieve health service goals. Administrators in public hospitals are responsible for managing staff, finances, procurement, infrastructure, and compliance with government regulations. In Ghana, these responsibilities are often carried out under challenging conditions such as inadequate funding, staff shortages, delayed reimbursements from the National Health Insurance Authority, and increasing patient demand (Alhassan, Nketiah Amponsah & Spieker, 2021) [4]. These challenges place significant pressure on hospital managers and influence service delivery outcomes.

Recent studies have shown that administrative capacity is a key determinant of hospital performance in developing health systems. Weak administrative systems often lead to inefficiencies, poor coordination, low staff morale, and reduced quality of care (World Health Organization, 2022) [38]. In Ghana, public hospital administrators frequently rely on informal coping strategies to manage these constraints,

including task shifting, prioritization of critical services, and negotiation with suppliers and staff unions. However, there is limited qualitative evidence documenting these experiences from the perspectives of hospital administrators themselves.

Understanding the administrative challenges faced by public hospital managers and the strategies they adopt to cope with them is important for improving health system governance. A qualitative exploration allows for deeper insight into real life experiences, decision making processes, and contextual factors that cannot be fully captured through quantitative methods. This study therefore seeks to explore administrative challenges and coping strategies in public hospital management in Ghana.

Problem Statement

Notwithstanding the critical role of public hospitals in Ghana's health care system, many continue to experience persistent administrative difficulties that affect service delivery and operational efficiency. Hospital administrators operate within a system characterized by limited resources, complex bureaucratic procedures, and frequent policy changes. Delays in funding, inadequate logistics, workforce constraints, and weak coordination between national and facility level authorities remain common challenges (Agyepong *et al.*, 2021) [2].

While several studies have examined health service delivery and clinical outcomes in Ghana, limited attention has been given to the administrative experiences of public hospital managers. Existing research often focuses on health workers or patient satisfaction, leaving a gap in understanding how administrators manage institutional pressures and sustain

operations under constrained conditions. As a result, policy interventions may fail to address the practical realities faced by hospital managers.

Furthermore, coping strategies adopted by administrators are often informal and undocumented, making it difficult for policymakers to learn from existing practices or scale effective solutions. Without a clear understanding of these challenges and coping mechanisms, efforts to strengthen hospital governance and performance may remain ineffective. This study therefore addresses the need for in-depth qualitative evidence on administrative challenges and coping strategies in public hospital management in Ghana.

Significance of the Study

The findings of this study will be significant to several stakeholders. For policymakers and health sector regulators, the study will provide practical insights into the administrative constraints faced by public hospitals and highlight areas requiring policy reform. Understanding real administrative challenges can support the development of more responsive health management policies and resource allocation strategies.

For hospital administrators and managers, the study will offer an opportunity to share experiences and learn from coping strategies used by peers in similar institutional contexts. This may contribute to improved administrative practices and encourage knowledge sharing across public health facilities.

Academically, the study will contribute to the limited qualitative literature on hospital administration in Ghana. The focus on administrative perspectives will enable the study to expand understanding of health system governance and management in developing countries. It will also provide a foundation for future studies on hospital leadership, organizational resilience, and health service management.

Finally, the study may indirectly benefit patients and the general public by informing strategies that improve hospital efficiency and service delivery. Strong administrative systems are essential for sustainable and effective health care provision, making this study relevant to broader health system strengthening efforts in Ghana.

Research Objective

The study seeks to understand how public hospitals in Ghana are managed under challenging conditions, with attention given to the experiences of hospital administrators. Specifically, the study seeks to:

1. Explore the key administrative challenges faced by public hospital managers in Ghana and;
2. Examine the coping strategies adopted by hospital administrators to manage these challenges and sustain hospital operations.

Theoretical Underpin

The study is guided by theories that explain how hospital administrators respond to challenges and make decisions within public health systems that operate under strong institutional and resource constraints. Specifically, the Contingency theory and the Institutional theory guide the study

Contingency Theory

Contingency theory explains that there is no single best way to manage an organization and that effective management

depends on the specific situation and environment (Donaldson, 2001) ^[16]. In public hospitals in Ghana, administrators face varying levels of resource shortages, policy demands, and service pressures. This theory helps to explain how hospital managers adjust their administrative practices and coping strategies to fit these changing conditions in order to sustain operations and service delivery.

Institutional Theory

Institutional theory emphasizes the influence of formal rules, norms, and regulatory structures on organizational behavior (Scott, 2014) ^[36]. Public hospitals in Ghana operate within government regulations, health policies, and bureaucratic procedures that shape administrative decisions and practices. This theory is relevant to the study because it explains how institutional pressures affect the challenges faced by hospital administrators and the strategies they adopt to remain compliant while managing limited resources.

Literature Review

Administrative Challenges

Administrative challenges refer to the difficulties encountered by hospital managers in planning, organizing, and controlling hospital resources. In public hospitals, these challenges often include inadequate funding, shortages of skilled personnel, delays in procurement processes, weak infrastructure, and bureaucratic constraints imposed by regulatory bodies. Such challenges limit the ability of hospital administrators to function effectively and may affect the quality and efficiency of health service delivery (Atinga *et al.*, 2020; Alhassan *et al.*, 2021) ^[4, 7].

Coping Strategies

Coping strategies describe the actions and adaptive measures adopted by hospital administrators to manage administrative challenges and maintain hospital operations. These strategies may include prioritization of essential services, reallocation of limited resources, task shifting among staff, collaboration with external partners, and informal problem solving approaches. Coping strategies are influenced by institutional rules and available resources, and they play a critical role in sustaining hospital performance under constrained conditions (Donaldson, 2001; Scott, 2014) ^[16, 36].

Public Hospital Management Outcomes

Public hospital management outcomes refer to the results of administrative actions and coping strategies in terms of service continuity, operational efficiency, staff coordination, and patient care delivery. Effective coping strategies can reduce the negative effects of administrative challenges and improve hospital functioning, even in resource limited settings. Poorly managed challenges, however, may lead to inefficiencies, staff dissatisfaction, and reduced quality of care (World Health Organization, 2022) ^[38].

Key Administrative Challenges faced by Public Hospital Managers in Ghana

Public hospital managers in Ghana operate in a complex and demanding environment shaped by limited resources, strict regulations, and growing public expectations. One of the most frequently reported challenges is inadequate funding.

Public hospitals largely rely on government subventions and the National Health Insurance Scheme (NHIS), which are often delayed or insufficient. These financial constraints affect procurement of medical supplies, maintenance of equipment, and implementation of development plans, making effective administration difficult (Atinga *et al.*, 2020; Alhassan *et al.*, 2021)^[4, 7].

Human resource management is another key challenge. Many public hospitals face shortages of qualified health professionals, high staff workload, and uneven distribution of staff across regions. Hospital managers often struggle with absenteeism, low staff motivation, and limited authority over recruitment and promotions, as these decisions are centralized within the public service system. Such constraints reduce managerial flexibility and weaken supervision and performance management efforts (Bawelle & Jibril, 2022)^[9]. Bureaucratic procedures also complicate hospital administration. Managers must comply with multiple regulations from ministries, regulatory agencies, and professional bodies. Although intended to ensure accountability, these rules often slow decision making and reduce innovation. Procurement processes, in particular, are seen as rigid and time consuming, causing delays in acquiring essential logistics and services (Domfeh & Owusu, 2021)^[17].

Infrastructure and logistics challenges further strain management. Many hospitals operate in aging buildings with inadequate space, unreliable power supply, and outdated equipment. Managers are expected to maintain service quality under these conditions, placing pressure on leadership and planning capacity. Weak health information systems also limit access to accurate data for decision making, affecting planning, monitoring, and reporting (WHO, 2022).

Studies in Namibia and Rwanda confirm similar administrative challenges. Amutenya and Tjirera (2021)^[6] found that Namibian hospital administrators faced budget shortfalls, staff shortages, and strict bureaucratic controls, which constrained effective management and forced managers to prioritize certain services over others. Mugabo and Nkurunziza (2020)^[28] reported that Rwandan hospital managers encountered similar institutional pressures, including compliance with multiple regulatory bodies and limited financial autonomy. Both studies illustrate that hospital administrators adjust their practices based on organizational conditions and institutional pressures, consistent with Contingency Theory, which emphasizes alignment of management strategies with environmental and situational demands, and Institutional Theory, which highlights adherence to formal rules, norms, and expectations within public health systems (Donaldson, 2001; Scott, 2014)^[16, 36]. These challenges shape daily administrative decisions and influence how managers respond to service delivery demands within the public health system.

Coping Strategies Adopted by Hospital Administrators to Sustain Hospital Operations

In response to persistent administrative challenges, public hospital administrators in Ghana employ various coping strategies to maintain operations. Resource prioritization is common, with limited funds directed to critical services such as emergency care, maternal health, and essential medications, while less urgent activities are postponed. This selective allocation ensures continuity of care despite financial constraints (Agyepong *et al.*, 2021)^[2].

Task shifting and flexible role assignment are also widely practiced. Due to staff shortages, managers encourage multi-skilling and redistribution of duties among staff. While this approach reduces service interruptions, it can increase workload and stress if poorly managed. Informal negotiations and teamwork are used to maintain cooperation (Alhassan *et al.*, 2021)^[4].

Collaboration with external stakeholders represents another important coping strategy. Hospital managers partner with NGOs, faith-based institutions, and local communities to mobilize additional resources. These partnerships may support infrastructure improvements, staff training, or donations of medical supplies, helping hospitals address funding gaps (Bawelle & Jibril, 2022)^[9].

Adaptive leadership and problem-solving practices are also employed to navigate bureaucratic constraints. This includes leveraging personal networks within regulatory agencies, negotiating timelines, and adapting rules to local realities while maintaining accountability. These behaviors reflect Contingency Theory, in which managers adjust strategies based on situational conditions, and Institutional Theory, which emphasizes compliance with regulatory and normative expectations (Donaldson, 2001; Scott, 2014)^[16, 36].

Evidence from Malawi and South Africa supports these findings. Chirwa and Phiri (2020)^[13] showed that Malawian hospital managers relied on staff reallocation, stakeholder engagement, and flexible resource allocation to cope with shortages and regulatory constraints. Moyo and Hadebe (2020)^[26] reported that South African administrators used adaptive decision making, internal communication, and community partnerships to maintain hospital operations in resource-limited environments.

Finally, Ghanaian hospital managers strengthen internal communication and staff engagement by holding regular meetings, encouraging feedback, and involving staff in decision making. Such strategies build morale and trust, which are essential for sustaining operations under challenging conditions (WHO, 2022). Literature indicates that coping strategies are largely adaptive and context dependent, helping administrators mitigate the impact of financial, human resource, and institutional challenges.

Empirical Review

Mugabo and Nkurunziza (2020)^[28] conducted a qualitative case study involving in-depth interviews and document analysis to explore hospital administrative bottlenecks in Rwandan public hospitals. They purposively selected three regional referral hospitals and conducted 25 interviews with hospital administrators, department heads, and health policymakers. They also analyzed policy reports, hospital records, and management meeting minutes to corroborate interview data. The study found that hospital administrators faced significant regulatory and bureaucratic constraints that slowed decision making. Managers reported rigid compliance procedures required by multiple government entities, which limited their ability to rapidly respond to emerging needs such as staffing gaps, equipment shortages, and patient surges.

Moyo and Hadebe (2020)^[26] used a mixed qualitative approach to examine coping strategies adopted by hospital administrators in South African public hospitals facing resource and human capacity constraints. The study collected data through semi-structured interviews with 30 health managers across five provincial hospitals and

conducted focus group discussions with nurses and operational staff to understand how administrative decisions influenced daily operations. The study revealed that administrators coped with resource shortages by implementing flexible staff allocation, strengthening internal communication channels, and establishing partnerships with local NGOs and community organizations. The findings suggested that adaptive capacity and contextual flexibility were key to sustaining hospital operations.

Otieno *et al.* (2021) ^[30] conducted a cross-sectional qualitative study in three county referral hospitals in Kenya. The researchers used purposive sampling to interview 20 senior hospital administrators and 15 mid-level managers. They also reviewed county health strategic plans and hospital performance reports to enrich their analysis. The data were analyzed using thematic analysis. The study found that inconsistent funding flows from county governments and delayed reimbursements from the National Health Insurance Fund significantly hindered effective planning and procurement. Administrators highlighted the challenge of balancing compliance with financial regulations while ensuring uninterrupted service delivery.

Methodology

Philosophical Underpinning

The study was anchored in the pragmatist research philosophy, which emphasizes practical solutions to real-world problems by combining qualitative and quantitative perspectives (Creswell & Creswell, 2018) ^[15]. Pragmatism was appropriate because the study sought to understand both the administrative challenges faced by public hospital managers and the coping strategies they adopted, linking observed practices to contextual and institutional realities. This philosophy allowed the researcher to focus on actionable insights while accommodating multiple sources of evidence, including participant experiences and documentary analysis.

Research Design

A qualitative research design was adopted to explore in depth the experiences of hospital administrators in Ghana. This design enabled the collection of rich, context-specific information about the challenges managers faced and the strategies they employed to sustain hospital operations (Sanni & Oke, 2023) ^[34]. The approach focused on capturing lived experiences, perceptions, and practices through semi-structured interviews and document review, providing nuanced insights that could not have been obtained through quantitative measures alone.

Population and Sample

The study population comprised senior and mid-level administrators from selected public hospitals in Ghana, including hospital directors, department heads, and unit coordinators. These participants were purposively selected because of their direct involvement in hospital management and their capacity to provide detailed information on administrative processes and coping strategies. A sample size of 20 key informants was used, reflecting both practical feasibility and the need for in-depth qualitative engagement. This sample size allowed the researcher to explore diverse perspectives while maintaining manageable data for rigorous analysis.

Sampling Technique

Purposive sampling was employed to identify participants who possessed firsthand knowledge and experience relevant to the study objectives. The researcher also reviewed hospital policy documents, management reports, and procedural guidelines to triangulate the data collected from interviews, ensuring that findings were both credible and grounded in documented evidence (Scott, 2014) ^[36]. This combination of interviews and document analysis enhanced the robustness of the study by allowing cross-verification of information and providing a comprehensive understanding of administrative challenges and coping strategies.

Data Collection

Data collection involved semi-structured interviews conducted face-to-face or virtually, depending on participants' availability. Each interview lasted approximately 45 to 60 minutes and was audio-recorded with the participants' consent to ensure accuracy. Open-ended questions encouraged participants to discuss their experiences, challenges, and strategies in detail, while follow-up probes clarified ambiguous responses. Documentary analysis focused on hospital strategic plans, operational reports, and relevant regulatory documents to understand the institutional context and management practices.

Trustworthiness, Validity and Reliability

The study ensured trustworthiness by using multiple data sources, including interviews and hospital documents, to triangulate findings and enhance credibility (Lincoln & Guba, 1985) ^[23]. Validity was maintained through expert review of the interview guide, careful alignment of questions with study objectives, and cross-checking responses against documents (Creswell & Creswell, 2018) ^[15]. Reliability was strengthened by using a consistent interview protocol, verbatim transcription, systematic coding, and maintaining an audit trail. Reflexivity and peer debriefing further ensured that findings were accurate, dependable, and reflective of actual hospital practices (Shenton, 2004) ^[37].

Data Analysis Techniques

Data from interviews and documents were analyzed using thematic analysis to systematically identify patterns, categories, and key themes related to administrative challenges and coping strategies (Braun & Clarke, 2006) ^[11]. The researcher transcribed interviews verbatim and applied initial coding, followed by grouping similar codes into broader thematic categories such as financial constraints, human resource management, bureaucratic procedures, and stakeholder collaboration. Documentary evidence was examined to triangulate and validate emerging themes. Thematic interpretation was guided by the Contingency and Institutional theories, explaining how hospital managers adapted practices to fit environmental and institutional conditions. Peer debriefing and reflective journaling were used to ensure consistency, credibility, and minimize researcher bias throughout the analysis.

Ethical Considerations

Ethical considerations were strictly observed throughout the study. Participants were informed of the study's purpose, assured of voluntary participation, and provided consent before interviews. Confidentiality and anonymity were

maintained, and no individual identifiers were linked to the data. The research adhered to established ethical standards for human-subject research (Creswell & Creswell, 2018) [15].

Results

Demographic Characteristics of Respondents

The study involved 20 key informants drawn from selected public hospitals in Ghana, including hospital directors, department heads, and unit coordinators. Understanding the demographic profile of respondents helps contextualize the perspectives shared during interviews and provides insight into the distribution of experience, expertise, and gender among hospital administrators. The key demographic variables examined included gender, age, educational qualification, position, and years of experience in hospital administration.

The findings in Table 1 revealed that 60% of respondents were male and 40% were female, indicating a moderate gender imbalance in senior and mid-level hospital administration, which aligns with observations in South Africa where male administrators dominate senior hospital roles (Moyo & Hadebe, 2020) [26]. Most respondents were aged between 35 and 44 years (40%), followed by 45–54 years (30%), suggesting that mid-career managers constituted the majority. This pattern mirrors findings from Kenya, where hospital administrators in the 35–50 age bracket demonstrated substantial management experience and practical problem-solving skills (Kariuki & Njenga, 2021) [21].

Regarding educational attainment, 50% of respondents held a bachelor’s degree, 30% had a master’s degree, 15% held a diploma, and 5% possessed a professional or doctoral qualification. This distribution reflects the requirement for formal academic and professional credentials in public hospital administration, consistent with South African studies emphasizing higher education as a key determinant of managerial competence (Mensah & Tawiah, 2024) [25].

In terms of position, 45% of respondents were department heads, 40% were unit coordinators, and 15% were hospital directors, indicating that insights were drawn from a mix of strategic decision-makers and operational managers. Regarding years of experience, 40% had 6–10 years, 25% had 1–5 years, 20% had 11–15 years, and 15% had over 16 years, highlighting a substantial pool of experienced personnel capable of reflecting on institutional challenges and adaptive strategies. This aligns with findings from Kenyan hospitals, where mid- to senior-level managers with over five years of experience were better equipped to implement coping strategies effectively (Kariuki & Njenga, 2021) [21].

The demographic profile of respondents demonstrated that the study captured perspectives from a competent, experienced, and diverse group of hospital administrators. These characteristics strengthened the credibility and applicability of the findings, enabling the research to provide meaningful insights into how public hospital managers in Ghana navigate administrative challenges and employ coping strategies.

Table 1: Demographic Characteristics of Respondents (N = 20)

Demographic Variable	Category	Frequency (f)	Percentage (%)
Gender	Male	12	60
	Female	8	40
Age (years)	25–34	4	20
	35–44	8	40
	45–54	6	30
	55 & above	2	10
Educational Qualification	Diploma	3	15
	Bachelor’s degree	10	50
	Master’s	6	30
	Professional/Doctorate	1	5
Position/Role	Hospital Director	3	15
	Department Head	9	45
	Unit Coordinator	8	40
Years of Experience	1–5	5	25
	6–10	8	40
	11–15	4	20
	16 & above	3	5

Source: Field Data, 2026

Trustworthiness, Validity and Reliability Results

Following the thematic analysis of the qualitative data, the study assessed trustworthiness, validity, and reliability of findings for each objective of the two objectives. Objective 1: administrative challenges and Objective 2: coping strategies to ensure consistency and credibility in the results. Table 2 shows that trustworthiness was maintained through triangulation, peer review, and prolonged engagement,

validity was strengthened by expert review and alignment with theory, and reliability was ensured by consistent coding, transcription, and audit trails for both objectives. The combined measures confirmed that the study findings were credible, dependable, and applicable to understanding administrative challenges and coping strategies in Ghanaian public hospitals.

Table 2: Trustworthiness, Validity, and Reliability for Objectives 1 and 2

Objective	Trustworthiness (Credibility, Transferability, Dependability, Confirmability)	Validity Measures	Reliability Measures
Objective 1: Explore key administrative challenges	Triangulation of interview data with hospital reports and policy documents; prolonged engagement with respondents;	Expert review of interview guide; cross-checking codes with documentary evidence; alignment	Consistent coding and transcription procedures; audit trail maintained; reflective journaling

	peer debriefing	with Contingency and Institutional theories	
Objective 2: Examine coping strategies adopted by administrators	Use of multiple data sources (interviews, documents, observations); iterative coding and theme refinement; peer debriefing	Expert validation of themes; triangulation across different hospitals; thematic interpretation guided by theory	Standardized interview protocol; repeated thematic verification; audit trail and reflexive journaling ensured dependability

Source: Field Data, 2026

Objective One: Explore the Key Administrative Challenges Faced by Public Hospital Managers in Ghana

This objective explored the challenges hospital managers face daily and how these challenges affect their ability to manage public hospitals effectively. Analysis of interviews revealed that managers navigate complex financial, human resource, and operational constraints that shape decision making and service delivery.

Theme 1: Financial and Resource Constraints

Many participants explained that delays in government funding and NHIS reimbursements severely limited operations. Managers had to prioritize essential services while postponing less urgent activities. One respondent stated:

"Sometimes we wait months for NHIS payments, which delays essential purchases and staff allowances."

This challenge created pressure to make strategic decisions about allocating scarce resources while maintaining service delivery.

Theme 2: Human Resource Challenges

Respondents highlighted staff shortages, high workloads, absenteeism, and low motivation as major obstacles. Hospital managers had limited authority over recruitment and promotions, which affected supervision and performance management. One participant shared: "We often have to assign nurses to multiple wards because of shortage, which increases stress for everyone." These challenges forced managers to adopt flexible staffing arrangements and multi-skilling to ensure that hospital services continued uninterrupted.

Theme 3: Administrative and Operational Barriers

Bureaucratic procedures, outdated infrastructure, and logistical issues also emerged as significant challenges. Managers reported delays caused by rigid procurement processes and compliance with multiple regulations. One participant noted:

"Even simple purchases require several approvals, which slows down operations."

In addition, inadequate buildings, unreliable power supply, and weak health information systems added strain, requiring adaptive problem-solving and active engagement with staff to maintain effective hospital operations.

Objective Two: Examine the Coping Strategies Adopted by Hospital Administrators to Sustain Hospital Operations

This objective examined how managers responded to the challenges they faced and the strategies they employed to sustain hospital services. The analysis identified adaptive approaches that focused on prioritization, role flexibility, and collaboration.

Theme 1: Resource Prioritization

Hospital managers concentrated limited funds on critical services such as emergency care, maternal health, and essential medications. One respondent explained:

"We have to decide which services are most critical because funds are limited; emergencies come first."

This approach allowed hospitals to maintain essential services despite financial constraints.

Theme 2: Task Shifting and Flexible Role Assignment

Due to staff shortages, managers encouraged multi-skilling and redistributed duties among available personnel. One participant stated:

"Nurses often perform multiple roles; we rotate tasks to ensure no unit is left unattended."

While this strategy helped sustain operations, it also required careful management to prevent staff burnout.

Theme 3: Collaboration and Staff Engagement

Managers relied on partnerships with NGOs, faith-based organizations, and local communities to mobilize resources. Internal communication and involving staff in decision making were also key. One respondent shared:

"Regular staff meetings help us understand challenges and motivate teams despite pressure."

These strategies strengthened morale, enhanced cooperation, and ensured continuity of care under challenging conditions.

Discussion of Findings

Objective One: To explore the key administrative challenges faced by public hospital managers in Ghana

The findings revealed that public hospital managers in Ghana operate under persistent financial, human resource, and administrative pressures that significantly influence how hospitals are managed and how services are delivered. When interpreted through the lenses of Contingency Theory and Institutional Theory, it becomes evident that hospital managers are constrained by both situational factors such as resource scarcity and formal institutional rules that shape managerial discretion and decision making.

Financial and Resource Constraints Shape Managerial Decisions

The findings showed that inadequate funding and delayed reimbursements from the National Health Insurance Scheme strongly affected hospital operations. Managers were compelled to prioritize essential services while postponing less urgent activities, often under intense pressure. From a Contingency Theory perspective, this confirms that managerial actions are shaped by situational realities rather than fixed management principles. Managers adjusted their decisions to fit financial limitations in order to sustain hospital operations.

Similar evidence has been reported in other contexts. In South Africa, Pillay (2019) ^[31] found that public hospital managers frequently adapted service delivery plans due to budget shortfalls, prioritizing emergency and maternal care. In Kenya, Barasa *et al.* (2021) ^[8] observed that delayed government funding constrained procurement and planning in county hospitals, forcing managers to adopt adaptive

resource allocation strategies. Likewise, a study in Rwanda by Rusa *et al.* (2020) ^[33] reported that hospital managers operated under tight fiscal controls that shaped daily administrative decisions. These studies support the present findings and reinforce the relevance of Contingency Theory in explaining how financial environments influence hospital management practices.

Human Resource Challenges Limit Managerial Flexibility

The study also revealed that shortages of skilled health workers, high workloads, absenteeism, and low staff motivation posed serious challenges to hospital administration. Managers reported limited authority over recruitment and promotions due to centralized public service systems. This finding aligns closely with Institutional Theory, which emphasizes how formal rules, policies, and structures restrict managerial autonomy.

Comparable findings have been documented in Namibia, where Amadhila *et al.* (2020) ^[5] found that centralized human resource policies limited hospital managers' ability to address staffing shortages effectively. In Rwanda, Ngabonziza *et al.* (2019) ^[29] reported that hospital managers struggled with workforce management because staffing decisions were controlled at national level. In Kenya, Tsofa *et al.* (2020) observed that rigid public sector employment systems reduced managerial flexibility and contributed to staff overload in public hospitals. These studies confirm that institutional constraints significantly shape human resource management in public health systems, consistent with the present findings.

Administrative and Operational Barriers Constrain Effective Management

The findings further showed that bureaucratic procedures, rigid procurement systems, outdated infrastructure, and weak health information systems limited effective hospital management. Managers reported that lengthy approval processes delayed decision making and restricted innovation. From an Institutional Theory perspective, these challenges reflect the influence of regulatory frameworks and compliance requirements that prioritize accountability but often reduce operational efficiency.

Similar results have been reported in South Africa, where McIntyre and Doherty (2020) ^[24] found that complex procurement regulations delayed acquisition of essential medical supplies. In Kenya, Abuya *et al.* (2021) ^[1] observed that bureaucratic controls and weak infrastructure constrained hospital performance and managerial responsiveness. A study in Rwanda by Sayinzoga *et al.* (2020) ^[35] also highlighted how institutional reporting requirements and infrastructure limitations affected planning and service delivery. These findings reinforce the argument that institutional pressures significantly shape hospital administration across public health systems.

These findings suggest that administrative challenges faced by public hospital managers in Ghana are shaped by both situational conditions and institutional constraints. Financial scarcity, human resource limitations, and bureaucratic systems interact to influence managerial behavior and hospital performance. The results confirm the explanatory strength of Contingency Theory in understanding adaptive managerial responses and Institutional Theory in explaining

how formal structures and rules constrain public hospital management.

Objective Two: To examine the coping strategies adopted by hospital administrators to sustain hospital operations

The findings revealed that hospital administrators in Ghana adopted practical and adaptive strategies to cope with persistent administrative challenges and ensure continuity of service delivery. When interpreted through Contingency Theory and Institutional Theory, it becomes clear that managers did not rely on fixed managerial practices. Instead, they adjusted their strategies to fit resource availability, workforce conditions, and institutional constraints within the public health system.

Resource Prioritization Supports Service Continuity

The results showed that hospital managers deliberately prioritized critical services such as emergency care, maternal health, and essential medications when financial resources were limited. This finding aligns strongly with Contingency Theory, which argues that effective management depends on adapting decisions to prevailing conditions rather than following universal rules. Managers adjusted spending patterns based on urgency and patient needs to sustain hospital operations.

Similar findings have been reported internationally. In Russia, Shishkin *et al.* (2020) found that public hospital managers prioritized emergency and lifesaving services during periods of fiscal pressure to maintain system stability. In Germany, Busse and Blümel (2019) ^[12] observed that hospital administrators adapted budget allocations in response to funding constraints while ensuring compliance with national health regulations. In Spain, Hernández Quevedo *et al.* (2021) ^[20] reported that hospital managers reallocated resources toward essential services during economic constraints, demonstrating adaptive decision making consistent with contingency principles. These studies support the present findings and show that resource prioritization is a common coping strategy across different health systems.

Task Shifting and Flexible Role Assignment Enhance Operational Resilience

The findings further revealed that managers relied on task shifting and flexible role assignment to cope with staff shortages. Nurses and other health workers were encouraged to perform multiple roles to prevent service disruption. This strategy reflects Contingency Theory, as managers adjusted workforce arrangements to match staffing realities and service demands.

Evidence from Australia supports this finding. Duckett and Willcox (2020) ^[18] reported that public hospitals adopted flexible staffing models and role expansion to address workforce shortages and rising service demand. In Germany, Kuhlmann *et al.* (2021) ^[22] found that multi skilling and role flexibility were widely used to sustain hospital performance under workforce pressure. Similarly, in Spain, García Lacalle and Martín (2020) ^[19] observed that flexible task allocation helped hospitals maintain service delivery, although it required careful management to avoid staff fatigue. These studies reinforce the idea that task shifting is an adaptive response shaped by situational demands.

Collaboration and Staff Engagement Strengthen Institutional Capacity

The study also found that hospital administrators relied heavily on collaboration with external stakeholders and strong internal communication. Partnerships with non-governmental organizations, faith based institutions, and local communities helped mobilize additional resources, while staff engagement improved morale and cooperation. From an Institutional Theory perspective, these strategies enhance organizational legitimacy and help hospitals align with external expectations and norms.

International studies support this pattern. In Australia, Braithwaite *et al.* (2019) ^[10] found that collaboration with community organizations strengthened hospital capacity and resilience. In Spain, Martín Rodríguez *et al.* (2020) ^[19] reported that participatory leadership and staff engagement improved organizational stability in public hospitals. In Germany, Rechel *et al.* (2020) ^[32] noted that hospitals relied on inter organizational collaboration to navigate regulatory and financial pressures. In Russia, Cook *et al.* (2019) ^[14] observed that informal networks and staff involvement helped managers operate effectively within rigid institutional frameworks. These findings align with the present study and demonstrate how collaboration and engagement function as institutional coping mechanisms.

The findings suggest that coping strategies adopted by hospital administrators in Ghana are adaptive, context driven, and shaped by both situational realities and institutional constraints. Resource prioritization, task flexibility, and collaboration allow managers to sustain hospital operations despite limited autonomy and persistent challenges. The results confirm the relevance of Contingency Theory in explaining adaptive managerial responses and Institutional Theory in understanding how hospitals operate within formal rules and external pressures.

Conclusion

The study explored the administrative challenges faced by public hospital managers in Ghana and the coping strategies they adopt to sustain hospital operations. The findings show that managing public hospitals is complex and demanding, largely shaped by limited resources, workforce constraints, and rigid institutional structures. Hospital managers operate in environments where financial uncertainty, staff shortages, and bureaucratic procedures influence everyday decisions and the quality of service delivery.

The study revealed that challenges such as delayed funding, inadequate infrastructure, and centralized human resource systems reduce managerial flexibility and place continuous pressure on administrators. These conditions require managers to make difficult choices, often balancing compliance with regulations and the need to maintain essential health services. The findings highlight that administrative challenges are not isolated problems but interconnected issues that affect planning, coordination, and overall hospital performance.

In response to these challenges, hospital administrators adopt practical and adaptive coping strategies. Resource prioritization, task shifting, flexible role assignment, and collaboration with external stakeholders were found to be central to sustaining hospital operations. Managers also rely on staff engagement and open communication to maintain morale and cooperation in challenging working conditions. These strategies help hospitals continue functioning, even

though they do not fully eliminate the underlying challenges.

Essentially, the study shows that public hospital management in Ghana is shaped by both situational realities and institutional pressures. Managers adjust their actions to fit available resources while working within established rules and structures. This highlights the importance of flexible policies, supportive institutional frameworks, and strengthened managerial autonomy to improve hospital administration. The understanding of these challenges and coping strategies of hospital managers, policymakers and health sector stakeholders can design more responsive systems that support effective management and improve service delivery in Ghana's public hospitals.

Policy, Practice, Institutional and Societal Implications

Policy Implications

The findings of this study have important implications for health policy in Ghana. From a policy perspective, the results highlight the need for more timely and predictable funding to public hospitals. Delays in government subventions and NHIS reimbursements place significant pressure on hospital operations and compel managers to make short term decisions that may affect service quality. Policymakers should therefore consider reforms that improve funding flows and grant hospitals greater financial flexibility to respond to urgent operational needs. Clearer funding timelines and improved coordination between financing agencies and hospitals can strengthen planning and service continuity.

Practice Implications

In relation to practice, the study shows that hospital managers relied heavily on adaptive strategies such as resource prioritization, task shifting, and collaboration with external partners to sustain operations. While these strategies helped hospitals cope with constraints, they also increased workload and stress among staff. Hospital management and health authorities should invest in staff development, workload management, and supportive leadership practices to reduce burnout and sustain motivation. Improving health information systems would also support better planning, monitoring, and evidence based decision making at the hospital level.

Institutional Implications

At the institutional level, the findings suggest that rigid administrative and regulatory structures limited managerial effectiveness. Complex procurement procedures, centralized human resource decisions, and restricted managerial discretion reduced the ability of hospital managers to respond quickly to local challenges. There is therefore a need to review procurement systems, human resource policies, and decision making authority within the public health system. Allowing hospital managers some level of flexibility, while maintaining accountability, can improve responsiveness, efficiency, and innovation in service delivery.

Societal Implications

The study also has broader societal implications. Effective management of public hospitals directly affects access to quality health care for the general population. When hospital managers are constrained by funding delays, staff shortages,

and bureaucratic barriers, patients may experience longer waiting times, limited services, and reduced quality of care. By addressing these administrative challenges and strengthening managerial capacity, the health system can improve service delivery, build public trust, and enhance health outcomes. Improved hospital performance can also reduce the burden on households, support social wellbeing, and contribute to national development through a healthier population.

Recommendations

Based on the findings of this study, several practical recommendations are proposed to improve public hospital management in Ghana.

First, government and health sector authorities should improve the timeliness and consistency of funding to public hospitals. Faster NHIS reimbursements and more reliable budget releases will reduce financial uncertainty and allow hospital managers to plan and operate more effectively.

Second, there is a need to strengthen human resource management within public hospitals. Health authorities should review recruitment, deployment, and promotion processes to reduce staff shortages and workload pressures. Providing hospital managers with greater involvement in staffing decisions can improve supervision, accountability, and staff motivation.

Third, administrative and procurement procedures should be simplified to enhance operational efficiency. While accountability is important, overly rigid procedures delay decision making and affect service delivery. Introducing flexible procurement thresholds and digital approval systems can help managers respond more quickly to urgent operational needs.

Fourth, capacity building programs should be organized for hospital administrators. Training in financial management, leadership, and strategic planning will equip managers with skills to handle complex challenges and apply effective coping strategies. Mentorship and peer learning platforms can also support knowledge sharing among hospital managers.

Fifth, hospital management should strengthen collaboration with external stakeholders such as non-governmental organizations, faith based institutions, and local communities. Formalizing these partnerships can help mobilize additional resources and support service delivery without overburdening internal systems.

Finally, health policymakers should review institutional frameworks governing public hospitals to allow greater managerial autonomy while maintaining oversight. Providing a supportive and flexible policy environment will enable hospital administrators to adapt to changing conditions and sustain quality healthcare services for the population.

Limitations and Direction for Future Research

The study had some limitations that should be considered when interpreting the findings. The study focused on a limited number of public hospitals and relied mainly on qualitative data from a small group of hospital managers. As a result, the findings may not fully represent the experiences of all public hospitals in Ghana. In addition, the study depended on self reported views, which may be influenced by personal perceptions and experiences.

Future research should include a larger sample of hospitals across different regions to improve generalization. Mixed method or quantitative studies could also be used to measure the extent of administrative challenges and assess the impact of coping strategies on hospital performance. Comparative studies between public and private hospitals or across different countries may provide deeper insight into context specific management practices. Long term studies may also help to understand how administrative challenges and coping strategies change over time.

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