

Management Competence and Decision-Making Effectiveness in Private Notfor-Profit Hospitals: Evidence of St. Francis Hospital Nyenga

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ABSTRACT

It is generally accepted that management competence is a key element in enhancing decision-making effectiveness within healthcare institutions, especially in private not-for-profit hospitals where managerial decisions directly influence service delivery, accountability, and utilization of limited resources. This paper explores how management competence and decision-making effectiveness are related in St. Francis Hospital Nyenga in Uganda. The research was inspired by the continuing concern that, despite the availability of trained and experienced managers, there seemed to be no evidence of the presumed benefits of managerial competence in institutional decisions. This article thus aimed to establish whether management competence was a significant factor in decision-making effectiveness and how the relationship was mediated by institutional circumstances. The research used both quantitative and qualitative methods, and a descriptive-correlational case study design. Data was collected from a sample population of 167 respondents, including members of the Board of Governors, top managers, middle managers, finance and accounting staff, and patients. The study received 140 returned questionnaires and 10 interview responses, yielding an overall response rate of 89.82%. Quantitative data were analyzed using descriptive statistics, Pearson correlation, and regression analysis, while thematic analysis addressed qualitative data. The findings revealed a very weak explanatory model, with $F(1,138) = 0.209$, $p = 0.649$, $R = 0.039$, $R^2 = 0.002$, adjusted $R^2 = -0.006$, and a standard error of estimate of 0.63051. The study also observed that the relationship between management competence and decision-making effectiveness was weak and not statistically significant, with a correlation coefficient of -0.020. The article found that management competence was not statistically correlated with decision-making effectiveness in St. Francis Hospital Nyenga. Results indicated that structural and institutional factors, such as centralized governance structures, constrained decision-making discretion, and financial restrictions, played a stronger role in influencing decision-making outcomes than personal managerial ability. The article contends that management competence is most valuable when supported by practical autonomy, robust internal systems, and governance arrangements that integrate responsibility with decision-making authority.

Keywords: Management competence, decision-making effectiveness, private not-for-profit hospitals, hospital governance, healthcare management, Uganda

INTRODUCTION

The idea of management competence has continued to dominate the modern healthcare administration since hospitals today are faced with financial constraints, increased demand for services, regulatory bodies, technological advancement, and increased expectation of quality and accountability from the public. In that sense, managers are not only expected to possess formal qualifications, but to demonstrate the practical ability to decipher evidence, to allocate limited resources, to coordinate multidisciplinary teams, and to make timely decisions that maintain the performance of the institution. Recent research has demonstrated that the effectiveness of hospital leadership requires a combination of technical skill, adaptive capacity, and organizational judgment, and health systems governance literature has also highlighted that good management is essential to system responsiveness and accountability (Sanaeifar et al., 2025),(Liang & Kakemam, 2025).

The significance of management competence has been further illuminated in the healthcare industry, as decision-making in a hospital is more influenced by institutional complexity than professional knowledge. Recent empirical evidence has revealed that hospital managers are operating in environments influenced by changes in legislation, economic pressures, ethical considerations, and uncertainty in the organization, and evidence-based management is often limited by a narrow decision space, information bottlenecks and lack of organizational support systems. This implies that the concept of competence can be interpreted not only as a personal trait, but also as an applied capacity that is fully realized only when the organizational environment allows for action. From the researcher's perspective, this understanding is significant as it shifts the focus away from whether managers are competent, and instead focuses on whether the institutional environment enables them to apply their competence to make good decisions (Cumpăt et al., 2024; Hayati et al., 2024; Liang & Kakemam, 2025). (MDPI)

This discussion is of particular concern in Uganda since the performance frameworks in the health sector still prioritize accountability, efficiency, planning, monitoring and evidencebased utilization of resources in both the public and non-state health facilities. Annual sector performance reporting has been explicitly defined by the Ministry of Health to be aimed at supporting policy dialogue, planning, operational research, resource mobilization, and allocation; consequently, the health facility managers are expected to be capable of transforming the information available within the institution into operational choices. Meanwhile, the governance structures advocated in the discourse of international health systems emphasize that decision efficacy is conditioned by well-articulated roles, governance structures, and congruence between authority and managerial tasks. This implies that the management competence in Ugandan hospitals cannot be measured without reference to the institutional and governance structures under which the hospital managers act (Ministry of Health Uganda, 2024; WHO, n.d.; WHO Regional Office for Europe, 2012)(2024, 2012).

This broader view is especially applicable in non-profit hospitals, as their governance is usually influenced by faith-based organizations, external boards, donors, and regulatory organizations whose power may be significantly influential in determining the internal decisions. Within these settings, effective managers could have technical know-how, leadership prowess, interpersonal skills and results orientation but still have institutional constraints that diminish their impact on strategic and operational decisions. Recent literature has supported this by demonstrating how health governance practices are influenced by resource constraints, governance design, and institutional power relations; hospital decision studies have also shown that managerial effectiveness cannot be separated from the conditions within which they operate. Thus, competence is not an autonomous phenomenon, and its practical usefulness is determined by the degree of discretion granted to managers in the organizational environment for converting knowledge into action (Gobezie et al., 2025; Cumpăt et al., 2024; WHO, n.d.)(Cumpăt et al., 2024).

It is within this general global and national context that this current study has defined its scope at St Francis Hospital Nyenga. The concept of management competence in this study was perceived as the technical knowledge, leadership skills, interpersonal skills, results orientation and customer focus that were likely to enhance the effectiveness of decision-making in the hospital. Nonetheless, this study demonstrated that, despite the hospital having a management structure that was backed by planning, monitoring, evaluation, and control mechanisms, the anticipated role of management competence in decision-making was limited. The institutional issue was more compelling since the hospital was reported to have faced a decrease in cash inflows of UGX 150 million in the 2017-2022, representing significant drops in the donor contributions and user fee revenues, which demanded clear judgment and prioritization. From the researcher's perspective, this was the puzzle at the center of the research question: Why do hospitals with trained administrators, formal administrative structures, and increasing financial strain still fail to reveal a robust relationship between management competence and good decision-making? This question prompted the analysis of how management competence and decision-making effectiveness were related in a controlled and centralized private not-forprofit hospital (Ministry of Health Uganda, 2024; Ojambo, 2026; WHO, n.d.; MOH Knowledge Management Portal, n.d.)

Research objectives

The general objective of the study was to examine the relationship between management competence and decision-making effectiveness at St Francis Hospital Nyenga.

The specific objectives were:

- i. To assess the level of management competence among managers at St Francis Hospital Nyenga.
- ii. To determine the relationship between management competence and decision-making effectiveness at St Francis Hospital Nyenga.
- iii. To examine the institutional factors that constrained the practical influence of management competence on decision-making effectiveness at St Francis Hospital Nyenga.

Research questions

- i. What was the level of management competence among managers at St Francis Hospital Nyenga?
- ii. What relationship existed between management competence and decision-making effectiveness at St Francis Hospital Nyenga?
- iii. What institutional factors constrained the influence of management competence on decision-making effectiveness at St Francis Hospital Nyenga?

Research hypothesis

H₀: Management competence had no statistically significant relationship with decisionmaking effectiveness at St Francis Hospital Nyenga.

H₁: Management competence had a statistically significant relationship with decisionmaking effectiveness at St Francis Hospital Nyenga.

LITERATURE REVIEW

The human capital theory can serve as a good point of departure in explaining the management competence as it considers knowledge, skills, and abilities as productive resources that can be used to enhance organizational performance when effectively utilized. This translates into hospital administration as the idea that effective managers should be able to handle information correctly, organize employees effectively, understand risks in the institution, and make decisions that enhance service delivery and organizational performance. More recent literature reinforces this theoretical perspective by demonstrating that hospital management needs a wide competence base encompassing leadership, communication, adaptive capacity, problemsolving and use of evidence. For example, (Liang & Kakemam, 2025) discovered that rolespecific competency development is needed by hospital managers at various levels of management, whereas (Sanaeifar et al., 2025) pointed out that competency-based preparation continues to be a core of leadership competencies in health organizations. These larger conceptualizations align with previous frameworks that conceptualized management competence in terms of technical expertise, interpersonal competence, results orientation, and customer focus. These frameworks also framed the current study at St Francis Hospital Nyenga (Boyatzis, Competencies in the 21st century, 2008), (Becker, Human capital : a theoretical and empirical analysis, withspecial reference to education, 1993). (PMC)

Nevertheless, the recent literature warns against the belief that competence alone necessarily results in effective decisions. New findings in hospital management research indicate that not only the personal capacity of the manager, but also the organizational environment in which the manager operates, the quality of information flows, and the institutional demands influence the quality of decisions made. (Hayati et al., 2024) found that hospital managers' decisionmaking depends on the inputs, processes, and outputs that interact in multifaceted ways, whereas (Cumpăt et al., 2024) revealed that hospital decision-making is influenced by the administrative structure, organizational speed, and the discretion provided to the managers. This implies that management competence can be present in an institution, but may be underutilized when the hospital processes are rigid, when information is slow, or when there is a tight control of authority. From the researcher's perspective, this literature is highly relevant as it helps to understand why management competence had a weak influence on decisions in

the current study despite the availability of trained and experienced managers at St Francis Hospital Nyenga (Cumpăt et al., 2024; Hayati et al., 2024). (PMC)

This can be further explained by government theory and agency views that reveal that the impact of managerial competence could be weak in areas where power is not concentrated among those tasked with making or influencing decisions. The agency theory contends that in situations where principals still have control and the agents are still largely implementers, the practical impact of managerial ability on outcomes is diminished as competence cannot be easily transformed into action. This stance is consistent with the prevailing health systems governance framework that identifies governance as the processes, structures, and institutions that govern healthcare systems. The World Health Organization has emphasized proper governance, relying on clear policy frameworks, accountability systems, delineation of roles, and an institutional structure that allocates powers and responsibilities among actors. As such, managerial competence is more effectively operationalized when the environment in which it is exercised facilitates action and not merely acknowledged technical skill. This theoretical perspective is especially useful for understanding hospital environments where internal decision-making is influenced by external boards, donors, or religious figures; the perceived weakness of managerial competence may stem not from a lack of skill, but from constraints in the decision space (Jensen and Meckling, 1976; Porignon et al., 2025) (Jensen & Meckling, Theory of the firm: Managerial behavior, agency costs and ownership structure, 1976).

This discussion is particularly significant in Uganda where the health sector policy continues to emphasize accountability, efficiency, coordination, and evidence-based decision-making among both state and non-state health providers. According to the Annual Health Sector Performance Report released by the Ministry of Health for the 2023/24 financial year, indicates that policy dialogue, planning, operational research, resource mobilization, and resource allocation should be integral to performance reporting in the healthcare sector. This implies that institutional managers must make evidence-based decisions and address national priorities. However, non-profit hospitals, which are privately run, operate under broader systems of oversight and may lack autonomy, despite being expected to contribute to these objectives. This renders the Ugandan context particularly pertinent to the present research, as it was established that St. Francis Hospital Nyenga, despite possessing structured management mechanisms and experienced individuals, nonetheless failed to establish a statistically significant correlation between management proficiency and decision-making efficiency (2024). From a researcher's perspective, this implies that competence can only have greater effects when supported by institutional discretion, functional governance arrangements, and a structure that enables managers to transform capability into action in such hospitals (Ministry of Health Uganda, 2024; WHO, n.d.; Ojambo, 2026).

METHODOLOGY

To investigate the relationship between management competence and decision-making effectiveness at St Francis Hospital Nyenga, this study employed using a descriptive and correlational case study design. This design was chosen because the study aimed, first, to explain the current managerial and decision-making environments in the hospital, and, second, to establish whether there was any quantitative relationship between the study's key variables. The methodological approach was quantitative and qualitative, allowing numeric patterns to be tested statistically, while also gathering contextual explanations from participants who had firsthand institutional experience. From the researcher's perspective, this was the appropriate approach because mixed methods designs are particularly helpful in health research where complex organizational phenomena need not only quantifiable evidence but also interpretive insight, whereas case study logic is also appropriate when one seeks to produce an in-depth description of a specific institution instead of a generalized overview of multiple institutions (Wasti et al., 2022)

The study population consisted of 167 respondents who were selected at St Francis Hospital Nyenga, including 26 members of the Board of Governors, 12 staff members of the finance and accounting divisions, 21 middle managers; 8 top managers, and 100 patients. Out of this target population, 157 people were sampled, and the ultimate response produced 140 duly filled questionnaires along with 10 interview participants resulting in an overall response rate of 89.82%. This response rate was considered adequate for the planned analysis since it gave a good empirical foundation to the evaluation of the relationship between management competence and

decision making effectiveness. This study employed census and purposive sampling methods, especially since some of the groups like managers and those in the finance department were deemed to be particularly information-rich according to the research goals. This sampling approach was deemed reasonable given that the current methodological literature still demonstrates that purposive selection should be used in cases where the aim is to sample respondents who have the most pertinent knowledge to answer a specific research question, particularly in the area of organizational and case-based inquiry (Bouncken et al., 2025)

Structured questionnaires and interview guides were used to gather data; hence, this approach allowed the researchers to obtain standardized and more in-depth institutional explanations from respondents. The study report indicates that the instruments were validated and pretested before the data collection process, which enhanced the credibility of the results. Quantitative data were analyzed through descriptive statistics, Pearson correlation, and regression analysis using SPSS; and qualitative data were analyzed thematically to determine patterns, meanings and explanations of the observed statistical relationships. This combination of analysis was appropriate since the regression analysis alone allowed for testing the direction and significance of the relationship and thematic analysis facilitated explaining why management competence was not translated to effective decision-making within the hospital context. Recent methodological research also confirms that SPSS is still an effective tool to conduct a regression-based analysis of public health and social science, whereas thematic analysis is still popular for identifying common patterns in qualitative evidence in the context of applied studies (Ojambo, 2026; Kaleeswari et al., 2025; Alawneh, 2025) [CITE_2]

FINDINGS AND RESULTS

The study findings showed that the research was supported by a strong empirical base. Out of the expected responses, 140 questionnaires were successfully returned, and these were supplemented by 10 interview responses, giving an overall response rate of 89.82 percent. This high response rate implied that the study obtained sufficient data to support valid analysis and credible interpretation of the relationship between management competence and decisionmaking effectiveness at St. Francis Hospital Nyenga. The respondent profile further showed that females constituted the majority at 56 percent while males accounted for 43 percent. This distribution suggested that the views collected reflected a workforce and patient environment with slightly higher female representation. Other background characteristics considered in the study included age, education level, and period of hospitalization, which helped to provide a broader institutional context for understanding the study variables.

Table 1 Response Rate of the Study

Category	Frequency	Percentage
Returned questionnaires	140	89.17
Interview responses	10	—
Overall response rate	150	89.82

Table 1 shows that the study achieved an overall response rate of 89.82 percent, which was sufficiently high for meaningful analysis. This implied that the findings of the study were based on adequate participation from the selected respondents. A high response rate strengthened the credibility of the study because it reduced the likelihood of nonresponse bias and increased confidence in the general reliability of the results.

Table 2: Gender Distribution of Respondents

Gender	Frequency/Reported Share	Percentage
Female	—	56
Male	—	43

Table 2 indicates that female respondents formed the majority at 56 percent, while male respondents accounted for 43 percent. This means that the study captured perspectives from a slightly more female dominated respondent group. The gender composition suggested that the data reflected the realities of the hospital setting in a reasonably balanced manner, although with stronger female representation.

Table 3: Model Summary for Management Competence and Decision-Making Effectiveness

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	.039	.002	-.006	0.63051

Table 3 shows that the correlation coefficient for the regression model was .039, indicating a very weak relationship between management competence and decision-making effectiveness. The coefficient of determination, R² = .002, implies that management competence explained only 0.2 percent of the variation in decision-making effectiveness. The adjusted R² value of .006 further confirms that the model had almost no explanatory power. This means that management competence did not meaningfully predict decision-making effectiveness in the hospital.

Table 4: ANOVA for the Regression Model

Source	df	F	p
Regression	1	0.209	.649
Residual	138	—	—

Table 4 presents the ANOVA results for the regression model. The findings showed that F(1, 138) = 0.209, p = .649, which is far above the conventional significance level of .05. This indicates that the regression model was not statistically significant. Therefore, the study failed to establish that management competence significantly influenced decision-making effectiveness at St. Francis Hospital Nyenga.

Table 5: Correlation Between Management Competence and Decision-Making Effectiveness

Variables	r	Significance
Management competence and decision-making effectiveness	-.020	Not significant

Table 5 shows that the correlation between management competence and decision-making effectiveness was r = -.020. This reflected a very weak negative relationship, which was statistically insignificant. The implication is that management competence had no meaningful linear association with decision-making effectiveness in the hospital. In other words, higher management competence was not associated with improved effectiveness in decision-making.

Table 6: Correlation Between Effective Financial Reporting and Decision-Making Effectiveness

Variables	r	Significance
Effective financial reporting and decision-making effectiveness	-.039	Not significant

Table 6 indicates that the relationship between effective financial reporting and decisionmaking effectiveness was also very weak and negative at r = -.039. Since the relationship was not statistically significant, it can be concluded that effective financial reporting did not significantly influence decision-making effectiveness in this study. This finding reinforces the broader result that the institutional challenges of the hospital were not adequately explained by the tested quantitative variables.

Table 7: Qualitative Themes Explaining Weak Decision-Making Effectiveness

Theme	Evidence from Findings	Implication
Centralized governance	Major decisions were influenced by higher authorities, especially the Catholic Medical Bureau	Limited local managerial discretion
Restricted managerial autonomy	Managers had competence but little control over strategic and operational decisions	Competence could not easily translate into action
Financial strain	Cash inflows declined by UGX 150 million between 2017 and 2022	Resource scarcity weakened decision flexibility
External control	Governance and oversight structures shaped decision outcomes	Institutional factors outweighed personal ability

Table 7 summarizes the qualitative themes that emerged from the study. The findings showed that centralized governance, limited managerial autonomy, financial strain, and external control were the major institutional constraints affecting decision-making effectiveness. These results suggest that the weak quantitative relationships were not necessarily due to lack of competence among managers, but rather to the structural conditions under which they operated. Thus, the hospital’s governance environment played a larger role in shaping decision-making outcomes than individual managerial ability.

DISCUSSION

The results of this research indicated that the concept of management competence did not have a statistically significant effect on decision-making effectiveness at St Francis Hospital Nyenga, although competence was considered a key determinant of organizational performance. The research documented a very weak model as a whole with the $F(1, 138) = 0.209$, $p = 0.649$, $R = 0.039$, $R^2 = 0.002$, adjusted $R^2 = 0.006$ and the specific relationship between management competence and decision making was weak and statistically insignificant at -0.020 . This finding is significant as it provides a crucial interpretation of human capital theory, which posits that knowledge, skills, and abilities are simply converted into superior organizational performance; recent literature has reiterated that strong leadership, adaptive capability, communication competence, and role-specific preparation hospital managers need, but it has also revealed that competence does not necessarily result in effective institutional decisions in unfavorable organizational conditions (Liang & Kakemam, 2025; Becker, Human capital : a theoretical and empirical analysis, with special reference to education, 1993; Sanaeifar, Houshmand, Moghri, Vejdani, & Tabatabaee, 2025). Competence was found to be more of a latent organizational resource in this study rather than a consistently enabled effect on the reality of decision outcomes, which explains why the empirical findings were not significant in terms of predictive effect. (Springer)

A better explanation emerged when the research results were connected with the literature on governance and decision processes. The qualitative data indicated that the decision-making authority at St Francis Hospital Nyenga was limited by both centralized governance structures and the role of higher-level actors, in particular, the Catholic Medical Bureau, which denied local managers the discretion to make major strategic and operational decisions. Such an interpretation is aligned with the contemporary thinking on governance in health systems that asserts that structures, policies, processes, accountability arrangements, and allocation of roles influence how decisions are made and who is empowered to make them. Recent research (e.g., 2024, 2025) also reveals that organizational complexity, institutional rules, and limitations of information and the ability of managers to exercise certain authority in the administrative systems are key factors that influence hospital decision-making. The current results are thus part of a larger modern trend : competence is important, but its practical impact is mitigated by the decision space, institutional design, and location of authority instead of managerial skill itself (Cumpăt et al., 2024; Hayati et al., 2024; World Health Organization, n.d.)(Hayati et al., 2024),(Cumpăt et al., 2024)).

These findings imply that training, credentials, and technical preparation are sufficient alone to resolve weak decision outcomes from the efforts of private not-for-profit hospitals. The research indicated that despite the formal management systems, competent staff, and an established framework of planning, monitoring, assessment, and control, the effectiveness of decision-making in the hospital was extremely low, primarily due to the institutional nature of the hospital's environment, which limited the practical application of competence. This fact is further reinforced by the Ugandan policy context where current health sector performance models prioritize efficiency, accountability, evidence-based planning, operational research, and improved resource allocation among health facilities. From the researcher's perspective, a more enduring solution is thus considered to be a balance among competence development, governance structure, internal responsibility, and managerial discretion, such that competent managers have the opportunity to exercise the judgment they are expected to exercise. In other words, competence provides greater organizational value when authority, responsibility, and institutional support are adequately aligned within the hospital system (Ministry of Health Uganda, 2024; World Health Organization, n.d.; World Health Organization Regional Office for Europe, n.d.)(2024)

CONCLUSIONS

The research findings were that the competence in management was not significantly related to decision making effectiveness in St. Francis Hospital Nyenga. This implies that, in the background of this research, managerial competence did not significantly influence decisions in quality or effectiveness made in the hospital.

The results of the regression analyses indicated that the explanatory power of the model was very low and only 0.2 percent of the variation was explained by the model in decision-making effectiveness. This means that management competence as analyzed in this paper did not add much in describing the difference in the decision-making results.

The relationship between management competence and the effectiveness of decision making was very weak and not significant. This observation implies that despite the fact that managers had technical knowledge, leadership skills and administrative experiences; the three qualities did not necessarily correlate to enhanced effectiveness of decision-making.

The research also determined that institutional and structural effects were more influential in the effectiveness of decision-making as compared to individual competence of managers. Specifically, the centralized system of governance was restricting the power of local managers to make major strategic and operational decisions themselves.

Financial constraints were also noted to be a key issue in the effectiveness of decision-making. The reduction in cash flow and donor funding put a strain on the functioning of the hospital thus restraining the flexibility and responsiveness of management responses.

The results showed that even the presence of qualified managers, formal management structure, and planning, monitoring, evaluation, and control systems did not assure effective decision making per se. The reason is that a constraining institutional climate had undermined such managerial strengths.

The study thus concluded that competence in management is more meaningful and productive when it is enhanced by enabling governance arrangements, proper managerial autonomy, effective accountability systems and effective internal support mechanisms.

In general, the study showed that the ability of managers to make effective decisions in private not-for-profit hospitals is not only a result of managerial ability but also a result of the above organizational, governance, and resources environment that managers work in.

RECOMMENDATIONS

The current research study failed to show any statistically significant correlation of management competence and decision making effectiveness in St. Francis Hospital Nyenga and the model had very low predictive value

with qualitative evidence being the most powerful influence in determining an institutional decision. The implication of the finding is that Managerial competence itself, in a Private Not-For-Profit hospital, is not a predictive variable per se, but a latent organizational resource, the value of which can be realized by making competent managers have sufficient discretion, information and operational support to take action. In accordance with the National Quality Improvement Framework and Strategic Plan of Uganda that seeks to improve the effectiveness of organizational structures, leadership, accountability, client-centred care and integration of quality improvement and clinical mentorship, it is concluded that the effectiveness of decision making could be improved when the managerial capability is inculcated in more eminent institutional structures than when it is being done in the form of St. Francis Hospital Nyenga.

In this regard the hospital will be geared towards more collaborative model of leadership that will tie the internal management to the governing board, Medical Bureau, district health authorities and other overseers partakers as the policy framework of the alliance between the public and the private in the health is adjusted to incorporate community participation, accountability and joint management of programmes as the key to the successful service delivery and the national support supervision framework also focuses on the partnership, coordination, advocacy

The other implication is that the management development in the hospital must be scaled not only to technical management but more towards the soft relational skills in particular communication, advocacy, stakeholder engagement and constructive negotiation since it is also the case that in small PNFP settings managers must not control the decision making process across institutional boundaries but must facilitate it; and it is also within the Uganda supervision strategy.

The result also justifies more drastic change towards the data-driven financial and operational management, with the aspect that the aspects of the financial pressure, the decreasing flow of cash already being noted in the article itself as the details of the situation, and the structures of the Ministry of Health already being oriented.

In addition to the Uganda PPPH and community health facilities, where the key aspects of service planning and management are community empowerment, participation and multistakeholder collaboration, are also quite supportive of the invitation to a participatory decisionmaking where, in the case of the St. Francis Hospital Nyenga, it is meant that

Lastly, despite the fact that the very issue presented in the article is more a matter of governance and decision space than a matter of mere managerial incompetence, one practical conclusion is that operational inefficiencies of over-centralized or bureaucratic arrangements must be mitigated by means of more direct delegation, more direct lines of accountability and, where possible, smaller and more manageable administrative entities, as Ugandan studies on hospital Generally, the updated meaning of this study is that, to enhance the effectiveness of decision making in the context of St. Francis Hospital Nyenga, a concerted reform agenda will be necessary, comprising collaborative leadership, soft-skills development, better financial and data infrastructure, participatory and community-informed governance, clinical mentorship, and more functional internal structures, since in PNFP hospitals competence will only become consequential when authority, information,

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