SELINUS UNIVERSITY
OF SCIENCES AND LITERATURE

# Strategic Planning & Management Challenges in the Health Care Systems: Lived Experiences of Health Care Managers at Health Centers in Uganda

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## A DISSERTATION

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## DECLARATION

I hereby affirm that I am the author of the thesis titled “Strategic Planning & Management Challenges in the Health Care Systems: Lived Experiences of Health Care Managers at Health Centers in Uganda”, submitted for the Doctor of Philosophy (Ph.D.) in Business Administration and Strategic Management at Silenus University of Science and Literature. This work is original and presents empirical findings.

I declare that all information presented in this research adheres to academic standards and ethical guidelines. All sources, theories, and academic materials referenced in this thesis are appropriately acknowledged.

Date: July 2025

STUDENT SIGNATURE:

# APPROVALS

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Peter Isiko Waiswa, Doctoral Candidate Date

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Salvatory Fava, Thesis Supervisor Date

# DEDICATION

This thesis is dedicated to my loved ones and mentors, who have stood with me through thick and thin, providing me with the strength and motivation to reach this milestone. Thank you for everything.

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## LIST OF ABBREVIATIONS

| | |
|---|---|
| **AHA** | American Hospital Association / American Heart Association |
| **BPR** | Business Process Re-engineering |
| **CEO** | Chief Executive Officer |
| **CMO** | Chief Medical Officer |
| **DHO** | District Health Officer |
| **DMO** | District Medical Officer |
| **HC** | Healthcare Center |
| **HCIVs** | Health Center Fours |
| **MOH** | Ministry of Health |
| **PFP** | Private for Profit |
| **PHP** | Private Health Practices |
| **PII** | Personally Identified Information |
| **PNFP** | Private Not for Profit |
| **QIT** | Quality Improvement Teams |
| **RQ** | Research Question |
| **SM** | Strategic Management |
| **SNO** | Senior Nursing Officer |
| **SP** | Strategic Planning |
| **SPM** | Strategic Planning and Management |
| **SWOT** | Strength, Weaknesses, Opportunities and Threats |
| **TPB** | Theory of Planned Behavior |
| **TQM** | Total Quality Management |
| **VHTs** | Village Health Teams |
| **WHO** | World Health Organization |

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# ABSTRACT

*This research explored the lived experiences of healthcare managers at selected Health Center IVs in Eastern Uganda, focusing on the challenges they face in strategic planning and management. There was, however, limited research exploring the experiences of healthcare managers and the obstacles they face. To gain a better understanding, the research sought to explore the lived experiences of managers in Health Center IVs. The aim was to investigate the strategic planning and management challenges faced by healthcare managers, understand the implications of the challenges on service delivery and patient outcomes, and identify effective strategies for improvement.*

*To achieve this, a qualitative phenomenological approach was employed, involving fifteen purposively selected managers. Data were collected through semi-structured interviews and observations, guided by the Theory of Planned Behavior. Inductive thematic analysis was used, resulting in seven key themes.*

*The findings identified several challenges, including resource constraints, staff shortages, inadequate infrastructure, and ineffective leadership, which hinder effective healthcare management. The researcher recommends capacity building, improved resource allocation, infrastructural development, and stakeholder collaboration to address these issues. It underscores the need for adaptive strategies to enhance healthcare management, thereby leading to improved patient outcomes and system sustainability.*

*The research contribution is the practical insights to enhance management practices in resource-constrained settings, thereby promoting sustainable healthcare improvements through contextually relevant solutions.*

**Key Words: Healthcare, Strategic Planning and Management, Health Center IV**

# Chapter One: Introduction

This thesis explored the lived experiences of healthcare managers working in healthcare centers in Uganda, exploring the intricate realm of strategic planning and management challenges and their direct implications for delivering healthcare services. The research uncovered the nuanced strategies employed in tackling these challenges through meticulous observations, interactions, and inquiries among a diverse array of healthcare managers, including Doctors, Hospital Administrators, and Supervisors from Health Center IVs. The inaugural chapter of this research report lays the groundwork by outlining the study's background, elucidating the identified problem, underscoring the study's significance, and presenting the research questions and theoretical framework, as well as providing an overview of the research methodology adopted by the researcher.

The chapter concluded by delineating the delimitations and explaining the terminology utilized in the research.

## 1.1 Background of the Study

Like many developing countries, Uganda's healthcare grapples with a myriad of strategic planning and management challenges (Mikhno 2020; Comacchio et al. 2017). The challenges include staff with inadequate planning skills, limited resources, insufficient staff numbers, a lack of medical equipment and medicines. Koning (2022) further argued that effective strategic planning and management are imperative in formulating objectives, goals, mission, vision, and metrics to enhance healthcare service delivery, resource allocation, and overall system performance. Limited research has explored the

experiences of healthcare managers and the obstacles they face, particularly in strategic planning and management. Therefore, this research sought to explore the lived experiences of healthcare managers at health centers in Uganda to better understand the strategic planning and management challenges they encountered.

### 1.2 Problem Statement

There exists a dearth of knowledge concerning strategic planning and management within the healthcare sector. Inadequate expertise and comprehension of strategic planning and management in healthcare have led to deficient planning, service failures, inefficiencies, escalating healthcare costs, diminished service quality, and poor patient outcomes. Inadequate planning and management in healthcare facilities have affected patients' well-being and productivity.

Given that interviews provide deeper insights into the intricate interactions of the manager’s experiences, this phenomenological research is best suited to exploring and identifying the specific challenges of healthcare managers in Health Center IVs. Understanding the lived experiences of healthcare managers in Health Center IVs could help career healthcare professionals create stronger therapeutic alliances, offering a clearer understanding of the population’s individual experiences through narrative. By highlighting the challenges in healthcare facilities that differ from those in different settings, this phenomenological research provides valuable insights for the future development of career development tools.

Thus, this research addresses the following questions: What are the key strategic planning challenges managers face in healthcare organizations, and how do the

managers interpret and navigate these challenges in their daily practice? The examination of these questions aims to provide a deeper understanding of the complexities of healthcare management, thereby informing best practices for organizational support, leadership development, and improved healthcare delivery systems.

### 1.3 Purpose Statement

This hermeneutic phenomenological research (Creswell 2013) aims to explore and better understand managers' lived experiences in healthcare centers as they navigate the complexities and challenges of strategic planning and management. This research aims to shed light on how these managers perceive their roles, the challenges they encounter, and their approaches in responding to dynamic organizational contexts and external pressures. Furthermore, various authors have stated that using qualitative methods to gather in-depth narratives from participants, such as managers, resulted in research that generated a deep and rich insight into the intricate interplay between personal experiences, organizational culture, and the broader healthcare environment (Creswell & Creswell 2018; Merriam & Tisdel 2016).

This research aims to deepen the understanding of the strategic planning and management challenges faced by healthcare managers in healthcare centers in Uganda. The insights gained from this research could serve as a valuable resource for national planners, policymakers, healthcare leaders, and practitioners, enabling them to craft targeted solutions that improve healthcare management and service delivery. By identifying specific obstacles and exploring potential strategies, the research could contribute to the development of an effective healthcare system that benefits both patients

and communities in Uganda. Furthermore, it could encourage a collaborative approach to healthcare improvement, ensuring that varied stakeholders work together to address these pressing challenges.

### 1.4 Key Question and Specific Research Questions

The central question driving this research was: To what extent do healthcare managers strategize and oversee healthcare systems, and what challenges are encountered?

The specific research questions were:

**RQ 1:** What are the main strategic and management challenges healthcare managers in Ugandan healthcare facilities face?

**RQ 2:** How do these challenges affect service delivery and patient outcomes?

**RQ 3:** What strategies do managers develop to address these challenges and improve strategic planning and management in Ugandan healthcare centers?

The researcher effectively addressed the research objectives and questions and presented recommendations.

### 1.5 Research Objectives

The research aimed to:

i) Identify the strategic planning and management challenges experienced by healthcare managers in Ugandan healthcare centers

ii) Evaluate the impact of these challenges on healthcare service delivery and patient outcomes.

iii) List the strategies managers develop to assist in addressing the challenges they face and how these improve the strategic planning process and management in the health sector in Uganda.

### 1.6 Theoretical Framework

This research report adopted a hermeneutic phenomenological approach, drawing significant influence from the philosophy of Martin Heidegger, whose work offers profound insights into the nature of existence, understanding, and interpretation. Heidegger's emphasis on being (Sein), interpretation, and the situatedness of human experience provides a robust foundation for exploring the lived experiences of managers in healthcare organizations and understanding the complex challenges they face (Vithal and Jansen 2010).

#### Being and Existence

Heidegger's central concern in "Being and Time" is the question of Being, which he distinguishes from mere existence. According to Heidegger, understanding being requires examining the context and interpretations that shape our experiences. This research report applied Heidegger’s concept to explore how healthcare managers perceived and articulated strategic planning challenges within their organizational contexts. The focus was to understand their lived experiences as they relate to the "being-in-the-world" (In-der-Welt-sein) of these managers, highlighting the intertwining of personal and professional identities as they navigate complex healthcare environments.

## The Role of Dasein

In Heidegger's framework, Dasein, or "being-there," signified the unique capacity of humans to reflect upon their existence and engage authentically with the world. The research report leveraged the concept of Dasein to examine how healthcare managers engage with their roles, identify challenges, and develop strategies in response to the dynamic healthcare landscape. In considering how Dasein manifests in their experiences, the research elucidated the socio-cultural and organizational circumstances that shaped Dasein’s experiences. As a result, their understanding of management practices changed from what it was initially.

## Hermeneutics and Interpretation

Heidegger's ontological hermeneutics emphasizes that interpretation is a cognitive act and is deeply rooted in the historical and social contexts in which individuals exist. The research acknowledged that the managers’ experiences cannot be separated from the historical, cultural, and organizational narratives that inform their understanding of strategic planning challenges. Employing a hermeneutic approach facilitated an interpretive dialogue with participants, aiming to uncover the meanings they attribute to their experiences and the factors influencing their decision-making processes.

## The Hermeneutic Circle

Heidegger’s notion of the hermeneutic circle illustrates the reciprocal relationship between understanding and interpretation. The research report recognized that meanings evolve through the interplay between the whole and its parts. As managers reflect on their experiences, they continuously reinterpret these events considering their beliefs, values,

and cultural backgrounds. The hermeneutic circle could serve as a methodological lens for qualitative data analysis that guided the iterative process of gaining deeper insights into the managers' narratives.

### Authenticity and Care

Finally, Heidegger's emphasis on authenticity and care (Sorge) was particularly relevant in healthcare management. The research highlighted how managers strive to act authentically within their organizations and the ethical considerations in their decision-making processes. Understanding the role of care in managing healthcare centers, both in terms of organizational objectives and the well-being of staff and patients, could offer crucial insights into managers' existential challenges.

In conclusion, Martin Heidegger's philosophical insights provided a compelling theoretical framework for this hermeneutic phenomenological study. By focusing on themes of being, interpretation, Dasein, the hermeneutic circle, and authenticity, this research sought to deepen the understanding of the lived experiences of healthcare managers and the complexity of their strategic planning challenges. This approach respects the richness of human experience and fosters a nuanced exploration of the dynamic interplay between individual agency and organizational contexts in healthcare management.

## 1.7 Research Methodology

This research employed a qualitative phenomenological approach to better understand the complex realities healthcare managers experience in Ugandan healthcare centers. The decision to adopt this approach stems from the recognition that there are other approaches. However, these could not capture the lived experiences in the context of

healthcare management (Creswell 2013). Focusing on the research approach assisted the researcher in obtaining participants' subjective realities, allowing for a deeper understanding of the challenges, motivations, and emotional landscapes.

### 1.7.1 Data Collection Techniques

Various qualitative data collection techniques were employed to gather meaningful data. These included in-depth interviews, document reviews and participant observations.

In-depth interviews provided healthcare managers with a private and supportive space to share their personal narratives, experiences, and reflections, fostering an environment of trust and openness. The approach allowed participants to express themselves candidly, uncovering the emotional, motivational, and contextual factors that influence their decision-making and management practices, thereby offering rich, detailed insights into their perspectives and the challenges they face.

Whereas, document review involved an analysis of relevant literature, policy frameworks, and prior research studies related to healthcare management and strategic planning in resource-constrained environments. The review identified recurring themes such as resource limitations, leadership challenges, infrastructural deficits, and their impact on service delivery and patient outcomes. Additionally, it revealed gaps in existing knowledge, especially regarding the lived experiences of healthcare managers at the facility level, which this research sought to explore.

Meanwhile, participant observations enabled the researcher to directly engage with and observe the day-to-day activities, interactions, and operational dynamics within the healthcare settings, providing invaluable contextual insights that complemented interview

data. The approach allowed the researcher to witness firsthand the logistical, infrastructural, and interpersonal challenges faced by healthcare managers, such as managing limited resources, coordinating staff, and navigating bureaucratic procedures. Such observations revealed complexities that might not have been fully captured through verbal accounts alone, thereby deepening the overall understanding of the systemic issues, environmental constraints, and informal practices that influence healthcare management in these settings.

### 1.7.2 Data Analysis

Data analysis followed the thematic analysis. Thematic analysis was used because it arguably suited the qualitative data collected. According to Braun & Clarke (2012), thematic analysis involved systematically coding qualitative data and identifying patterns and themes related to the research questions. The strengths of thematic analysis include the provision of flexibility required to interpret the rich narratives of participants, while ensuring a rigorous examination of the data and its broad application by qualitative researchers.

The themes from the analysis were carefully analyzed to ensure relevance to the strategic planning and management challenges identified in Uganda's healthcare settings. The results highlight individual experiences pointed to broader systemic issues, such as resource limitations, regulatory constraints, and the socio-political environment that healthcare managers navigate.

### 1.7.3 Ethical Considerations

Given the sensitive nature of the subject matter, ethical consideration is a priority throughout the research process. Informed consent was obtained from all participants, ensuring they were aware of the study's aims and their right to withdraw at any time without consequence. Confidentiality was maintained to protect participants' identities, allowing the participants to share their lived experiences openly without fear.

## 1.8 Research Contribution

A qualitative research methodology enabled the research to contribute to the existing literature on healthcare management in Uganda and other countries (Hart 2018). It offered a nuanced exploration of the challenges faced by healthcare managers, thereby enhancing understanding and informing best practices. The findings have potential implications for training programs, policy reforms, and strategic initiatives aimed at improving healthcare delivery in these contexts. The research therefore, aimed to enrich academic discourse and provide practice insights to influence positive change in healthcare management.

## 1.9 Definitions

The following terms are defined to clarify the meaning and use in the research.

**Healthcare -** is the organized provision of medical services to individuals and communities, including the prevention, diagnosis, treatment, and management of illness and the maintenance of physical and mental well-being. It offers a wide range of services provided by professionals, including doctors, nurses, therapists, and allied health

workers, as well as institutions such as hospitals, clinics, and pharmacies. The aim is to enhance the quality of life and improve population health outcomes.

**Health center IV -** is a significant tier within the healthcare delivery framework.

**Phenomenology -** is a philosophical approach that focuses on studying conscious experience from the first-person perspective. It seeks to understand how individuals perceive, interpret, and make sense of their lived experiences and the world around them.

**Hermeneutic** - is about uncovering the layers of meaning in various forms of human expression, recognizing that understanding is a complex, dynamic process influenced by context, tradition, and individual perspective.

### 1.10 Limitations of the Study

While this research aimed to provide valuable insights into healthcare managers' strategic planning and management challenges healthcare managers face, certain limitations are acknowledged.

The research was confined to permanent managers within specific healthcare centers and may not represent all healthcare facilities or managerial roles across different regions or healthcare systems. Consequently, findings may not be generalized to all healthcare contexts, such as smaller clinics, outpatient centers, or other healthcare models.

The research focused solely on managers' strategic planning and decision-making perspectives. This singular viewpoint limits the understanding of broader organizational dynamics and challenges faced by other stakeholders, such as clinical staff, other

administrative personnel, or patients, who may offer different insights into the strategic management process.

The data collected could primarily rely on self-reported information from the managers. This method could introduce bias, as participants could have unintentionally downplayed challenges or overemphasized successes due to social desirability or personal perceptions of their roles and performance.

The study could be affected by external factors that influence healthcare management, such as changes in healthcare policy, economic conditions, technological advancements, or shifts in patient demographics. These factors could vary widely over time and across different geographical areas, potentially impacting the relevance and applicability of the research findings.

The research was conducted within a limited timeframe, which could have restricted the depth of exploration into the challenges managers face. Longitudinal studies could provide more comprehensive insights into how these challenges evolve, but they were not feasible within the research's scope.

While this delimitation strengthens the study’s focus on decision-making roles, it also excluded valuable insights from temporary managers and non-managerial staff who might also experience management challenges or influence strategic initiatives in their capacities. Thus, the focus concentrated on permanent and full-time managers in healthcare centers.

By acknowledging these limitations, this research aimed to maintain transparency in its findings and conclusions, highlighting areas for potential further research and exploration in the future.

### 1.11 Delimitations of the Study

This research focused exclusively on permanent, full-time managers employed in healthcare centers. The decision to include only these individuals stemmed from the necessity to concentrate on those who have a decisive role in the healthcare centers' strategic planning and management processes within the healthcare centers. Limiting the study to this specific group assisted the researcher in obtaining a clearer understanding of the unique challenges those in management positions face, as they have the authority and responsibility for making pivotal organizational decisions.

Temporary staff and non-managerial personnel were excluded from the research. Although these individuals contribute to the strategic framework and operational execution within healthcare centers, their roles do not typically encompass decision-making authority at the managerial level. Including them could introduce complexities that may obscure the primary focus of the research, which is to analyze the management challenges permanent managers encounter during strategic planning and implementation.

Therefore, the research was tailored to examine the experiences and challenges of full-time managers involved in strategic planning and management, aiming to yield insights directly relevant to healthcare centers' leadership dynamics. The delineation could

enhance the validity and clarity of the findings, ensuring they effectively address the complexities of managerial roles within this context.

### 1.12 Ethical Issues Related to the Research

Researching strategic planning and management challenges in healthcare centers involves several ethical considerations that must be carefully addressed to ensure the integrity of the research process and protect participants' rights. Key ethical issues include:

First, it is crucial to ensure that all the research participants fully understand the purpose of the research, what their participation entails, and any potential risks involved. Informed consent was obtained from all participants, providing them with adequate information to make an educated decision about their involvement.

Second, given the sensitive nature of the information discussed, maintaining the confidentiality of participants and their organizations is critical. Adequate measures were put in place to protect information and ensure that responses are anonymized to prevent any backlash or negative repercussions for participants.

Third, for discussions around organizational challenges that are sensitive or distressing for participants, all efforts were made to ensure they feel safe and supported throughout the process. This was after considering the potential emotional or professional repercussions participants may face when discussing their lived experiences.

Fourth, the ethical use of data involved being transparent about how the information collected could be used and reported. The intent of data utilization was clarified, and the

participants involved in the study were assured that their experiences and views would not be misrepresented.

Fifth, a declaration of potential conflicts of interest that could influence the study's design, implementation, or interpretation of results was made. It included financial interests, personal relationships, or professional affiliations that could compromise the objectivity and integrity of the research.

Sixth, all managers had an equal opportunity to participate in the research without favoritism or bias. This included considering the diversity of participants in terms of demographic factors, managerial roles, and experience levels.

Lastly, ethical considerations extended to the reporting of findings. The researcher ensured data accuracy and transparency to avoid misleading representations or selective reporting that could distort the understanding of strategic planning challenges in healthcare centers. Addressing these ethical issues, the researcher could contribute to the integrity and credibility of the study while fostering a positive ethical climate that respects the rights and welfare of all participants involved in the research.

## 1.13 Summary

In today's rapidly evolving healthcare landscape, strategic planning and effective management are crucial for healthcare centers seeking to navigate complex operational challenges and deliver high-quality patient care. This research explored managers' multifaceted strategic planning and management challenges in healthcare centers.

The research used a qualitative research method to capture rich, contextualized narratives that revealed underlying factors influencing strategic decision-making

processes. Key issues related to operational complexity, evolving regulatory frameworks, diverse management styles, and the dynamic nature of the healthcare environment were examined to understand the challenges at play.

However, the research also acknowledges ethical considerations that are rigorously addressed to protect participant welfare and ensure the integrity of the findings. Informed consent, confidentiality, power dynamics, and respect for vulnerable populations are paramount in conducting ethical research that honors the contributions of all stakeholder voices.

The findings from this research offer valuable insights for healthcare managers, policymakers and stakeholders as they seek to enhance strategic planning processes, improve organizational effectiveness, and foster resilient healthcare systems capable of adapting to ongoing changes in the sector. Illuminating challenges managers face and promoting a greater understanding of effective management practices; the research intended to advance management and aid organizations in pursuing excellence in strategic planning and service delivery.

### 1.14 Summary of Thesis

**Chapter One** introduced the research, outlined the significance of strategic planning in healthcare systems, particularly in Uganda. It discusses the theoretical framework adopted, discussed the prevailing challenges faced by healthcare managers, highlights the importance of understanding lived experiences, and establishes the research questions and objectives. The chapter also provides an overview of the thesis structure.

**Chapter Two** provides a review and critique of the existing scholarly works and studies related to strategic planning and management in healthcare. It covers theoretical

perspectives on strategic management, previous studies on healthcare in Low Developed Countries, and identifies gaps in the literature regarding lived experiences. This chapter illustrates the complexities and intricacies of healthcare systems in Uganda and contextualizes the current research within broader academic discussions.

**Chapter Three** presents the theoretical framework outlining the theoretical foundations underpinning the research. A hermeneutic phenomenological approach was adopted, drawing significant influence from the philosophy of Martin Heidegger, whose work offers profound insights into the nature of existence, understanding, and interpretation. The chapter explains how the theory guided the analysis and interpretation of the data concerning management challenges in Uganda healthcare systems.

**Chapter Four** details the research design and methods employed to gather and analyze data. It discusses qualitative methods such as interviews, document reviews, and participant observations with healthcare Managers in Health Center IVs (HCIVs). Ethical considerations, sampling strategies, and data analysis techniques, including thematic analysis, are also presented. The chapter emphasizes the rationale for the chosen methodologies and their relevance to the lived experiences of Managers in HCIVs.

**Chapter Five** presents the research findings. Here, the collected data is systematically analyzed and presented. Themes and patterns that emerged from interviews and participant observations are described in detail. This chapter provides insights into the specific challenges faced by healthcare managers in Uganda Health Centers, drawing on direct quotes and experiences shared by participants to highlight key issues such as resource allocation, staffing, policy implementation, and stakeholder engagement.

**Chapter Six** interprets the findings with the guide of the theoretical framework and existing literature. It connects the lived experiences of healthcare professionals in Uganda Health Centers with broader strategic management theories. The discussion critically examines the implications of the findings for policy and practice, highlighting both similarities and differences with other contexts. Recommendations for addressing the identified challenges are also introduced.

**Chapter Seven** concludes the research, states the research contributions, and provides recommendations for further research. The chapter summarizes the key findings of the research and reflects on the contributions to theory and practice in strategic planning for healthcare systems in Uganda. It reiterates the importance of incorporating lived experiences into policy decisions and management strategies. The chapter also outlines practical recommendations for healthcare stakeholders and suggests areas for further research to enhance understanding and address ongoing challenges in healthcare management.

# Chapter Two: Strategic Planning and Management in Healthcare

## 2.1 Introduction

Chapter One introduced the research, provided the context, and outlined the research aims and objectives. It also summarized the chapters that follow. In this chapter, the researcher examines the existing literature on strategic planning and management in healthcare systems. This chapter aims to provide existing knowledge on strategic planning and management of healthcare systems, highlight what other researchers explored in the research area, identify the research gaps or inconsistencies the research attempts to address and develop a theoretical /conceptual framework to support the research.

Previous studies posit an empirical perspective on healthcare strategic planning and management challenges. These challenges include a lack of qualified personnel, poor leadership, human resource shortages (workforce), lack of commitment, and the unavailability of re-skilling opportunities. (Dennis 2019; Koning 2022; Mwaura and Gichinga 2019; Perera et al. 2012; Rasouli et al. 2020: Speziola 2015; Ugboro 2011).

Despite the challenges, Koning (2022) noted that strategic planning and management are vital for organizational success and sustainability. Similarly, Rasouli et al. (2020), in their systematic review on the importance of strategic planning and management in healthcare, published in the Journal of Health Management and Informatics, argued that the success of strategic planning in healthcare centers depends on the participation of key stakeholders, namely doctors, nurses, and managers.

The review discusses the themes: the context of strategic planning and management in healthcare systems; an overview of healthcare systems; healthcare leadership, roles of healthcare managers, performance management, and challenges.

Discussing the themes aims to better understand what is known about strategic planning and management in healthcare systems. In doing so, this research contributes to knowledge, practice, and policy.

## 2.2. Strategic Planning and Management in Healthcare Systems: A Crucial Component for Success

Effective strategic planning and management (SPM) is a vital component of any healthcare system that enables organizations to achieve their goals and objectives systematically and efficiently. Strategic planning involves developing a clear vision, mission, and goals for the organization, while strategic management involves implementing those plans and monitoring their progress (Rasouli et al. 2020). Despite all the positives of strategic planning, it is criticized for being rational and for inhibiting strategic thinking (George 2019).

In today's dynamic healthcare landscape, leaders need skills and knowledge to develop and execute effective strategic planning systems (Ugboro 2011). The leader’s expectations include commitment and a deep understanding of the strategic planning process, which involves several key steps. These steps include defining the organization's mission, setting strategic objectives, crafting strategies, and developing a detailed action plan to implement those strategies (Ugboro 2011). Another study on the topic by Malani (2023) asserts that a crucial aspect of this process involved conducting an environmental analysis, which involved assessing both internal and external factors

that impact the organization's success. Furthermore, Ugboro (2011) argued that the identified strengths, weaknesses, opportunities, and threats (SWOT) on analysis assist and enable leaders to capitalize on opportunities, mitigate threats, and build on strengths while addressing weaknesses.

Research has consistently shown that organizations that prioritize strategic planning tend to perform better than their counterparts that do not (Rasouli et al. 2019). Similarly, Rasouli et al. (2020) further argued that the success of strategic planning in a health facility depends on the participation of key stakeholders, including doctors, nurses, and managers. However, despite the positives, renowned researcher Mintzberg (1990) raised questions about the effectiveness of strategic planning, arguing that it may not always lead to better outcomes. Consequently, in the Journal of Oncological Practice, Teri Guidi argued that although there is ‘no wrong idea’ of what a strategic plan encompasses, there is a misconception. A strategic plan that is not precise does not take you forward forever, and the start does not justify the results.

Despite these differing opinions, effective leadership and strategic planning are essential for success in the healthcare industry. The researcher will, therefore, establish the positions and practices in the Healthcare centers under investigation.

The key stakeholders in SPM in healthcare systems comprise;

Senior leaders, including the CEO, CMO, and CFO; department heads, such as clinical and operational leaders; healthcare providers, comprising physicians, nurses, and other clinicians; administrators, including hospital administrators and department managers;

and support staff, which includes IT professionals and financial analysts. Stakeholders are entrusted with the leadership and governance of healthcare facilities.

### 2.2.1 Defining Strategy

Ibrahim et al. (2023) defined strategy as a long-term plan of action designed to achieve a particular goal or set of goals; Huebner and Flessa (2022) defined strategy as the theory or study of warfare and everything a good army leader should know.

As a plan and action, strategy enables the entity to gain a competitive advantage by efficiently allocating resources in response to the changing business environment and meeting stakeholders' requirements. In healthcare, a strategy is defined as actions taken to improve patient outcomes, reduce costs, enhance quality of care, or increase efficiency. A well-crafted strategy is based on a deep understanding of the organization's internal capabilities and external environment, as well as its patients' and stakeholders' needs and preferences of its patients and stakeholders (Parera et al. 2012).

### 2.2.2 The Role of Strategic Management

In a study on strategic management for healthcare organizations, Koning (2022), defined Strategic Management (SM) as the process of implementing a strategy and monitoring its progress. She further noted that the process involves setting goals and objectives, allocating resources, making decisions, and taking action to achieve the goals. Effective strategic management requires a structured approach to identify opportunities and threats, analyze internal strengths and weaknesses, and develop plans to capitalize on opportunities and mitigate threats. Therefore, effective strategic management bridges the gap between strategy formation and execution while staying flexible to external factors.

This concurs with a previous study by Adeola and Adisa (2019) who argued that the formation follows a systematic process that guides progress and action.

### 2.3 The Importance of Healthcare Systems in Economic Development

Healthcare services, as a component of healthcare systems, comprise personnel who deliver health services to players (populations in various sectors) in an economy (Roncarolo 2017; WHO 2017). Therefore, it is argued that healthcare systems play a vital role in economic development by providing essential services that promote health, prevent disease, and improve the population's quality of life. Healthcare systems, therefore, contribute to economic development by creating jobs, generating revenue, and stimulating economic growth. In addition, healthcare systems serve as engines for innovation, driving advances in medical technology, including computerized medical records and telehealth, as well as pharmaceuticals and biotechnology.

#### 2.3.1 Relevance of Strategic Planning and Management in Healthcare Systems

Strategic planning and management (SPM) are essential in healthcare systems because they enable organizations to make informed decisions about allocating resources, prioritizing activities, and measuring performance (Chaudhary 2022).

SPM can help healthcare systems enhance strategic decision-making, a requirement for health facilities in a competitive, complex, and challenging context (Terzic-Supic et al. 2015). Further, SPM is pivotal in-patient satisfaction and outcomes, where improved access to care and aligning services with patient needs, respectively, facilitate evidence-based quality care practice implementation.

In a strategic management review report for a healthcare organization, Aladag (2023) argued that SPM reduced costs by streamlining operations, reducing waste, and increasing efficiency, resulting in improved communication and collaboration among healthcare providers. The researcher's argument is consistent with Clare Koning's previous study on SM for healthcare organizations, where she argued that healthcare organizations should recognize the need for change. The changes include reviewing and defining their purpose and goals. These should be broadcast to all stakeholders.

### 2.3.2 Benefits of Strategic Planning and Management

Strategic planning and management facilitate the alignment of healthcare systems' resources with their goals. The process leads to maximizing the impact of their resources and achieving better outcomes. These include enhanced quality care, improved patient outcomes and satisfaction.

Healthcare systems that adopt strategic planning and management can prioritize their resources, make informed decisions, engage stakeholders, enhance efficiency and effectiveness, comply with regulatory requirements, foster innovation, and promote accountability (Aladag 2023).

Lastly, strategic planning and management promote accountability in healthcare systems. Setting goals and tracking progress hold healthcare systems accountable and help them achieve their objectives. In doing so, performance and patient outcomes improve, and staff are motivated.

**Challenges and Limitations**

While strategic planning and management offer numerous benefits, they also present challenges and limitations. Some Staff members in healthcare facilities find strategic planning and management time-consuming and require significant effort to implement and maintain.

Similarly, some staff resist changes (Speziale 2015) implemented through strategic planning and management, which hinders their effectiveness. In the theoretical framework (hermeneutics) by Martin Heidegger, resistance to change impacts innovation. The Innovations impacted include clinical and process innovations, total quality management (TQM), business process re-engineering (BPR) and others.

Strategic planning and management require significant financial resources, which is a barrier for some healthcare organizations. The healthcare facilities remain in the same situation, thus affecting service provision and patient outcomes.

Measuring the effectiveness of strategic planning and management initiatives can be challenging, making it difficult to identify areas for improvement. Strategic planning and management initiatives may not be easy to quantify, making the improvement process difficult /challenging.

In conclusion, strategic planning and management are crucial to the success of healthcare systems. The healthcare management must thus be proactive by foreseeing and strategizing for resource management. Iyobhebhe et al. (2024) noted that entities that neglect strategic planning and management invest significant amounts of time, money, and resources to make up for their lack of readiness. Aligning resources with goals, promoting accountability, and driving performance improvement through strategic

planning and management enable healthcare organizations to deliver high-quality care that meets the evolving needs of patients. While it presents some challenges and limitations, the benefits of SPM outweigh the costs.

### 2.3.3 Impact of Strategic Planning and Management on Patients' Outcomes and Organization Performance

Strategic planning and management significantly impact patients' outcomes and organizational performance in the healthcare industry. Below are some of how strategic planning and management can influence outcomes.

**Patients' Outcomes**

Improved health outcomes: Strategic planning and management support healthcare organizations in focusing on evidence-based practices. This reduces unnecessary variations in care, thereby improving patient outcomes. More patients will be attracted to the healthcare facility, and with improved patient outcomes, they will be even more drawn to it. The service providers are compelled to work harder to meet patients' expectations. The result is improved organization performance.

**Enhanced Patient Safety**

Effective management and planning are essential for identifying and mitigating risks, reducing the likelihood of adverse events, and enhancing patient safety.

Better patient experience: Strategic planning and management improves patient satisfaction by receiving timely services, providing services and compassionate care.

Increased access to care: Strategic planning and management help ensure that patients have access to necessary services, including primary care, specialty care, and emergency services.

**Organization Performance**

Improved efficiency: Strategic planning and management could help healthcare organizations streamline processes, reduce waste, and improve productivity.

Increased effectiveness: Effective management and planning enable healthcare organizations to allocate resources effectively, leading to better use of equipment and facilities and ensuring appropriate staff deployments.

Enhanced financial performance: Strategic planning and management can help healthcare organizations achieve financial stability, reduce costs, and increase revenue.

Better decision-making: Strategic planning and management provide a framework for making informed decisions that align with the organization's goals and objectives.

Increased accountability: Strategic planning and management promote accountability among healthcare providers, patients, and stakeholders.

Improved collaboration: Strategic planning and management can foster collaboration among healthcare providers, payers, and other stakeholders to improve care coordination.

Innovation: Strategic planning and management can encourage innovation in healthcare services, products, and delivery models.

### Specific Examples of Impact

The American Hospital Association's (AHA) study on hospital quality found that hospitals with effective strategic plans had better patient outcomes, such as lower mortality rates and fewer readmissions. Similarly, the National Committee for Quality Assurance (NCQA) found that healthcare organizations with effective strategic plans had better-quality metrics, such as higher scores on the Healthcare Effectiveness Data and Information Set HEDIS measures (Harrison 2021).

Therefore, strategic planning and management are essential for improving patients' outcomes and organization performance in the healthcare industry. Aligning goals, resources, and actions results in healthcare organizations can achieve better patient outcomes, improve efficiency, enhance financial performance, and increase accountability. These are generalized impacts of SPM in developed countries. Nevertheless, similar trends apply in low-developed countries with minor differences. The present research attempts to better understand the impact of SPM on the healthcare sector/system in Uganda.

## 2.4 Overview of the healthcare systems

According to the World Health Organization (WHO), a healthcare system consists of all organizations, people, and actions intending to promote, restore, or maintain health. Turnock (2012) further defined healthcare systems as a set of activities guided by a common objective in principle, namely the improvement of health outcomes for all the stakeholders in the healthcare chain through the supply of medical services.

Meanwhile, Harrison (2021), in The Essentials of Strategic Planning in Healthcare, defined healthcare as a set of public health functions and corporate medical services.

Healthcare systems worldwide have the main objective of guaranteeing the availability of quality, accessible and functional healthcare services to its citizens. Healthy citizens engage in productive activities that result in economic development. Healthy people are productive and perform various economic activities to earn a living while paying taxes to the government. This contributes to the national treasury. The Government appropriates the collected taxes to provide services to citizens (including healthcare). A nation with non-productive citizens faces economic development challenges. It is, therefore, paramount for countries to have healthcare systems that cater or support their people's healthcare.

Unfortunately, in a study on medical tourism in Nigeria and the challenges and remedies to healthcare development by Abubakar et al. (2018), it was noted that in most developing countries, healthcare systems are dysfunctional compared to first-world countries. The dysfunction is attributed to resource misallocations that would otherwise be allocated to healthcare services. This is a common practice in Uganda. Resources are diverted to finance wars and politics. In most cases, leaders stash away public funds through corruption, politics for their gains. Leaders tend to concentrate on non-value-adding activities, such as political campaigns depriving citizens of the healthcare services they are entitled to. The deprivation has led to medical tourism, where thousands of dollars are spent to treat government officials in countries such as India, Singapore, Japan, South Africa, Malaysia, and the United Kingdom, where healthcare is given due attention (Abubakar et al. 2018; Oleribe et al. 2019). Globally, medical tourism has contributed to

the growth and development of healthcare systems in countries engaging in the practice because it attracts people from other parts of the world. Medical tourism has become a sizeable source of revenue for the countries involved (Abubakar et al., 2018). Besides, medical tourism has contributed to underdeveloped healthcare systems and brain drain in low-developed countries.

### 2.4.1 Healthcare Systems in Uganda

The healthcare system structure comprises several interlocking components, including healthcare providers, healthcare facilities, patients, health insurance companies and Government regulatory authorities. Each of these components has a role to play. The healthcare providers provide services to patients. The healthcare facilities provide services to patients through the healthcare providers. The facilities in the healthcare system are government-owned, private, and not-for-profit. The services availed vary, depending on size, location, resources, and funding available.

In Uganda, there are 6,546 health facilities. Of these, fifty-two percent (3,430) are government health facilities, fifteen percent are private and not-for-profit health facilities, and the balance comprises private for-profit and community-owned facilities (MOH 2023). These are summarized in figure 2.1 below;

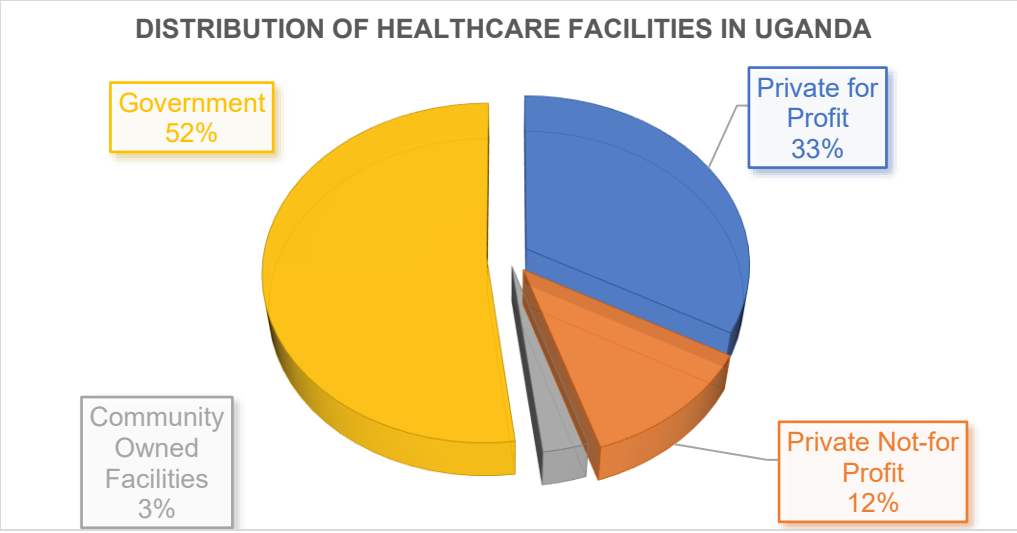


**Figure 2-1 Distribution of Health Facilities in Uganda**
*(Source: MOH 2023)*

Government, international and non-government organizations fund government facilities, whereas private facilities are financed through internally generated resources. These resources are collected from patients seeking health services. Due to a limited resource envelope, the Government of Uganda has recently introduced cost-sharing arrangements in some healthcare facilities. In this approach, the patients pay for healthcare services. This was aimed at raising funds from a category of its citizens with the ability or those that can pay for the rendered services.

In contrast, private, not-for-profit organizations generate resources from grants and donations from non-government organizations. In Uganda, Government regulatory agencies oversee healthcare standards, and practices standards, operations, and practices in healthcare. They ensure compliance with health standards are met by practitioners and licensed health professionals who set policy standards and guidelines, non-compliance results in penalties, fines, or healthcare facility closures. The government agencies include the National Drug Authority (NDA), Uganda Dental

Association (UDA), Uganda Medical Association (UMA), Uganda Nurses and Midwife Association (UNMA), and the Pharmaceutical Society of Uganda (PSU) (MOH 2024). The membership of the associations includes doctors, pharmacists, midwives, Allied health professionals and nurses who are annually registered and abide by the practice regulations.

For effective management, health facilities have leadership that directs the activities and services to the public. Health professionals are responsible for leading in non-technical positions (Carney 2004). Professionals in the respective fields manage positions requiring specialized skills such as finance, accounting, procurement, human resources, and risk management. This is, however, changing; with professional re-skilling programs and formal and informal training, health professionals are undertaking professional courses in addition to their medical qualifications. This qualifies them to take up management and leadership positions in health facilities.

### 2.4.2 Hierarchy of Healthcare Facilities in Uganda

According to the MOH (2024), healthcare facilities are ranked according to size, locality served and the services they render to the public. The facilities include Health Center 1 (HCI), Health Center 2 (HCII), Health Center 3 (HCIII), Health Center 4 (HC IV), General Hospitals, Regional Referral Hospitals and National Referral Hospitals as illustrated in Table 1-1 below. The table shows the respective number of health facilities in Uganda

**Table 1-1: Hierarchy of Healthcare Facilities in Uganda**

| Facility Level | Public | | PNFP | | PHP | | Total | |
|---|---|---|---|---|---|---|---|---|
| Residence | Number | % | Number | % | Number | % | Number | % |
| National Referral Hospitals | 9 | 0 | 0 | 0 | 0 | 0 | 9 | 0.1 |
| Regional Referral Hospitals | 16 | 0 | 0 | 0 | 0 | 0 | 16 | 0.3 |
| General Hospitals | 54 | 2 | 73 | 8 | 62 | 3 | 189 | 2.9 |
| Health Centre IVs | 199 | 6 | 35 | 4 | 28 | 1 | 262 | 4.0 |
| Health Centre IIIs | 1,435 | 42 | 359 | 37 | 246 | 11 | 2,040 | 31.2 |
| Health Centre IIs | 1,717 | 50 | 447 | 46 | 1,448 | 67 | 3,612 | 55.2 |
| Clinics | 0 | 0 | 52 | 5 | 366 | 17 | 418 | 6.4 |
| **TOTAL** | **3,430** | **100** | **966** | **100** | **2,150** | **100** | **6,546** | **100** |

Source: Ministry of Health (MOH), Uganda

This research concentrates on Health Centre IV (HCIVs). The rationale for health Center IV was its central role in providing health services to the population. In addition, the HCIVs are located at the center of the hierarchy, receiving most cases from the population and the lower centers, and referring complicated cases to General hospitals and referral hospitals. Some of the services provided include preventive, promotive, outpatient, curative, maternity, in-patient, laboratory, ultrasound, emergency, blood transfusion and mortuary services. HCIVs' leadership consists of managers who are members of the District Management Team (DHMT). The team oversee/supervises the implementation of healthcare services in the district and ensures compliance with national policies and guidelines. The staff comprise Doctors, Nurses, Midwives, Laboratory Technicians, Administrators, and support staff.

### 2.4.3 Strategic Planning Process

In healthcare systems, mission statements are a critical component of strategic planning, serving as the foundation for facilities' overall goals and vision (Karmon and McGilsky 1997). However, the dynamic nature of these facilities, including the environment in which they operate, necessitates ongoing innovation and adaptation (Liedtka 2000). One

effective way to achieve this is by establishing and regularly reviewing achievable objectives. Healthcare leaders ensure that these objectives are set and effectively allocate resources, which is directly a result of their budgetary planning. Previous studies, for instance by Dennis (2016), have shown that the healthcare sector has adopted strategic planning tools from the business sector to improve performance.

According to Kapucu (2016), strategic planning involves examining and testing assumptions about the present environment while anticipating future challenges. As a result, leaders make informed decisions that shape the future of their healthcare facilities. However, this process depends on leadership, culture, complexity, and facility size. Denis (2016) further argued that strategic planning brings health managers and leaders together to achieve common goals, promoting unity and collaboration. While there is no evidence to support the claim that strategic planning contributes to improved health performance, healthcare facilities need to rethink their approach to planning. Therefore, the current research will examine how the managers of health center IVs use their strategic planning skills to improve performance at their respective facilities. Although they utilize strategic management tools, healthcare systems often struggle with effective business planning and long-term thinking due to their complex nature. Healthcare facilities often approach strategic planning linearly and rigidly, rather than adopting a more adaptive and dynamic approach. Healthcare leaders must prioritize innovation and flexibility in their strategic planning processes to overcome this challenge.  In hermeneutics, there is always a need to analyze the innovation process. Theorist Martin Heidegger argued that healthcare facilities will succeed and perform well with innovations.

## 2.5. Healthcare Leadership

Effective healthcare leadership is essential in any organization, requiring vision, direction, and the ability to anticipate and drive innovation while focusing on individual development. According to Huczynski and Buchanan (2013), as cited in Gopee et al. (2017), leadership influences a group's efforts toward goal setting and achievement. Earlier work by Mullins (2016) emphasized that leadership is a relationship between individuals, where one person influences the behavior or actions of others through their exercise of power.

A successful leader must have followers who trust and respond to their guidance and support. Leaders must exert influence and authority over others to lead successfully. Key attributes include excellent communication skills, approachability, cooperativeness, popularity, decisiveness, knowledgeability, ethics, intelligence, alertness, and high integrity.

Healthcare leaders serve as role models for healthcare practitioners, inspiring, motivating, and energizing their colleagues and juniors to achieve healthcare goals. In the healthcare system, success or failure depends heavily on leaders (Rasa 2020). While there is no evidence to suggest that leadership is inherited, leadership competencies can be developed through appropriate training and development opportunities for individuals with potential. This research investigated the leadership roles of healthcare managers and how they apply their skills to achieve the desired leadership. The leadership theory guiding the investigation emphasized the importance of vision, empathy, and community orientation. These are critical for leadership styles in rural health settings.

Leadership is a key role of managers, making it a subset of management.

### 2.5.1 Types of Leaders

Various leadership styles are identified in different organizations or healthcare settings (Gopee et al. 2017). These include:

1. Traditional leadership: Authority is based on established beliefs in the sanctity of traditional leaders.

2. Formal leadership: This leadership style is practiced by individuals with legitimate authority conferred by the organization.

3. Informal leadership: A staff member exercises influence and guidance without a specified management role.

4. Attempted leadership: An individual attempts to influence others.

5. Successful or effective leadership: A leader achieves intended results and group goals.

6. Charismatic or naturally emerging leadership: Leaders lead through natural charm or charisma.

7. Political leadership: An individual takes a strong lead favoring a specific preference or party.

8. Shared leadership: Two or more equally ranked staff members share leadership in a practice setting due to equal status.

9. Elected leadership: For example, a prime minister.

10. Imposed leadership: An individual is appointed as manager but also assumes the leadership role.

Leaders and top management teams play a crucial role in strategic planning activities, using tools such as SWOT analysis, financial planning, scenario planning, and contingency planning to make organizational decisions. According to Koufopoulos et al. (2000), leaders perceive strategic planning as contributing to better decision-making due to the more precise goals and policies it facilitates. However, peers at lower levels of management and external consultants play minor roles in this activity.

### 2.5.2 Challenges Leaders Face in Healthcare Systems

#### Complexity of Care

Patients have multiple chronic conditions, medications, and treatments, making it challenging to coordinate their care. The complexity of care requires healthcare leaders to develop robust care coordination programs, involve patients in their care, and integrate data from various sources.

Leaders must prioritize the development of comprehensive strategies that directly tackle the social determinants of health such as housing, transportation, and food insecurity which significantly influence patient outcomes (Ireland & Hitt, 2005). By adopting a holistic approach, healthcare leaders can create initiatives that integrate services and programs addressing these underlying factors. For instance, partnerships with local organizations could help ensure access to affordable housing and reliable public transportation. Furthermore, community-based nutritional programs could alleviate food insecurity and promote the implementation of a better lifestyle. By acknowledging and addressing these social determinants, leaders can foster healthier communities, enhance patient well-being, and thus improved health equity for all individual.

### Increasing Regulatory Requirements

The healthcare industry is heavily regulated, with local and international laws and regulations governing healthcare operations. Therefore, healthcare leaders must stay updated with changing regulations, such as the Affordable Care Act (ACA) and Medicare Access (Harrison 2021). In addition, Mikhno (2020) posited that compliance with regulations requires significant resources that involve staff time, training innovation and technology investment. With limited resources in developing countries such as Uganda, there is a better understanding of how managers use limited resources to address the challenges in healthcare needs. The current research focuses on the lived experiences of managers to explore this aspect.

### Budget Constraints

Healthcare organizations operate on thin margins, making it challenging to balance the need for new technologies, staff training, and patient care with budget constraints. Therefore, Leaders must prioritize investments in areas that drive patient value, such as preventive care and population health management. Budget constraints also require leaders to identify cost-saving opportunities, such as optimizing supply chain management and reducing administrative burdens.

### Workforce Shortages

The healthcare industry faces significant workforce shortages in certain specialties, such as primary care physicians and nurses. Leaders can develop strategies to attract and retain talent, including competitive compensation packages, flexible work arrangements, and professional development opportunities. Workforce shortages require leaders to

invest in technology solutions and medical infrastructure that augment human capabilities, such as telemedicine and artificial intelligence, because of e-health development and implementation (Androuchko & Nakajima n.d.).

**Patient Engagement**

Patient engagement is critical for effective healthcare delivery beyond traditional medical interventions. To ensure that patients are actively involved in their healthcare decisions, healthcare leaders must consider a range of social determinants of health (www.cdc.gov) The Center for Disease Control and Prevention in collaboration with WHO further posits that social determinants could significantly influence health outcomes and behaviors. They encompass various factors, including language barriers, cultural differences, housing stability, access to nutritious food, poverty levels, and demographic elements like fertility rates.

Language barriers prevent patients from fully understanding their health conditions and treatment options, leading to misunderstandings and non-adherence to medical advice. Cultural differences also create discrepancies between patients and healthcare providers, impacting communication and trust in the healthcare system. A culturally competent healthcare environment can foster stronger relationships between providers and patients, ultimately encouraging better engagement.

Housing is another critical determinant; inadequate or unstable housing does affect a patient's physical and mental health, leading to increased stress and susceptibility to illness. Access to a balanced diet is equally essential, as poor nutrition could lead to many

chronic health issues. Food insecurity could significantly limit a patient's ability to maintain their health.

Poverty remains one of the strongest predictors of health disparities, as low-income individuals often have reduced access to healthcare services, higher exposure to health risks, and limited resources for managing their health. Furthermore, high fertility rates in specific communities strain resources, which increases family challenges to access adequate healthcare services.

Addressing these social determinants is essential for improving patient engagement. Implementing strategies with the above factors in perspective leads healthcare leaders to create a more inclusive and supportive healthcare environment that empowers patients to take charge of their health. Below is Figure 2-2 representing the various social determinants of health.


**Figure 2-2: The Five Social Determinants of Health**
Source: Center for Disease Control and Prevention (CDC) 2023

Figure 2-2 illustrates how interconnected factors collectively impact health outcomes. Acknowledging and addressing how the social determinants facilitate healthcare providers and leaders in enhancing patient engagement that could result in improved health outcomes across diverse populations.

**Quality Improvement Initiatives**

Quality improvement initiatives aim to reduce variations in care and improve patient outcomes.

Healthcare leaders must develop strategies to promote evidence-based medicine, reduce hospital-acquired infections, and improve patient safety.

Quality improvement initiatives also require leaders to invest in data analytics and reporting tools to track outcomes and identify areas for improvement.

**Integration of Technology**

Technology has transformed the healthcare industry, from electronic health records (EHRs) to artificial intelligence (AI) and machine learning (ML) and the use of Blockchain technology (Aladag 2023)

Furthermore, Aladag (2023) stipulated that healthcare leaders must develop strategies to integrate these technologies into their operations and enhance patient care while minimizing potential negative impacts.

Technology integration also requires leaders to invest in cybersecurity measures to protect patient data. Protected patient data would ensure patient privacy and information confidentiality and prevent unauthorized access and use.

### Addressing Health Disparities

Health disparities exist across various patient populations, including racial and ethnic minorities, low-income communities, and rural areas. Leaders are responsible for developing strategies to address disparities by providing targeted services and programs that benefit the population. In support of this argument, Gurtner and Soyez (2015) stated that addressing health disparities necessitates leaders to invest in community initiatives to promote health equity.

### Managing Risk

Healthcare organizations face risks such as infections, medical and medication errors. These risks slow or hinder progress of organizational activities. The strategies to avert or deter the probability of risk include transferring or mitigating risks through investment in quality improvement initiatives and implementing risk management programs (Graziano and Raulin 2019).

Furthermore, leaders develop crisis management plans and conduct regular drills. The plans have resulted in disaster preparedness, reducing incidents such as errors and contamination.

### Maintaining a Culture of Safety

A culture of safety is critical for preventing harm to patients and staff. Safety is key, as non-adherence results in the loss of lives and property.

Healthcare leaders must prioritize transparency, accountability, and open communication to foster a culture of safety.

Maintaining a culture of safety also requires leaders to invest in staff training programs that promote error prevention and reporting.

These interconnected challenges often require healthcare leaders to adopt a holistic approach that simultaneously addresses multiple factors. By understanding these challenges, leaders could develop effective strategies to drive improvement in patient care outcomes while reducing costs (Lee and Cosgrove 2018).

### 2.6. Managers in the Healthcare Systems

The healthcare system relies heavily on skilled healthcare managers to ensure the delivery of high-quality patient care. These managers play a crucial role in overseeing the various activities of healthcare facilities, including hospitals, clinics, and other healthcare organizations. The team of managers includes hospital administrators, clinical managers, department managers, practice managers, healthcare executives, nursing managers, operations managers, and finance managers. This diverse group of professionals brings together a range of skills and expertise to manage the complexities of the healthcare system.

In a review paper on healthcare managerial challenges in rural and underserved areas, Babawarumu et al. (2024) noted that healthcare facility managers are tasked with a broad range of responsibilities. One of the primary responsibilities of healthcare managers is efficient resource allocation. This involves identifying areas of waste and inefficiency within the organization and implementing strategies to optimize resource utilization and efficiency. Effective resource allocation enables healthcare facilities to provide high-quality care while minimizing costs.

Additionally, managers must recruit and retain skilled healthcare professionals, as a staff shortage could compromise patient care. This involves attracting and retaining top talent candidates through competitive compensation packages, providing ongoing training and development opportunities, and fostering a positive work environment.

Healthcare managers must also optimize operational efficiency by streamlining processes, reducing wait times, and improving patient flow. This requires strong communication and collaboration skills to ensure all stakeholders are aligned and working towards the same goals. Furthermore, managers must integrate new technologies and innovations to improve care quality and patient outcomes. This may involve implementing electronic health records systems, telemedicine platforms, or other digital tools that enhance patient care (Aladag 2023).

Beyond day-to-day operations, Carney (2004) argued that healthcare managers are responsible for developing and implementing strategic plans that align with the organization's mission and vision. This involves setting goals and objectives, allocating resources accordingly, and monitoring progress towards these targets. Effective strategic planning enables healthcare facilities to stay competitive in a rapidly changing healthcare landscape.

Carney (2004) further posited that to achieve their goals, healthcare managers must build strong relationships with top management teams within the organization. This involves establishing trust, communicating effectively, and fostering a culture of collaboration and open communication. In doing so, managers can align their teams around common goals and objectives, drive innovation and improvement initiatives, and create a positive work environment that supports high-quality patient care.

Healthcare managers must, therefore, play a vital role in ensuring the delivery of high-quality patient care. Bringing together diverse skills and expertise from clinical and non-clinical backgrounds (Carney 2004) enables healthcare managers to drive improvement initiatives that enhance patient outcomes and support the overall success of healthcare systems.

### 2.6.1 Roles of Healthcare Managers

The role of healthcare managers is crucial in the healthcare system, as they oversee the day-to-day operations of facilities and ensure that they run smoothly and efficiently. A well-defined job description and responsibilities guide healthcare managers in their performance, outlining their tasks and duties. These responsibilities include planning, coordinating, supporting, disciplining, motivating, and training organizational staff (Terzic-Supic et al. 2015).

One of the primary roles of healthcare managers is to develop and implement work plans and budgets for their respective facilities. These plans and budgets serve as a roadmap for decision-making, providing a framework for allocating resources and prioritizing tasks. With a clear strategy and budget, healthcare managers make informed decisions based on evidence-based practices aligning with the organization's goals and objectives.

In addition to planning and budgeting, healthcare managers are also responsible for evaluating and monitoring the performance of their facilities and staff. This involves tracking key performance indicators (KPIs) such as patient satisfaction, quality of care, and staff turnover rates. By regularly monitoring these metrics, healthcare managers can

identify areas for improvement and implement changes to enhance the quality of care and patient experience.

Another important role healthcare managers play is to appraise staff performance and recommend re-skilling and further training. This includes conducting regular performance evaluations, providing constructive feedback, and identifying opportunities for growth and development. By investing in staff development, healthcare managers can enhance job satisfaction, reduce turnover, and improve staff morale.

Furthermore, healthcare managers play a critical role in fostering a positive work environment that promotes teamwork, collaboration, and open communication. They do this by encouraging open-door policies, recognizing employee achievements, and addressing conflicts promptly. By creating a positive work environment, healthcare managers could reduce stress levels, improve morale, and enhance patient care.

In addition to these roles, healthcare managers are also responsible for ensuring compliance with regulatory requirements, accreditation standards, and industry best practices. These include staying current with changing regulations, ensuring compliance, performing internal audits and implementing corrective actions as recommended.

In conclusion, healthcare managers play a vital role in the healthcare system by overseeing facility operations, developing plans and budgets, evaluating performance, appraising staff, fostering a positive work environment, and ensuring compliance with regulatory requirements. By performing these roles effectively, healthcare managers could improve patient care outcomes, enhance job satisfaction among staff members, and promote efficiency within the organization.

### 2.6.2 Challenges in the Health System

The healthcare industry is a complex and dynamic system that faces numerous challenges, making the role of healthcare managers crucial in ensuring the delivery of quality patient care. As healthcare managers, they are responsible for overseeing the day-to-day operations of healthcare facilities, managing resources, and making strategic decisions to improve patient outcomes. Despite their importance, healthcare managers face numerous challenges that impact the overall performance of the healthcare system.

One significant challenge healthcare managers face is the ever-changing regulatory environment. The healthcare industry is heavily regulated, and healthcare managers must stay with evolving laws, policies, and regulations to ensure compliance. This requires a significant amount of time, effort, and resources, which can be challenging for managers to allocate. For instance, the Affordable Care Act (ACA) has brought numerous changes to the healthcare system, including new payment models, quality reporting requirements, and patient protections. Healthcare managers must navigate these changes while ensuring facilities comply (Harrison 2021).

Second, there is a shortage of skilled professionals. The healthcare industry faces a shortage of skilled professionals, particularly in specialized areas such as primary care, gerontology, and mental health. The shortage affects patient care, increases operational costs, and decreases the quality of care. Healthcare managers must find ways to attract and retain skilled professionals, which can be challenging due to competition for talent, limited funding for education and training programs, and burnout among existing staff. An available and probable option is pooling resources to fund specialty candidates to increase the number of skilled staff.

Third, balancing the demands of multiple stakeholders. Healthcare managers must balance the needs of patients, physicians, nurses, and other staff members while meeting the demands of payers, policymakers, and regulators. This requires strong communication skills, conflict resolution skills, and the ability to negotiate with multiple stakeholders. For instance, a hospital manager may need to balance the demands of patients seeking more timely discharge against the needs of physicians who are concerned about readmission rates.

Fourth, managing limited resources effectively. The healthcare industry is characterized by limited resources, including budget constraints, staffing shortages, and inadequate infrastructure. Healthcare managers must, therefore, make tough decisions about resource allocation to maximize patient care while minimizing costs. For instance, a hospital manager may need to decide whether to invest in new technology or staff additional nursing positions.

Fifth, patient engagement and empowerment. Patients are increasingly expected to take an active role in their care through engagement strategies such as shared decision-making and patient-centered care. However, this requires significant changes in how healthcare providers deliver care, including new workflows, communication strategies, and education programs. Healthcare managers must support these changes while ensuring that patients have the necessary skills and knowledge to participate effectively in their own care.

Sixth, data analytics and informatics. The increasing availability of data has created new opportunities for analysis and improvement, but also presents challenges related to data quality, interpretation, and use. Healthcare managers must develop data analysis and

interpretation skills to make informed decisions about resource allocation, patient care strategies, and quality improvement initiatives.

Lastly, environmental sustainability. The healthcare industry has a significant impact on the environment due to its energy consumption, waste generation, and transportation emissions. Healthcare managers must develop strategies for reducing their facilities' environmental footprint while ensuring that these efforts do not compromise patient care or quality.

In conclusion, healthcare managers face numerous challenges in today's complex and dynamic healthcare system. These challenges include navigating a changing regulatory environment, managing a shortage of skilled professionals, balancing stakeholder demands, managing limited resources effectively, promoting patient engagement and empowerment, leveraging data analytics and informatics, and addressing environmental sustainability concerns. By understanding these challenges and developing effective strategies, healthcare managers can ensure patients receive high-quality care while improving efficiency and reducing costs. (Koning 2022; Rasouli et al. 2020; Parera et al. 2012),

### 2.7. Performance Management in Healthcare Systems

Effective performance management in healthcare systems is key to excellence. A study on performance management by Koning (2022) argued that strategy is bound to fail without performance management, strategy is bound to fail and further stipulated that performance and productivity work together and, thus, are not separable. Earlier on, a study by Mwaura and Gachinga (2019) asserted that performance measurement is by

indicators which are either financial (profitability and growth) or non-financial (employee satisfaction, efficiency of service delivery, consumer satisfaction and professional development).

Effective performance management is crucial for driving exceptional outcomes and achieving organizational goals in the dynamic and fast-paced healthcare industry, where patient care and safety are paramount. In the dynamic and fast-paced healthcare industry, where patient care and safety are paramount, effective performance management is crucial for driving exceptional outcomes and achieving organizational goals. According to Mondy and Martocchio (2015), performance management is a strategic process that optimizes employee productivity, team efficiency, and overall organizational performance. In the healthcare sector, where the stakes are high, and lives are on the line, performance management is essential for ensuring that every staff member is aligned with the organization's vision and mission.

In today's healthcare landscape, meeting minimum standards is no longer sufficient. Healthcare organizations must strive for excellence in all aspects of patient care, from diagnosis to treatment and beyond. To achieve this level of excellence, performance management is critical. By implementing a comprehensive performance management framework, healthcare facilities can ensure that every staff member has the knowledge, skills, and tools to deliver high-quality patient care. (Rasouli et al. 2020; Ryan 2018). For healthcare facilities to perform effectively, leaders should be strong enough to be depended upon in guiding strategy and ensuring its effective implementation.

The performance management framework in healthcare typically includes a range of tools and techniques, such as Performance Monitoring Tools (PMT), Performance Planning

Tools (PPT), Performance Evaluation Tools (PET), Performance Feedback Tools (PFT) and the Balanced Scorecard (BSC). These tools enable healthcare managers to set clear goals, track progress, provide constructive feedback, and identify areas for development. In doing so, staff are empowered to take ownership of their performance, make data-driven decisions, and deliver high-quality patient care (Koning 2022). The result is a more effective and efficient healthcare system prioritizing patient satisfaction, quality of care, and staff engagement.

In contrast to traditional staff appraisal systems, which often occur at fixed intervals, performance management is an ongoing process that encourages continuous improvement and growth. Embracing this approach, healthcare facilities can create a culture of excellence that drives exceptional outcomes and fosters a positive work environment.

### 2.7.1 Performance Management Themes in Healthcare

The three themes of performance management in healthcare are crucial for achieving excellence:

**Theme 1: Goals and Expectations**

The theme on Goals and Expectations focuses on setting clear, measurable, and achievable employee goals and expectations. It involves:

Setting SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) goals that align with organizational objectives

Establishing Key Performance Indicators (KPIs) to measure progress towards those goals

Aligning goals with organizational objectives to ensure everyone is working towards the same outcomes.

By setting clear goals and expectations, healthcare facilities should ensure that every staff member is focused on delivering high-quality patient care. This theme also enables employees to understand what is expected of them and what they must do to meet those expectations.

**Theme 2: Performance Improvement**

This theme focuses on monitoring and improving employee performance to meet the goals and expectations set. It involves regular feedback and coaching to help employees improve their skills and knowledge, identifying strengths and areas for improvement through regular evaluations and assessments.

They are developing plans for growth and development to address skill gaps. By continuously improving employee performance, healthcare facilities can ensure that every staff member has the skills and knowledge necessary to deliver high-quality patient care.

**Theme 3: Reward and Recognition**

This theme focuses on recognizing and rewarding employees for their achievements and contributions to the organization. It involves recognizing employee accomplishments and achievements through regular feedback and praise, providing rewards and incentives for meeting or exceeding goals and fostering a culture of recognition and appreciation by celebrating milestones and achievements.

Healthcare facilities motivate staff to continue delivering excellent patient care by recognizing employee achievements. This theme also helps to build trust and morale among employees.

Thus, effective performance management is critical for driving excellence in healthcare systems. Implementing a comprehensive performance management framework that includes tools such as PMT, PPT, PET and PFT, healthcare facilities could ensure that every staff member is aligned with the organization's vision and mission. Healthcare facilities would create a culture of excellence that drives exceptional outcomes, setting clear expectations, improving employee performance, and recognizing achievement. By focusing on setting clear goals and expectations, improving employee performance, and recognizing achievements, healthcare facilities could facilitate excellence that drives exceptional outcomes**.**

### 2.7.2 Role of Performance Management in Strategic Planning and Management

**Alignment with Organizational Goals**

Performance management plays a crucial role in aligning individual objectives with the organization's by ensuring that personal goals align with broader organizational aims. This process allows employees to see how their contributions support the overall strategy. Such alignment fosters a more dedicated and motivated workforce. When employees recognize how their responsibilities contribute to the larger vision, they are more inclined to be engaged and committed to fulfilling the organization's objectives.

**Setting Key Performance Indicators (KPIs)**

Performance management support identification and establishmentof KPIs that measure progress toward strategic objectives. These KPIs provide a framework for evaluating performance and making data-driven decisions. KPIs can be used to track progress toward goals, identify areas for improvement, and adjust as needed. KPIs provide a clear understanding of how well the organization is performing against its goals and support managers make data-driven decisions to improve performance.

### 2.7.3 Improved Communication

Performance management facilitates regular communication between employees, managers, and the organization. This open communication fosters a culture of transparency, trust, and collaboration. Regular feedback and check-ins help employees stay informed about their progress, receive guidance and support, and feel valued and recognized for their contributions.

For example, trust is built when a manager conducts regular one-on-one meetings with their team members to discuss progress toward goals, provide feedback, and set new objectives. Employees feel supported and motivated.

**Data-driven Decision Making**

Performance management provides valuable insights into employee performance, enabling managers to make informed decisions about resource allocation, talent development, and strategic investments. By analyzing performance data, managers can identify areas where employees need training or support, allocate resources more effectively, and make data-driven decisions about promotions or terminations.

For example, an organization may use performance data to identify that a particular service is not selling well. Based on this data, the organization may discontinue the service or redirect resources to a more successful service line.

**Employee Development**

Identifying areas for improvement and performance management encourages employee development and growth. This is critical for achieving long-term organizational goals. Employees who receive regular feedback and coaching are more likely to develop new skills and take on new challenges, increasing job satisfaction and retention.

For example, an employee may struggle with a particular task or skill. Through performance management, the manager identifies the area for improvement and provides targeted training or coaching that support the employee develop the necessary skills.

**Increased Accountability**

Performance management holds employees accountable for their performance by setting clear goals and expectations. This accountability promotes a culture of ownership and responsibility, where employees take ownership of their work and strive to achieve excellence.

For example, an employee may be given a goal to reduce production costs by 10% within the next quarter. The employee is accountable for achieving this goal through daily work activities, such as optimizing production processes or reducing waste.

**Strategic Planning**

Performance management help organizations plan strategically by identifying strengths, weaknesses, opportunities, and threats (SWOT analysis). This analysis informs strategic decisions and resource allocation (Gomera et al. 2018)

For example, an organization may conduct a SWOT analysis to identify its strengths in product development and weaknesses in marketing. Based on this analysis, the organization may invest more in marketing initiatives to leverage its strengths and address its weaknesses.

**Talent Management**

Performance management enables organizations to identify top performers, develop succession plans, and retain key talent. Top performers drive business results and can help transfer knowledge and skills to others. For example, an organization may identify a high-performing salesperson as a future leader in the company. The organization offers targeted training and development opportunities through its performance management system.

**Innovation and Agility**

Performance management encourages a culture of innovation and agility by recognizing and rewarding experimentation, risk-taking, and adaptability. This fosters a culture where employees feel comfortable trying new approaches or taking calculated risks.

For example, an organization may recognize employees who develop innovative solutions or propose new ideas that lead to improved business outcomes. This

recognition encourages others to do the same, driving innovation and growth. From a theoretical perspective, this results in organizational success. Employee resistance, meagre resource availability and utilization, and disrupted routines will be addressed.

**Continuous Improvement**

Performance management targeted changes to processes and systems, fostering a culture of continuous improvement.

For example, an organization may identify inefficiencies in its production process through performance data analysis. Based on this data, the organization may implement changes to streamline production processes or reduce waste.

**Enhanced Employee Engagement**

Top-performing employees are recognized with rewards or bonuses based on their performance data. By recognizing and rewarding employees' contributions, performance management boosts employee engagement, motivation, and job satisfaction. This recognition enhances employee engagement by showing that their hard work is valued and appreciated.

**Better Resource Allocation**

Upon identifying areas of strength and weakness, organizations allocate resources effectively. This ensures that resources are allocated to the most critical areas of the business. A case in point is that an organization may allocate more resources to its most profitable product lines or markets based on performance data analysis.

By incorporating performance management into strategic planning and management, organizations could achieve these benefits and drive business success through improved goal alignment, data-driven decision-making, employee development, accountability, innovation, continuous improvement, enhanced employee engagement, better resource allocation, talent management, strategic planning, communication, and improved overall performance.

## 2.8. Challenges in the Healthcare System: Understanding and Overcoming Obstacles

In any system, including the healthcare sector, challenges are an inherent part of the landscape. These obstacles can be internal or external, requiring effort, skill, and determination to overcome or achieve a desired outcome. In a study on challenges of health systems, Roncarolo et al. (2017) defined challenges as the emerging and enduring problems that destabilize the functioning, performance, or sustainability of healthcare systems. The definition aligns with the researcher's area of inquiry in Uganda.

In the healthcare system, stakeholders - including government, leaders, managers, staff, service providers, and patients - face challenges that hinder their ability to achieve set objectives. These challenges could be attributed to both internal and external factors. (Adeola 2019; Koning 2022; Rice 2022)

According to Koning (2022), external factors contributing to healthcare system challenges include government mandates and regulations, natural disasters, disease outbreaks (e.g., COVID-19, Ebola, Avian Flu), privacy laws, and pandemics. Internal factors, include changes in technology, human resources, finances, infrastructure, and enterprise solutions.

While challenges can be daunting and overwhelming, they can also present growth, learning, and improvement opportunities. By embracing challenges, leaders and managers build resilience, confidence, clarity and transparency in strategic direction, ability to perform, a clear understanding of goals (Alomran 2019), and character in approaching complex situations.

However, challenges also pose risks that could result in loss or failure. To mitigate these risks, healthcare facilities employ risk management and control strategies. The strategies are:

1. **Accepting the risk**: In this approach, the healthcare facility acknowledges the challenge but continues with the activity despite the potential losses that may arise.
2. **Avoiding the risk**: In this scenario, the healthcare facility chooses to abandon the activity altogether and takes on the alternative.
3. **Transferring the risk**: This approach involves insurance to cover potential losses or damages. This comes at a cost, as premiums must be paid for the insurance coverage.

Ultimately, understanding and addressing challenges in the healthcare system is crucial for achieving success and delivering high-quality patient care. By acknowledging the complexities of these challenges and implementing effective risk management strategies, healthcare facilities could build a stronger foundation for growth and improvement.

### 2.8.1 Strategic Management Challenges in Healthcare Systems

Healthcare systems worldwide face strategic management challenges that hinder the achievement of objectives and goals. According to Koning (2022), these challenges are expected and unplanned. Poor leadership and management are among the primary causes of these challenges, as identified by Roncarolo et al. (2017) and Oleribe et al. (2019). Specifically, leaders who lack the necessary skills and knowledge to govern healthcare facilities effectively contribute to the failure to achieve the strategic intent. Moreover, managers and staff who are not people-focused often rundown facilities, compromising the quality of healthcare services and patient satisfaction.

The consequences of poor leadership, governance and management are far-reaching. Patients' expectations are unmet when service quality is compromised, leading to a failure to meet the healthcare facility's mandate. This, in turn, affects the overall performance of the healthcare system. The lack of effective leadership, governance, and management also lead to human resource shortages, as qualified and experienced health professionals get discouraged and either leave or change their profession.

Poor infrastructure has resulted in a brain drain, thereby hindering the delivery of quality healthcare services. Medical practitioners move from government to private facilities or seek better opportunities in Europe, the Middle East, Japan, and North America. This has resulted in staff shortages and impacted the doctor-to-patient ratio; the remaining personnel struggle to provide patient care (Roncarolo et al. 2017). The consequences of brain drain are severe. Healthcare facilities are forced to re-skill new staff, which is costly and requires significant adjustments to budgets and plans.

Additionally, inadequate integration of services and failure to fulfill earlier commitments regarding salaries, hardship allowances, and other benefits have led to rampant cases of health workers' strikes, absenteeism, and corruption.

The poor pay and working conditions in low-income countries, such as Uganda, have demotivated many healthcare professionals, resulting in high staff turnover rates. Demotivation has led to significant staff shortages, weakening the healthcare system and contributing to corruption and poor service delivery.

Furthermore, inadequate government resource allocation to the healthcare sector is another significant challenge facing healthcare systems. Despite the Abuja declarations, political leaders pledged to allocate at least fifteen percent of their annual budgets to the health sector, emphasizing the importance of healthcare (Abubakar et al. 2018 and WHO 2016). There is a mismatch between the resources allocated to different sectors. For example, defense and other sectors are allocated more funding than the health sector, hampering infrastructure development, expansion, equipment procurement, staff welfare, and access to medicines.

The prioritization of other sectors over healthcare has severe consequences. Healthcare is a sensitive sector that drives economic development by ensuring citizens are healthy and able to participate in productive activities. Therefore, compromising healthcare services affects economic growth (Kylaheiko, 2016); therefore, the argument is that governments need to address these challenges by ensuring the healthcare sector receives adequate resources.

In conclusion, strategic management challenges facing healthcare systems are numerous and complex. Poor leadership, governance and management, inadequate infrastructure, human resource shortages, corruption, and limited government resource allocation are some of the key challenges hindering the delivery of quality healthcare services. To address these challenges, Governments must prioritize the healthcare sector by allocating adequate resources and providing a conducive environment for health professionals to deliver quality services. This research examines the lived experiences of healthcare managers in relation to their challenges and provides recommendations for solutions.

### 2.8.2 Technological Challenges in the Healthcare System

The rapid advancements in healthcare technology have introduced significant changes in information, communication, and technology, which healthcare providers must adapt to deliver efficient services to patients and clients at an affordable cost (Haque et al., 2019). These changes require new approaches to managing health-related resources, including supplies, equipment, documents, and infrastructure (Selvaraj and Sundaravaradhan 2020). However, healthcare personnel struggle to keep up with these changes. A significant challenge is the lack of qualified personnel to operate new medical equipment, often donated, provided as grants, or purchased by governments. Many pieces of equipment and infrastructure remain unused or underutilized because there are no qualified operators available. For example, during a legislative oversight review of the National Referral Hospital in Uganda, a parliament committee discovered that an expensive cancer treatment machine was redundant because there was no staff with the

technical expertise to operate it. Such incidents are a disservice to cancer patients who desperately need access to these services.

Furthermore, patient records management through healthcare facilities' information systems is inadequate. Patient information is not linked across different healthcare facilities, making it difficult for patients to receive seamless services when they switch providers. Patients travel long distances to access facilities with the stored records Previous research argued that this is costly and inconveniencing (Mwaura and Gichinga 2019). Likewise, the health providers cannot collaborate or share information about the common patients, resulting in duplication, time wasting, and resulting in duplication, time wasting and patient mismanagement. Emergency and acute cases have ended in disaster.

With the development of Artificial Intelligence (AI) and blockchain-supported services in medical examination, treatment, and operations, medical practitioners must stay current with these advancements and adapt to the changes. Unfortunately, not all countries are supportive of this development. Some countries lack the required infrastructure, such as reliable internet connections, management information systems, and budgetary allocations to transition to the new requirements. The challenge affects medical and administrative staff, who may rely on expatriate expertise, which is not sustainable given the large population and numerous facilities that require both medical and administrative staff, who may depend on expatriate expertise, which is not sustainable given the large population and numerous facilities that need services.

Despite the numerous challenges, there are solutions to mitigate the challenges.

Selvaraj (2019) suggested that there are solutions to technological challenges in the healthcare system. These include training healthcare personnel with skills to operate the new equipment, developing a patient record management system (PRMS) that facilitates the smooth transfer of patient information between health facilities, and investing in health infrastructure with reliable internet connection and management information systems. (Harrison 2021) posited that Governments from developing countries adopt AI and blockchain-supported services to facilitate medical examinations, operations, and treatment. In addition, there is a need to create sustainable solutions to staff capacity building and staff retention in rural areas (Ahamed et al. 2023)

Addressing technological challenges ensures that healthcare providers provide high-quality healthcare services to their patients while also staying ahead of technological advancements. The strengths of the previous research are the limited number of studies reviewed, the high number of participants and the focus on healthcare institutions to elaborate on the challenges and possible solutions. In contrast, the weaknesses include the reluctance to state the theories supporting the studies, some studies having a low return of subjects, and the generalizations of findings. Therefore, the current research attempts to address the weaknesses using a qualitative approach where participants share their lived experiences.

### 2.8.3 Environmental Challenges

The healthcare industry has undergone significant transformations in recent years, and one of the most important factors contributing to these changes is the operational environment. (Malani 2023). The operational landscape has become competitive and complex. For instance, government-funded facilities profit-oriented organizations, and

non-profit entities are, Government-funded facilities, profit-oriented organizations, and non-profit entities vying for patients' attention and resources. In Uganda, for example, the Government introduced cost-sharing mechanisms in public facilities that require patients to pay for services, which led to a surge in competition among healthcare providers.

As a result, healthcare facilities have had to adapt to these changes by upgrading their services, equipment, and infrastructure to remain competitive (Mikhno 2020; Alomran 2019; Comacchio 2019). This has led to a scramble for patients, with each facility trying to outcompete the others regarding terms of quality of care, patient satisfaction, and efficiency. However, the high competition has also brought about new challenges, such as increased costs, reduced access to care for marginalized communities, and a shortage of skilled healthcare professionals.

Another significant environmental factor affecting healthcare systems is government mandates. Neglect by government agencies, underfunding, and regulatory compliance issues hinder the effective functioning of healthcare facilities. For example, inadequate funding limits the availability of essential medicines, equipment, and personnel, compromising the quality of care provided. Similarly, regulatory compliance issues lead to delays in implementing new technologies and best practices, hindering the delivery of evidence-based care.

Furthermore, environmental disasters have become a significant threat to healthcare systems. Natural disasters such as landslides, floods, and earthquakes damage or destroy healthcare facilities, leaving communities without access to essential medical services. In Eastern and Western Uganda, for instance, landslides caused by heavy rainfall have destroyed healthcare facilities, forcing patients to travel long distances to

access medical care. The consequences of such disasters are far-reaching, including increased morbidity and mortality rates, emotional trauma for patients and healthcare workers, and significant economic losses (MOH 2023 and Roncarolo 2017).

The response to environmental disasters presents a significant challenge for healthcare systems. Governments must allocate resources to support affected communities, relocate damaged facilities, and undertake repairs or reconstruction efforts. Resource diversion compromises the quality-of-care healthcare facilities provide and undermines efforts to enhance and improve healthcare services.

In addition to these challenges, climate change impacts healthcare systems. Rising temperatures, changing weather patterns, and increased frequency of natural disasters all exacerbate existing health burdens. For example, heatwaves increase mortality rates among vulnerable populations such as the elderly and young children. Droughts have led to water scarcity and food insecurity, further straining already-stretched healthcare resources.

In conclusion, environmental changes impact healthcare systems worldwide, from increased competition among providers to Government neglect and environmental disasters. These changes present significant challenges that require addressing to achieve equitable access to high-quality healthcare services. Governments must prioritize investments in healthcare infrastructure, personnel training, diversification (Mutua 2017) and disaster preparedness measures to mitigate the effects of these environmental changes in healthcare systems. In doing so, we could protect the health and well-being of communities worldwide.

### 2.8.4 Financial Challenges

The healthcare sector, as a significant industry in the world, plays a vital role in ensuring the well-being and health of individuals. However, the financial challenges healthcare systems face worldwide are numerous and complex. The researcher discusses the financial challenges plaguing healthcare systems in the sections below. These include resource constraints, cost of running facilities, corrupt officials and misallocation of resources, safety challenges, poor pay leading to healthcare staff turnover, and the cost of re-skilling

**Resource Constraints**

One of the most significant financial challenges facing healthcare systems is the constraint on resources. This refers to the limited availability of funds to meet the growing demand for healthcare services. With an increase in global population and a rise in chronic diseases, healthcare systems struggle to keep pace with the demand for medical services. The situation has led to a shortage of essential medical supplies, equipment, and personnel, resulting in compromised patient care.

In many developing countries, resource constraints are exacerbated by inadequate Government funding and a lack of private investment in the healthcare sector. The limited resources have resulted in substandard facilities, outdated equipment, and insufficient staffing, leading to poor health outcomes. (Selvaraj and Sundaravaradhan 2020).

**Cost of Running Facilities**

The cost of running healthcare facilities presents a significant financial challenge. Maintaining modern and well-equipped hospitals requires substantial investments in

infrastructure, technology, and personnel. The cost of utilities such as electricity, water, and waste management is high. Moreover, the cost of insurance premiums for healthcare providers is also a significant concern (Wager 2009).

The cost of running facilities is particularly challenging in developing countries where the infrastructure is often outdated and underfunded. Depleted facilities lead to substandard facilities, compromised patient care, and increased mortality rates.

**Corruption and Misallocation of Resources**

Corruption is another significant financial challenge in the healthcare system. Corrupt officials embezzle and divert funds intended for healthcare services, leading to misallocation of resources. The lack of adequate resources undermines the quality of care and erodes trust in the healthcare system.

In some cases, corrupt officials divert funds for essential medical supplies and equipment for personal use or other non-medical projects. This has resulted in a shortage of critical medical supplies and equipment, compromising patient care. For instance, medicines, equipment, and supplies are stolen in Uganda compromising service provision. This is also referred to as healthcare corruption. The thefts disrupt planning for health facilities, leading to shortages and inadequate health services (Gaudin and Yazbeck 2021; Oleribe et al. 2019).

**Safety Challenge**

Safety challenges are another financial challenge facing healthcare systems. Ensuring patient safety requires significant investments in infrastructure, technology, and personnel

training and development. The cost of implementing safety measures such as infection control protocols and emergency response systems is substantial.

Moreover, the risk of medical errors and adverse events can result in litigation claims and reputational damage. The cost of medical malpractice lawsuits can be devastating for healthcare providers and insurers.

**Poor Pay and Healthcare Staff Turnovers**

Poor pay is another significant financial challenge facing healthcare systems. Low wages and benefits could lead to high staff turnover rates, compromising patient care. Healthcare providers often leave their jobs due to low pay, resulting in a shortage of skilled professionals.

This results in decreased patient care quality, increased costs associated with recruiting and training new staff, and compromised patient outcomes (Aladag 2023).

**Cost of Reskilling**

Finally, the cost of re-skilling is a significant financial challenge facing healthcare systems. With advances in medical technology and shifting patient needs, healthcare professionals must continually update their skills to deliver high-quality care. However, re-skilling requires significant investments in training programs and educational resources.

The cost of re-skilling can be substantial, particularly for small-scale healthcare providers with limited budgets. This can lead to a shortage of skilled professionals and compromised patient care.

Financial challenges are pervasive in healthcare systems worldwide. Resource constraints, the cost of running facilities, corrupt officials, misallocation of resources,

safety challenges, poor pay leading to high healthcare staff turnover, and the cost of re-skilling are all significant obstacles that must be addressed to ensure high-quality patient care.

To overcome these challenges, governments and private stakeholders must invest in sustainable financing models that prioritize public health spending. This includes increasing government funding for healthcare services, reducing corruption and misallocation of resources, implementing safety protocols to reduce medical errors and adverse events, providing fair compensation packages to attract and retain skilled professionals, and investing in re-skilling programs to ensure that healthcare providers stay up to date with advances in medical technology and patient needs.

Ultimately, addressing these financial challenges will require a concerted effort from all stakeholders to prioritize public health spending and ensure that everyone has access to quality healthcare services, irrespective of their socioeconomic status or geographical location.

### 2.8.5 Other Challenges

In addition to the challenges posed by inadequate infrastructure and funding (Kapiriri et al. 2003), healthcare systems face other challenges that hinder the ability to provide effective and quality care to patients. One significant challenge is the patient's choices, which compromise the effectiveness of treatment. Patients may opt for alternative or unproven treatments, disregarding medical advice and guidelines (Osujih 1993). This can lead to delays in seeking proper treatment, further exacerbating the condition or even causing harm.

Another challenge is the emergence of new diseases or illnesses that healthcare facilities may not be equipped to handle (Anugwom 2020). The outbreak of infectious diseases, such as the COVID-19 pandemic, overwhelmed healthcare systems and pushed them to their limits. The COVID-19 pandemic is a stark reminder of the challenges many healthcare facilities faced, including the surge in patients and the lack of preparedness for such an outbreak.

The ignorance of local people about their health needs and the healthcare system is a significant barrier. In some cases, patients do not understand their condition, leading to delayed seeking of medical attention or non-adherence to treatment regimens. Healthcare providers must invest time and resources in health education and awareness programs to empower patients with the knowledge they need to take control of their health.

Moreover, patients often report to facilities late when medication may no longer be effective in treating their condition. This delay leads to poor outcomes, including increased morbidity and mortality rates. Healthcare providers must find ways to educate patients about the importance of seeking timely medical attention and develop strategies to encourage early presentation.

Patient safety and quality of care are also critical challenges in healthcare systems. Medical errors by healthcare professionals have devastating consequences, including patient harm or even death. Healthcare providers must prioritize patient safety and quality of care by implementing evidence-based practices, reducing medication errors, and promoting a culture of transparency and accountability.

Improving patient outcomes is another significant challenge facing healthcare systems. Patients' expectations and outcomes vary widely depending on socioeconomic status, ethnicity, and geographic location. Healthcare providers must develop targeted interventions to address these disparities and improve health outcomes for all patients.

Emergency preparedness and response are critical components of a well-functioning healthcare system. Healthcare facilities must be prepared to respond quickly and effectively in emergencies, such as natural disasters or public health emergencies. This requires regular drills, training exercises, and robust communication systems.

Ultimately, managing crises such as pandemics, natural disasters, and public health emergencies necessitates effective leadership, coordination, and communication among healthcare providers, government agencies, and other key stakeholders. Healthcare systems must develop contingency plans, establish crisis management teams, and conduct regular simulations to ensure preparedness for unexpected events.

In conclusion, healthcare systems face numerous challenges beyond infrastructure and funding constraints. These challenges require creative solutions that involve patients, healthcare providers, government agencies, and other stakeholders collaborating to improve health outcomes (Mikhno, 2020), patient safety, and the quality of care. Acknowledging these challenges and addressing them proactively, healthcare systems can provide better care for patients and communities worldwide.

## 2.9 Conclusion

This literature review has provided a comprehensive examination of the strategic planning and management challenges faced by healthcare managers in healthcare centers in

Uganda. By examining the key themes of strategic planning and management in healthcare systems, the unique characteristics of healthcare centers in Uganda, the integral roles of managers, and the impact of effective leadership and strategy, this review underscores the multifaceted nature of the healthcare management landscape. It has also highlighted the various challenges that healthcare managers face, including resource limitations, regulatory constraints (Carney, 2004), and the need for context-specific solutions.

Furthermore, this review underscores the critical importance of performance management within the broader framework of strategic planning and management (SPM) to enhance service delivery and operational efficiency. By synthesizing existing literature, the researcher identified the challenges managers face and potential avenues for improvement, which can inform future research and practical applications in the research area.

The next chapter explains and presents the theoretical framework that underpins this research. This theoretical exploration will provide a foundational context for understanding the experiences of healthcare managers, enabling a more structured and coherent analysis of the insights gained from their lived experiences and the broader implications for strategic planning and management in Uganda's healthcare systems.

# Chapter Three: Theoretical Framework

## 3.1 Introduction

Chapter Two examined the relevant literature on the research. The chapter reviewed, analyzed, and synthesized the strategic planning and management challenges managers face in health centers in Uganda. The review examined key themes, including strategic planning and management within healthcare systems, the characteristics of healthcare centers in Uganda, the essential roles of managers, and the impact of effective leadership and strategy. The chapter further discussed the healthcare management landscape and concluded with a discussion of the challenges faced by healthcare managers.

The literature review laid the groundwork for the theoretical framework by identifying key concepts, assumptions, expectations, beliefs, gaps, and theories that support and inform this research (Maxwell 2013). These will be further developed and analyzed through the theoretical lens (Larsen and Adu 2022).

The current chapter explores and examines the rationale, relevant Theory, the framework's significance, and the roles of the theoretical framework in this research.

Theoretically, this study adopted the Theory of Planned Behavior (TPB) as the theoretical basis for analyzing and understanding the lived experiences of healthcare managers at health centers in Uganda. Maxwell (2013) argued that qualitative research involves asking explicit or implicit questions aligned with the problem statement. The alignment reflects the researcher's theoretical perspective or orientation, leading to the establishment of a theoretical framework. Similarly, Bloomberg (2023; Adu (2019);

Lichtman (2018), and Merriam and Tisdell (2016) described a theoretical framework as the foundation or an essential supporting structure that supports a study.

Consequently, Anfara and Mertz (2015) stated that a framework supports understanding a phenomenon and serves as a 'lens' through which to examine it. The theoretical framework for this study facilitates the development of a model that is utilized throughout the research process, particularly in the later stages of data analysis and the discussion of findings.

### 3.2 Theoretical Framework vs Conceptual Framework

A framework is theoretical if it contains a discussion of a theory or a group of theories (Adu 2020). Similarly, different researchers (Adu 2020; Peoples 2020; Kivunja et al. 2017 and Maxwell 2013) posited that if a framework has descriptions of concepts and constructs, it is called a conceptual framework. Thus, there are varying assertions regarding these two descriptions of a framework—the reason they are used interchangeably. Lasern and Adu (2022) further asserted that a theoretical framework contains a discussion of a theory or group of theories, and a conceptual framework describes concepts and constructs. They, therefore, have the same research roles for phenomenological study. This study uses theoretical framework throughout the report for consistency and to avoid ambiguity.

Applying a theoretical framework in the research enables the transformation of findings, helps facilitate the comparison of findings and existing knowledge, and assists in the data analysis process by using concepts. Demarrais et al. (2024) described these concepts as the assumptions that inform theory, theoretical perspectives, and overall research design.

These are scholarly terms for what we value and believe is ethical, how we understand reality, and where our knowledge about reality comes from. These are axiology, ontology, and epistemology (Esposito and Venus 2022).

### *Axiology*

Demarrais et al. (2024) defined axiology as the study of what things are good and how good they are. It is a philosophical study of value or value theory. It is concerned with values, ethics, and ethical behavior. In this research, axiology assists with being aware of what is valued, ensuring ethical conduct, and making meaningful decisions about the research.

### *Ontology*

Ontology refers to the nature of reality or being (Esposito and Venus 2022). Ontological assumptions about the world help us consider what evidence we need to understand it (Demarrais et al. 2024). In this qualitative research, ontological assumptions will be used to obtain the required evidence to understand the lived experiences of healthcare managers in the health centers in the research.

### *Epistemology*

Epistemology is a branch of philosophy that examines the nature of knowledge or how we know reality. Epistemology enables the researcher to answer the questions: How do we know what we know? What is our theory of knowledge? How is knowledge acquired? And how is knowledge generated through research? How we know is tied to our identities, what knowledge has been passed to us, and what knowledge we've had access to (Esposito and Venus 2022).

### 3.2 Rationale of the Theoretical Framework

A theoretical framework is vital to the research process. First, it provides a lens for understanding the research problem and a foundation for interpreting findings and guiding the overall inquiry. The analysis is detailed and clear, as it situates the research within a structured theoretical context, allowing readers to gain a better understanding.

In this phenomenological study, a challenge to credibility arises from potential bias. To mitigate this, Larsen and Edu (2022) advocate for using epoche or bracketing and phenomenological reduction, which are crucial in reducing bias, analyzing cognitive processes through diverse methods, and ensuring a focused study that yielded universal findings.

Epoche, or bracketing, refers to "suspending or withholding judgment" and is integral to the phenomenological inquiry, as emphasized by philosophers Husserl and Heidegger (Bloomberg, 2023; Maxwell, 2013). It does not imply denying the real world or doubting its existence; instead, it involves placing specific ideas in brackets without discarding them. The essence of epoche lies in the bracketing process, which enables the researcher to observe cognitive activities unbiasedly and neutrally (Larsen and Adu, 2022), without imposing their own preconceptions. In doing so, allowed the participant to explain the lived experience.

A theoretical framework, therefore, connects studies and existing bodies of knowledge. Studies cannot be performed without connecting to existing knowledge (Maxwell 2013). Using the Theory of Planned Behaviour (TPB), earlier research and studies on strategic

planning and management in healthcare settings, the challenges in healthcare systems in Uganda, and the behaviour of healthcare managers are key in developing a framework.

Second, a theoretical framework contributes to existing bodies of knowledge by addressing gaps in existing studies. Using existing theory, a theoretical framework helps explain a study's problem or focus. The theory discussed in the framework can be used to generate themes for analyzing, interpreting and reporting qualitative data. This leads to the contribution of knowledge.

Third, a theoretical framework draws boundaries for this research by narrowing the focus and ensuring a researchable and feasible study. Drawing boundaries is known as delimiting. This exercise ensures the research is feasible, appropriately put into context, and transferable.

Fourth, a theoretical framework informs the research design by providing a clear structure and guidance. It outlines the key concepts related to the research topic, enabling the researcher to articulate the research questions clearly and address the research problem.

The theoretical framework based on established theories helps to contextualize the research within the broader landscape of existing knowledge, highlighting the significance of the research inquiry and informing the choice of the research methodology.

Fifth, the framework serves as a justification for the study, demonstrating that the research is rooted in scholarly literature and theoretical constructs. Doing so legitimizes the research approach and shows how it builds on or challenges existing theories.

This justification is crucial, particularly when defending the study to stakeholders, reviewers, or funding bodies, as it outlines the theoretical groundwork and relevance of the research question.

Lastly, a theoretical framework enhances understanding of the research problem by providing a lens through which to interpret findings. Consequently, the researcher makes sense of the complex dynamics and relationships between concepts or variables, fostering deeper insights and a better understanding of the phenomenon.

With a solid theoretical foundation, patterns were identified, themes were developed, interpretation made and conclusions were drawn, and implications were explored, ultimately contributing to a richer understanding of healthcare managers' lived experiences. This understanding further facilitates the communication of findings to diverse audiences.

### 3.3 Identification of a Suitable Theory

Theory is abstract information considered to have the feature of explaining a phenomenon in a study (Larsen and Adu 2022). According to Bhattacharjee (2012), as cited in Larsen and Adu (2022), Theory is defined

> *"as an aid in sense-making by helping in synthesizing prior empirical findings within a theoretical framework and reconcile contradictory findings by discovering contingent factors influencing the relationship between two constructs in different studies."* (Bhattacharjee 2012)

Furthermore, Lichtman (2023) defined theory as a statement about how we understand and explain the world and how things are connected. With this connection, therefore, using the theoretical principles will explain how, why, and to what degree strategic

planning and management in healthcare exist, adding value and practical application of strategic planning and management principles.

Theory is categorized into two groups (Anfara and Mertz 2015; Maxwell 2013): Empirically based and non-empirically based theories (also known as conceptual theories). Empirically based theories result from conducting qualitative, quantitative or mixed method research. Non-empirically based theories are formed from synthesizing ideas but not through analyzing empirical data when conducting research. This research will employ an empirical-based theory.

In Chapter two of this report, the literature review included the following theories that supported their research: Drucker's theory of business, Strategic leadership theory, Theory of organizational capability, Leadership theory (transformational and servant leadership), Strategic leadership theory, contingency theory, resource-based view, and Resource dependency theory. These theories were very instrumental in explaining complex dynamics and relationships between concepts or variables, fostering deeper insights and understanding of the respective phenomena.

The Theory of Planned Behavior (TPB) will be used in the context of healthcare centers in Uganda. The TPB offers insights into strategic planning and management challenges by helping to understand how healthcare professionals' intentions and behaviors affect the implementation of strategies. This Theory will further enable the researcher to explain human behavior by considering individual attitudes, subjective norms, and perceived behavioral control.

### 3.4 Presentation of the Theoretical Framework

The Theory of Planned Behavior (TPB) posits that personal attitudes influence human behavior, the influence of social norms and perceived control over their behavior. Understanding human behavior components in healthcare management enables investigation of how healthcare managers make decisions and implement strategic plans, especially under varying challenges.

Although the TPB is widely recognized in psychology and behavioral sciences, its specific application within healthcare management is limited. Previous studies may have explored healthcare professionals' behaviors broadly. Still, there is a lack of focused research on how healthcare managers utilize this framework to navigate their strategic planning and management decisions. The current study aims to fill this gap by exploring how TPB can enhance the behaviors and intentions of healthcare managers.

Current literature often emphasizes quantitative assessments, missing the rich context provided by qualitative data. This research addresses the experiences of healthcare managers, capturing the tones of decision-making in real-life settings. Emphasizing lived experiences that provide a deeper understanding of how managers perceive and respond to their challenges, offering insights that can inform better practices. These give rise to preferred and better outcomes.

Uganda's healthcare centers landscape presents unique challenges influenced by local regulations, economic conditions, and community needs. Understanding the specific contextual factors that influence managerial behaviors and intentions is crucial. This gap

highlights the need for tailored strategies that address the unique dynamics of healthcare administration in Uganda, further justifying the relevance of the TPB.

Icek Ajzen developed The Theory of Planned Behavior (TPB) in 1991. It is a psychological model that seeks to understand the relationship between individuals' beliefs, attitudes, intentions, and behaviors. It expands upon the earlier Theory of Reasoned Action by adding a critical component: perceived behavioral control.

The TPB posits that three major components, which are: attitude toward the behavior, subjective norms and perceived behavior control influence an individual's intention to perform a behavior. This leads to the actual behavior.

***Attitude toward the Behavior***

This refers to an individual's positive or negative evaluation of performing the behavior. If a person believes that performing the behavior will lead to positive outcomes, they are more likely to intend to engage in that behavior.

***Subjective Norms***

Subjective norms capture the perceived social pressure to engage or not engage in a behavior. It reflects the degree to which individuals feel the importance others (such as family, friends, or society) approve or disapprove of the behavior. If an individual believes that others want them to perform a behavior, this may increase their intention to do so.

***Perceived Behavioral Control***

This is the perceived ease or difficulty of performing the behavior. It encompasses factors like self-efficacy (belief in one's capacity to execute the behavior) and external factors

that may facilitate or hinder the behavior. Higher perceived control typically leads to greater intention to perform the behavior and an increased likelihood of actual behavior occurrence.

According to the TPB, these three components are used to predict behavioral intention. The stronger the intention to perform a behavior, the more likely the individual is to actually carry it out. The perceived behavioral control also directly influences behavior, acknowledging that even with strong intentions, barriers can impede action.

Overall, the Theory of Planned Behavior provides a valuable framework for understanding how various cognitive factors influence health-related actions, consumer behavior, and a wide array of decision-making processes. It has been widely used in fields such as health psychology, marketing, and environmental studies.

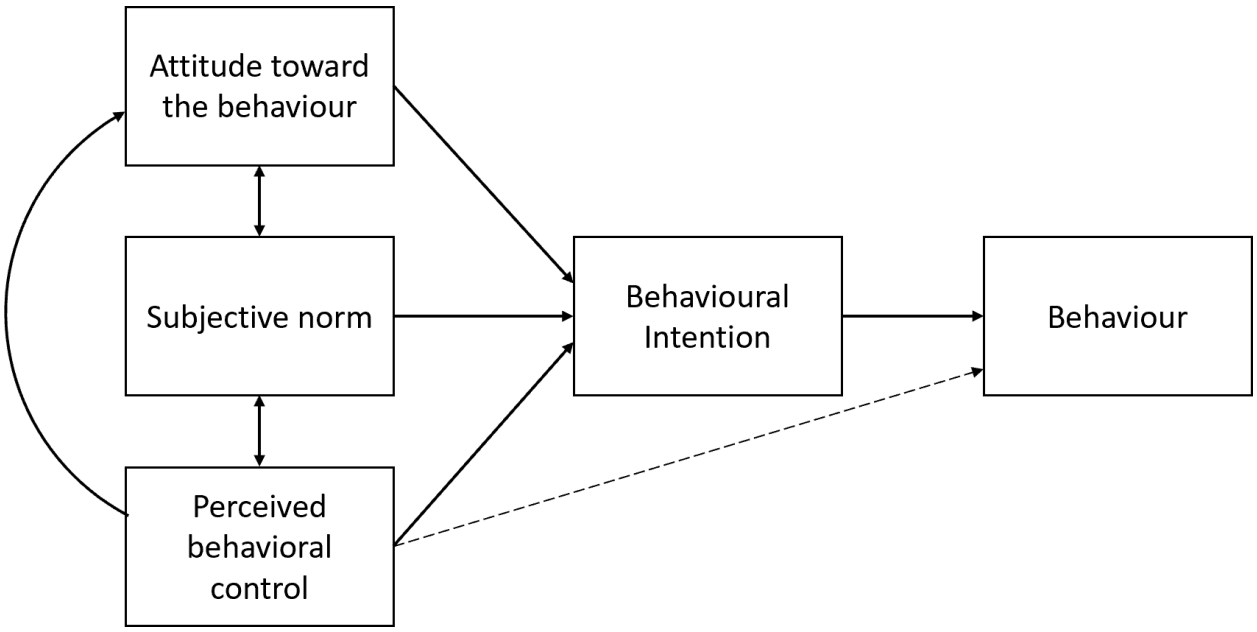


**Figure 3-1: Theory of Planned Behavior Model**
(Source: Ajzen 1991)

Below is the theoretical framework structure/model, the researcher developed to support the Theory of Planned Behavior.

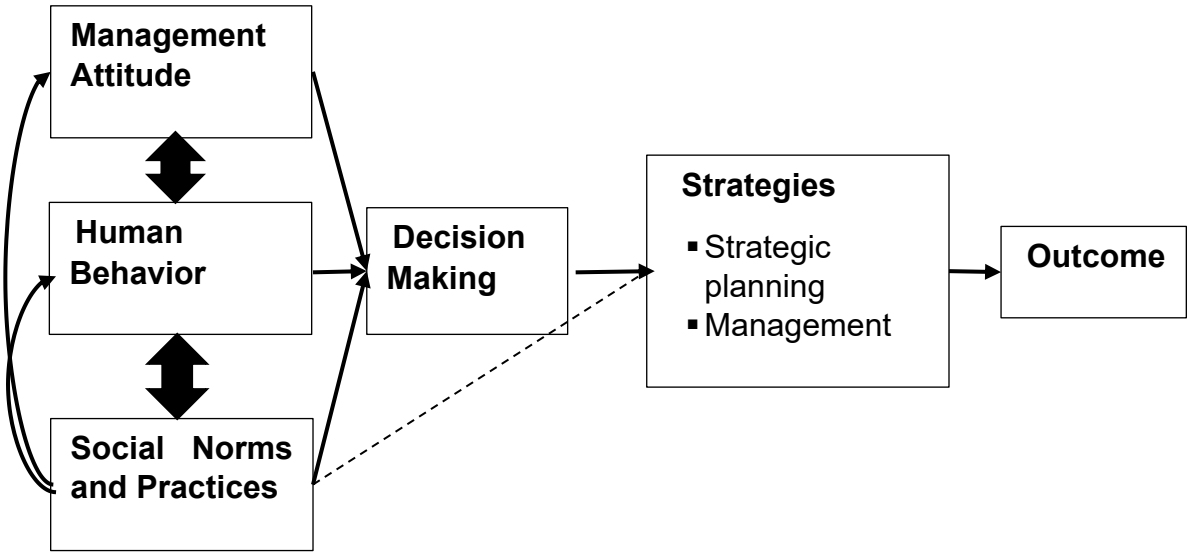


**Figure 3-1: Framework for Strategic Planning and Management (SPM-TPB)**
*Source: Author 2024*

In the developed SPM-TPB, healthcare Center manager's perceived attitudes, behaviors and practices form the decision-making basis. The decisions involve key aspects such as strategies to ensure workflow in the health centers. Consequently, there are resulting outcomes such as improved customer care/ services, decreased patient facility over states, decreased wait times at emergences.

This theoretical framework is based on the Theory of Planned Behavior. It provides a detailed lens through which to examine strategic planning and management challenges faced by healthcare managers in health centers in Uganda. In situating this framework within the context of lived managerial experiences and rural healthcare dynamics, the research aims to contribute to a richer and deeper understanding of factors influencing

strategic management behavior. The insights derived from this study shall serve as a foundation for developing effective strategies tailored to the unique challenges of healthcare management in health centers in Uganda, leading to enhanced health system performance and outcomes.

### 3.5 Role of the Theoretical Framework

The theoretical framework is crucial in guiding research by providing a structured lens through which data is analyzed and understood. In this phenomenological study, the framework will enhance comprehension and interpretation of managers' experiences at Uganda's health centers (Larsen and Adu 2022; Sinclair 2017; Maxwell 2013). Six main roles were identified based on existing literature. The roles are connector, converter, decipherer, gap spotter, and as a guide or standpoint.

While all six roles of a theoretical framework are valuable, this research will specifically utilize the roles of connector and converter to frame and interpret the research findings appropriately. The researcher will focus on these two roles to put in place meaningful connections within the data while adapting theoretical constructs to reflect the unique experiences of healthcare managers.

#### 3.5.1 Connector

The theoretical framework acts as a connector by linking concepts, theories, and existing research within the research field. It helps researchers see interrelationships among different variables and how these variables contribute to the phenomenon under investigation. Each Theory or concept is critically examined before making an appropriate connection, resulting in a deeper understanding of the phenomenon. This role is suitable for exploring experiences, which is key in this research.

### 3.5.2 Converter

The framework operates as a converter, transforming existing theories or concepts into actionable insights relevant to the research context. This role will allow the researcher to modify and adapt theoretical perspectives to fit the specific areas of this research better. The theories will be interpreted to reflect the lived experiences of healthcare managers at health centers in Uganda.

### 3.5.3 Decipher

The theoretical framework serves as a decipherer, helping the researcher interpret and make sense of the data collected from participants. It provides essential tools and concepts that help clarify complex experiences, offering clarity and depth to the analysis. This role enables a detailed understanding of participants' narratives and the meanings they attribute to their experiences.

### 3.5.4 Gap Spotter

The framework identifies areas or spotted gaps where existing research may be lacking or where further inquiry is needed. It directs attention to underexplored aspects of the phenomenon and highlights opportunities for new contributions to the field. This role allows the researcher to effectively position his work within the broader academic discourse. It further promotes ongoing academic dialogue and encourages future research

### 3.5.5 Guide

The theoretical framework provides direction or guides the research process, outlining methodological approaches and informing data collection and analysis strategies. This

guidance helps ensure the study remains focused and aligned with its objectives. The guide helps the researcher maintain consistency and thoroughness in the study.

### 3.5.6 Standpoint

Finally, the theoretical framework serves as a standpoint, establishing the researcher's perspective and theoretical orientation. This role articulates the lens through which the data is viewed, thus influencing data interpretation. Standpoint shapes the researcher's biases, assumptions, and values, affecting how the researcher engages with the data.

## 3.6 Chapter Summary

This chapter outlined the rationale for employing a theoretical framework in research, emphasizing its role in grounding the research in existing knowledge and guiding the interpretation of findings. The researcher adopted the Theory of Planned Behavior (TPB) as the theory for this research, explaining its components—attitudes, subjective norms, and perceived behavioural control, which influence intentions and behaviors.

A theoretical framework model was presented to illustrate how the TPB's variables will be operationalized within the research context. The chapter concludes by exploring the six roles of a theoretical framework: In a nutshell, the chapter emphasized the significance of a robust theoretical foundation for enhancing the understanding and analysis of the research phenomenon.

The next chapter focuses on the research design and methodology employed in this research. It details participant selection, data collection procedures, data management, and the data analysis process. In each section, the researcher provides the rationale and description of the decisions made.

# Chapter Four: Research Design and Methodology

## 4.1 Introduction

Chapter Three discussed the theoretical framework that supported the research. The chapter presented the rationale, roles, relevance, and significance of the theoretical framework. It further provided the theoretical background of the research and the relationship between the conceptual and theoretical frameworks. The Theory of Planned Behaviour (TPB) was adopted as the most suitable framework for this research, explaining its components, including attitudes, subjective norms, and perceived behavioural control, which influence individual intentions and behaviours.

Chapter Four focuses on the research design and methodology employed in the study. It's argued that there are three research designs depending on what a researcher seeks. These include quantitative, qualitative, and mixed methods. In this research, the problem was inadequate expertise and comprehension of strategic planning and management in healthcare, which has led to deficient planning, service failures, inefficiencies, escalating healthcare costs, diminished service quality, and poor patient outcomes—the inadequate knowledge concerning strategic planning and management within the healthcare sector is responsible for the anomaly. The research aim was to explore the strategic planning and management challenges faced by healthcare managers in health centres in Uganda, understand the implications of these challenges on service delivery and patient outcomes, and identify effective strategies for improvement.

The researcher adopted a qualitative research design to address the research problem and answer the research questions. However, several qualitative researchers have posited that there are many approaches or strategies for conducting an inquiry (Creswell and Poth, 2018; Marshall and Rossman, 2016; Walcott, 2009). Creswell and Creswell (2018, p. 183) recommended using five approaches. These are phenomenology, ethnography, case study, ground theory and narrative approaches. The current research adopted a phenomenological approach because it sought to understand the lived experiences of managers and staff in health centres in Uganda, aiming to provide a subjective understanding of what they attribute to the problem (Peoples, 2021; Omodan, 2024, p. 60). In a nutshell, this research employed the qualitative phenomenology approach to explore the research phenomenon.

This chapter has several sections. The first section reminds us of the research questions to which answers are sought. Second, are the research objectives aligned with the stated research questions. The third section introduces the research philosophy, a stance or worldview the researcher brought to the research and guided knowledge acquisition. In this section, the research details a couple of philosophies and justifies the rationale for using the social constructivism philosophy.

Further, the concepts and the relationships between the key terminologies used in the research are discussed. The following sections outline the research design, which includes the roles of the researcher, the pilot study, the selection of research sites, and the recruitment of research participants. Additionally, the section discusses the data collection methods, including the interview process and document reviews, as well as the management and analysis of the data. The final section explains the thematic analysis

process, considers validity and reliability in the research, and concludes with an overview of the research limitations and ethical considerations.

### 4.2 Research Questions

This research intends to identify the strategic planning and management (SPM) challenges faced by healthcare managers in health care centers, the impact these challenges have on healthcare service delivery and patient outcomes and propose recommendations to address the identified challenges to improve SPM in Health centers in Uganda. In doing so, the researcher attempts to provide a better understanding to policymakers, practitioners and other researchers to develop implementable solutions.

To recap, below are the research questions:

*Qtn 1. What are the strategic planning and management challenges healthcare managers experience in health centers in Uganda?*

*Qtn 2. How do these challenges affect healthcare service delivery and patient outcomes?*

*Qtn 3. What strategies could be implemented to address these challenges and improve strategic planning and management in Ugandan health centers?*

### 4.3 Research Objectives

The research objectives are:

*R 1. To identify the strategic planning and management challenges that healthcare managers experience in health centers through the analysis of qualitative data*

*R 2. To explore the impact of these challenges on healthcare service delivery and patient outcomes.*

*R 3. To propose recommendations based on the findings to enact policy changes and interventions to address the identified challenges and thus improve strategic planning and management in the health centers.*

## 4.4 Research Philosophy

Research philosophy, or paradigm, refers to a worldview that guides how we attempt to understand and interpret the subject matter under investigation. Fundamentally, we try to answer the questions regarding existence, knowledge, values, reason, mind, and language (Omodan 2024; Hazari 2023; Sekaran and Bougie 2016). Philosophy enables researchers to understand the nature of reality, the scope of human understanding, and the principles governing their interactions with the world. Research philosophy influences how data is gathered and analysed.

Philosophy is the foundation and provides a framework for building theories and methodologies. As a result, philosophy influences how data is collected, analyzed and interpreted. Furthermore, philosophy guides the researcher in understanding the underlying assumptions and determining approaches to research inquiries and practices, thereby influencing research design and the interpretation of findings.

According to Martens (2024), researchers can employ various philosophical paradigms to guide their research. Some of the research paradigms are:

### 4.4.1 Positivism

Positivism emphasizes objective observation and measurement. Positivists are concerned with research rigour and replicability, the reliability of observations, and the generalizability of findings (Sekaran and Bougie 2016). Sekaran and Bougie (2016) further argued that there is deductive reasoning to put forward theories to test using fixed, predetermined research design and objective measures. The key approach for positivists is the experiment, which enables the testing of cause-and-effect relationships through

manipulation and observation. Researchers in this paradigm often rely on quantitative methods and statistical analysis.

### 4.4.2 Interpretivism

Interpretivism focuses on understanding the subjective meanings individuals attach to social phenomena. The Interpretivism paradigm recognizes that individual and collective experiences within specific cultural contexts shape social realities. The philosophical approach emphasizes the active role of context in shaping perceptions and interpretations, utilizing techniques such as in-depth interviews and ethnographic studies to capture the richness of lived experiences. Generally, interpretivism promotes empathetic engagement and reflexivity in research, highlighting the value of diverse human perspectives that quantitative methods may lack. Researchers who adopt the interpretivist stance rely on qualitative methods.

### 4.4.3 Critical Realism

Critical Realism combines elements of positivism and interpretivism. The paradigm acknowledges the objective nature of reality and the subjective nature of human experience. Critical realism combines the belief in an external reality with the rejection of the claim that external reality is objectively measurable. Observation will always be subject to interpretation. The critical realist is critical of the ability to understand the world with certainty. Where a positivist believes the goal of research is to uncover the truth, the critical realist believes that the goal of research is to progress towards this goal, even if it is impossible. Critical realists believe that researchers are inherently biased. They are believers in triangulation.

### 4.4.4 Social Constructivism

This paradigm posits that knowledge reconstruction occurs through social interactions and experiences. Social constructivism emphasizes the importance of context and the co-creation of meaning among individuals. Social constructivists criticize positivist's arguments that there is an objective truth. Social constructivists hold the opposite view that the world is fundamentally mental or mentally constructed. They, thus, do not search for the objective reality. They aim to understand the rules people use to make sense of the world by investigating what happens to people's minds. Social constructivism emphasizes how people construct knowledge, studies how people think of issues and topics, and how people arrive at these accounts. Social constructionists are particularly interested in how participants' views of the world result from interactions with others and the contexts in which these interactions occur, hence the concept of subjectivity. Social constructionist researchers often employ qualitative research methods, utilizing unstructured interviews and focus groups to collect data. Social constructionists are often more concerned with understanding a specific case than generalizing their findings.

In this research, social constructivism serves as the philosophical stance for exploring the lived experiences of healthcare managers in Uganda's health Centers. The choice is because social constructivism emphasizes that knowledge is context dependent. For healthcare managers in Uganda, understanding the specific needs, challenges, and dynamics of the health centers where they work is crucial. It encourages managers to engage with their environment and adapt practices according to local realities.

Furthermore, social constructivism values the richness of lived experiences. Knowledge reconstruction enables healthcare managers to gain insights into the unique challenges

faced by their teams. This approach empowers managers to develop more relevant policies and practices that resonate with their staff's realities.

Social constructivism, emphasises knowledge reconstruction, encourages healthcare managers to be innovative. Innovative practices reflect the diverse perspectives and experiences of stakeholders, thereby enhancing the adaptability and responsiveness of health centers (Creswell and Creswell 2018; Sekaran and Bougie 2016).

To clarify the theoretical stance and guide the research design, the researcher incorporated the concepts of axiology, ontology, and epistemology into the research philosophy (Esposito and Venus 2022). Demarrais et al. (2024) described these concepts as the assumptions that inform the theory, theoretical perspectives (as discussed in Chapter Three: Theoretical Framework), and overall research design. These are scholarly terms for what we value and consider ethical, how we know reality, and where our knowledge about reality originates.

### *Axiology*

Demarrais et al. (2024) define axiology as the study of values and their significance, encompassing the philosophical exploration of what is considered good and how good it can be. It focuses on values, ethics, and ethical behaviour. In this research, axiology played a role in recognizing important values, ensuring ethical conduct, and making meaningful research decisions. The researcher emphasized the importance of participant honesty and integrity, as these qualities significantly impact the quality, ethics, and effectiveness of the research. Reaffirming a commitment to ethical principles strengthens the research philosophy and enhances the overall integrity of the study.

Addressing ethical dilemmas in strategic planning and management within healthcare requires careful consideration of the interests of all participants and the implications of the decisions made. The researcher fostered a respectful and inclusive research environment that yielded meaningful insights by prioritizing ethical principles and values. It was crucial to understand how these values influenced the treatment of participants and the interpretation of data, ensuring the research was ethical, valid, and relevant to real-world contexts.

The complexities of strategic planning and management (SPM) challenges were effectively tackled through thoughtful engagement and a commitment to ethical practices. Integrating honesty and integrity into research methodology and participant interactions created a respectful and ethical research environment. This approach empowered participants, enhanced the credibility of the findings, and fostered a culture of trust and collaboration. The research maintained ethical standards and contributed to its quality and impact by adhering to these values.

### *Ontology*

Ontology deals with the nature of reality or existence (Esposito and Venus 2022). Our ontological assumptions about the world guide us in determining what evidence is necessary to comprehend (Demarrais et al. 2024). This qualitative research employed a social constructivist philosophy, which holds that reality is socially constructed. This approach was crucial for gathering the evidence necessary to understand the lived experiences of healthcare managers in the healthcare centers participating in the research. The constructivist ontology aligned with the research questions and informed the research design, enabling an in-depth exploration of participants' perspectives.

### *Epistemology*

Epistemology is a branch of philosophy that examines the nature of knowledge and our understanding of reality. It allows researchers to address questions such as: How do we know what we know? What is our theory of knowledge? How is knowledge acquired? And how is knowledge generated through research? Our identities influence our understanding, the knowledge passed down to us, and the information we access (Esposito and Venus 2022). This research adopted an interpretivist epistemology, asserting human behaviour requires considering the context. This approach helped gather knowledge from the participants based on their lived experiences. The validity of the knowledge was ensured by the data collection methods employed, as alternative methods might have distorted the responses. Relatedly, the findings were considered a reliable source of knowledge, providing valuable insights for informing policy and guiding further research.

### *Methodology*

Methodology encompasses the strategies, techniques, and tools researchers use to collect and analyse data. The adopted ontological and epistemological stances shape the research methodology. In healthcare management, the choice of methodology dictates how data on staff experiences and dynamics, patients' outcomes and organizational practices are gathered and interpreted.

### *Relationship and Importance of Ontology, Epistemology and Methodology*

Ontology, epistemology, and methodology are interconnected elements forming research philosophy's foundation. A researcher's view of reality (ontology) influences their

understanding of knowledge (epistemology), shaping their methodological choices. This relationship is crucial because it ensures coherence and consistency in research design. For healthcare managers, awareness of these philosophical underpinnings enhances the effectiveness of their practices by ensuring that interventions and policies are not only based on solid evidence but also appropriately tailored to the realities of their work environment.

### *Relationship between Philosophy, Research Design and Research Methods*

According to Creswell and Creswell (2018), the broad research approach refers to the plan or proposal for conducting research. The plan involves linking philosophy, research designs and specific research methods.

In the framework below (Figure 4-1, adapted from Creswell and Creswell 2018), when planning research, a researcher considers the philosophical worldview assumptions that inform the research, and the resulting research design emerges to these assumptions. Finally, the specific methods or procedures of the research translate the approach into practice.

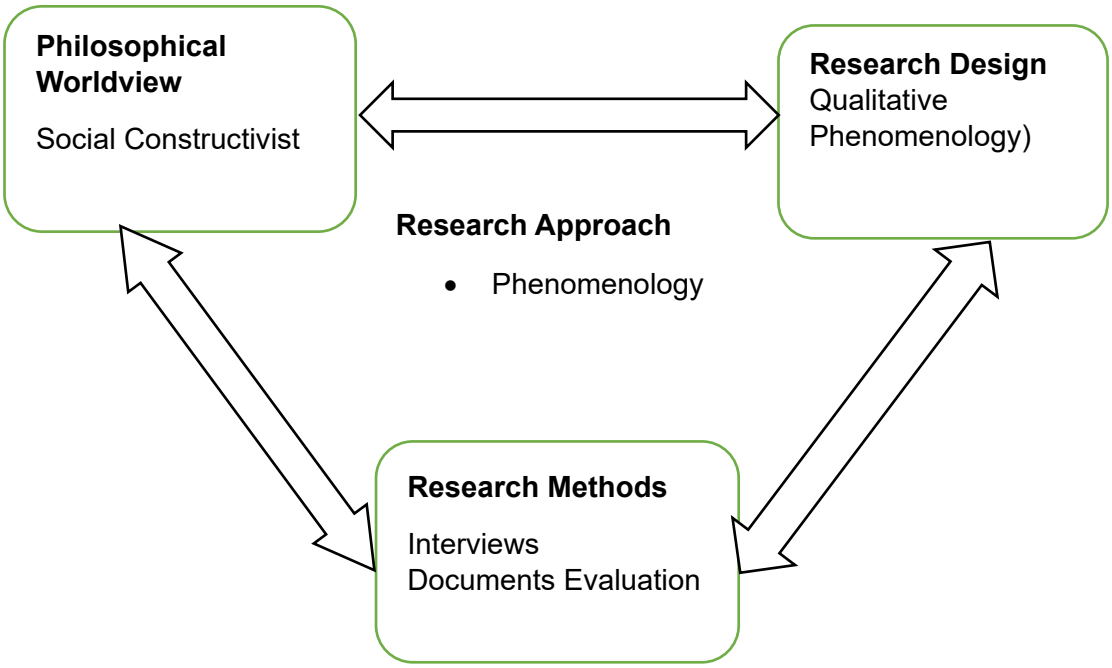


**Figure 4-1: Connection: Worldviews, Design, and Research Methods**
(Source: Creswell and Creswell 2018)

A deeper understanding of the philosophical concepts in this research has generated a framework that illustrates the connections among all the terms, which are presented below.

Figure 4-2 illustrates the relationships in the philosophical concepts used in research. In this context, the nature of existence or reality affects the type of knowledge pursued. The knowledge sought, in turn, influences the approach taken to acquire that knowledge. Consequently, an established procedure to obtain the sought understanding. Following this, the developed tools facilitate knowledge acquisition.

Ultimately, these tools determine which data sources to gather the required knowledge

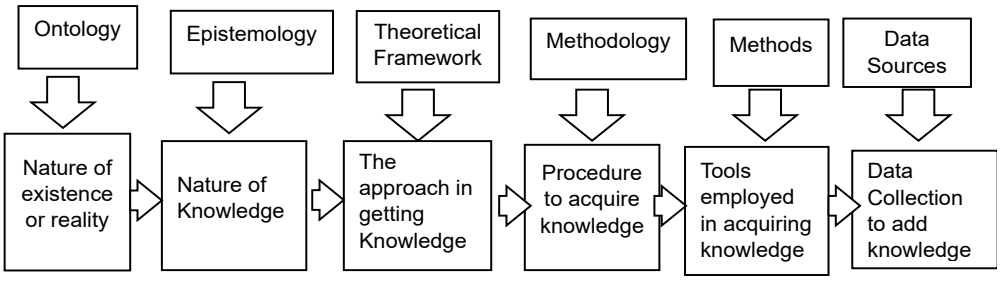


**Figure 4-2: Relationship Between Philosophical Terms in Research Process**
(Source: Crotty 1998).

### 4.5 Research Design

Research design is a study's principal plan and structure that outlines how to conduct research. Research design involves decisions about methodology, data collection, and analysis techniques to answer the research questions. The design serves as a blueprint for the entire research process, guiding the researcher to pursue knowledge and ensuring that the findings are credible, valid, and reliable (Sekaran and Bougie, 2016).

The chosen research design guides the approach to conducting empirical research. Empirical research entails a thorough collection and analysis of data to generate insights grounded in observable evidence. This strategic approach typically unfolds through several distinct steps, elaborated upon below.

The initial step involves identifying the research problem. This identification serves as the foundation for the entire research endeavour, motivating the investigation into the underlying causes of the issue, discerning available remedies, and exploring strategies for addressing the problem. The aim is to formulate recommendations and contribute to the broader body of knowledge and policy frameworks.

A critical component of the research strategy is the detailed review of pertinent studies and literature. The review examines peer-reviewed articles, academic journals, reports, and books relevant to the research area. The goal is to synthesize existing findings and recommendations from other researchers, thereby building a robust foundation for further inquiry.

In qualitative research, carefully crafted research questions serve as guiding beacons throughout the study. These questions are pivotal, as the research seeks to provide nuanced answers to the formulated inquiries. The development of these questions is instrumental in shaping the direction of the research.

The next step entails selecting a research design that aligns with the research objectives. In this context, the choice was a qualitative research design. The qualitative research design enables an in-depth exploration of the lived experiences of healthcare managers, providing a richer and deeper understanding of their perspectives and insights (Creswell and Creswell 2018).

With an established research design, the focus shifted to data collection employing the most suitable method. Interviews were the preferred approach for capturing the nuances of lived experiences. The researcher conducted these interviews, guided by a structured interview framework that enabled systematic information gathering from participants across various healthcare centers.

Following data collection, the next step is data analysis, employing techniques such as qualitative coding. This analytical process is essential for identifying trends, relationships,

and underlying themes within the data, providing clarity and depth to the research findings.

After analysis, the interpretation of results becomes crucial. This process helps elucidate the findings in the context of the original research questions, allowing for meaningful connections and drawing insights from the data.

Finally, the culmination of the research process results in reporting findings. The process involved presenting the outcomes and recommendations in a manner that contributes to knowledge, informs policy and enhances practice within the field.

In conclusion, the strategy for conducting empirical research is a systematic and iterative process. Each step ensures that the research addresses the identified problem and adds value to the existing knowledge and practice.

Research design is a critical component of the scientific inquiry, serving as the plan for collecting, measuring, and analysing data. With various challenges and objectives inherent in different research fields, selecting an appropriate research design is crucial for determining the success and validity of the research project. There are several research designs for conducting an inquiry. These include qualitative, quantitative and mixed methods (Creswell and Creswell 2019 p.11). Each design has unique characteristics, advantages, and disadvantages, making them suitable for different research questions and contexts.

### 4.5.1 Qualitative Research

Qualitative research is an exploratory approach to understanding a phenomenon by collecting non-numerical data, such as texts, interviews, document evaluation and

observations. This methodology emphasizes participants' meaning, experiences, and perspectives, allowing researchers to gain in-depth insights into individuals' thoughts, feelings, and experiences. It is precious when research questions necessitate a deeper understanding of context or social processes, especially when established theories or frameworks do not adequately capture the complexities of the topic under investigation.

The qualitative research approach offers several advantages, including providing rich, detailed data that thoroughly explains the subject matter. It also allows for flexibility in data collection methods, such as focus groups and interviews, enabling researchers to uncover nuances and complexities that quantitative methods might overlook. Furthermore, this approach is well-suited for exploratory studies, theory generation, and gaining insights into meanings.

However, there are notable disadvantages to using qualitative research as well. One significant concern is that the findings can be subjective and influenced by the researcher's interpretations. Additionally, the smaller sample sizes typical of qualitative studies limit the generalizability of the findings to larger populations. Data collection and analysis processes can be time-consuming, and researchers may face challenges in ensuring the reliability and validity of their results (Creswell and Porth 2018).

### 4.5.2 Quantitative Research

Quantitative research focuses on the objective measurement and statistical analysis of data. This approach typically involves large sample sizes and structured data collection methods, such as surveys and experiments. It is particularly well-suited for research projects that require testing hypotheses and establishing relationships between variables,

necessitating numeric data for statistical analysis to ensure replicability and produce generalizable results.

The quantitative research approach offers several advantages, including systematically measuring and analysing variables. When the sample is representative, the results can be generalized to larger populations, providing statistical evidence supporting or refuting research hypotheses. Additionally, quantitative research facilitates comparisons across different groups and conditions, enhancing the robustness of the findings.

However, there are also disadvantages associated with this approach. Quantitative research may overlook the context, depth, and meaning behind the data, which limits its effectiveness in exploring complex phenomena or understanding the experiences of participants. Furthermore, rigid data collection methods often restrict participant responses, and the emphasis on numerical data may necessitate simplifying complex variables (Creswell and Porth 2018; Cresswell and Guetterman 2017).

### 4.5.3 Mixed Methods Research

Mixed-methods research combines qualitative and quantitative research approaches, leveraging the strengths of each to provide a comprehensive understanding of a research problem. This approach is particularly suitable when addressing complex research questions requiring numerical data and in-depth insights. It is also valuable when the researcher aims to validate qualitative findings using quantitative measures or vice versa, thereby enriching data interpretation to provide a more comprehensive picture of the research issue (Sekaran and Bougie, 2016).

The mixed methods approach offers several advantages, including the combination of the strengths of qualitative and quantitative methods, which results in richer insights. It allows for triangulation, wherein different methods cross-validate findings, enhancing the credibility of the research. Additionally, this approach is flexible and can be adapted to a wide range of research questions and contexts, providing a detailed analysis by addressing multiple facets of a topic.

However, this methodology also presents several challenges. It requires expertise in qualitative and quantitative methods, making it difficult to combine them effectively. Furthermore, mixed methods research can be time-consuming and resource-intensive due to the necessity of collecting and analysing two different types of data. There is also the potential for conflicting results between qualitative and quantitative data, which can introduce ambiguity into the research outcomes. Lastly, designing studies that effectively integrate both methodologies present its complexities.

In summary, the choice of research approach depends on the research question, objectives, and study context. Qualitative research is best suited for understanding underlying meanings and experiences, which is the reason for choosing this research approach. Quantitative research is ideal for measuring variables and testing hypotheses, while mixed methods research allows for a detailed exploration of complex phenomena by integrating both quantitative and qualitative perspectives. Understanding the advantages and disadvantages of each approach enables researchers to select the most suitable method for their specific study.

### 4.6 Research Approaches

The five prominent research approaches introduced at the beginning of the chapter—narrative, focus group, ethnography, phenomenology, and grounded theory—each offer unique methodologies and insights into how research effectively addresses the research questions.

The design strengths and limitations are examined in the next section to appreciate the complexities of research and the strategies employed to yield meaningful results. The examination enables the choice and selection of the proper approach aligned to the research goals.

#### 4.6.1 Narrative Research

Narrative research focuses on participants' stories and personal accounts. The researcher collects and analyses narratives to understand how participants construct meaning from their experiences.

The challenge with this design is that the researcher's perspective can influence the analysis, thus a risk of bias in interpreting the narrative. There is further limited generalization where findings are often specific to individual narratives, making it difficult to draw broader conclusions.

#### 4.6.2 Focus Group Research

Focus group research involves gathering a small group of participants to discuss a specific research topic under the guidance of a facilitator. The goal is to explore collective views and experiences through group interaction.

Focus group research design may not be the best choice because dominant voices may overshadow quieter participants. The interactions result in skewed results and potential misunderstandings of individual opinions.

While this design provides a range of perspectives, it has limited depth of insight, as data may lack depth compared to individual interviews, where participants might self-censor in a group setting.

### 4.6.3 Ethnography

According to Sekaran and Bougie (2016), ethnography is an approach in which the researcher participates in or takes part in a specific cultural or social setting to observe behaviours, rituals, and interactions over an extended period. The researcher gains an understanding of the culture and behaviour of a social group from an insider's perspective. Ethnography and participant observation involve, interchangeably, watching people and talking to them about what they are doing, thinking, or saying to generate an understanding of the social group. Despite that, participant observation is one of the methods of ethnography used by researchers to create an experience of a culture or social group (Merriam and Tisdell 2016; Sekaran and Bougie 2016)

However, this approach or strategy may not be a good choice as it requires a significant investment of time and resources on the researcher's part, which may not be feasible. Also, the researcher's presence may influence the participant's behaviour, impacting the authenticity of the collected data.

### 4.6.4 Phenomenology

Through in-depth interviews, phenomenology seeks to understand and describe participants lived experiences related to a particular research topic (Merriam & Tisdell 2016). In this research, the researcher sought to understand the strategic planning and management challenges in healthcare systems from the healthcare managers at healthcare centers in Uganda.

However, this research design has shortcomings; for instance, the interpretation of lived experiences can be highly subjective, making it susceptible to potential biases in the analysis. Secondly, phenomenological studies involve a limited number of participants. The limited number of participants restricts the generalizability of the findings across the entire research population. However, in qualitative research, the goal is not generalizing but obtaining a deeper insight or meaning that other methods or techniques fail to do. Also, mitigating bias involved triangulation, follow-up interviews, and extended interviews. With the sample size, the research ensures that participants have varied characteristics such as age, experience, and seniority (Creswell and Creswell 2023).

### 4.6.5 Grounded Theory

Grounded theory aims to develop a theoretical framework grounded in participant data, utilizing systematic data collection and analysis. As the primary data collection and analysis instrument, the researcher assumes an inductive stance and strives to derive meaning from the data (Bloomberg 2023; Merriam and Tisdell 2016).

It is not an appropriate design because of the iterative nature of data collection and analysis, which can be challenging and require advanced methodological knowledge and

skills. There is also the challenge of over-interpretation, where the researcher may identify patterns or develop theories that do not accurately represent the data, resulting in speculative conclusions rather than solid empirical findings (Denscombe 2003).

In short, when selecting a research design, it is crucial to consider the specific research questions and objectives to choose the most appropriate approach. While each qualitative design—narrative research, focus group research, ethnography, phenomenology, and grounded theory—offers unique insights into human experiences, they also come with limitations that researchers must navigate to ensure robust and credible findings. Understanding these strengths and weaknesses is essential for conducting effective empirical research.

### 4.7 Researcher's Role

The researcher played a pivotal role throughout the research process (Creswell 2012). The researcher designed, executed and interpreted the findings. The researcher conceptualized the research by identifying and articulating a research gap and the research problem through a literature review. The process formed a foundation for a meaningful inquiry.

A detailed literature review was essential in contextualizing the research problem and justifying the study's significance. The researcher designed the study and selected appropriate methodologies, research designs, and approaches, purposively selected participants, and used data collection techniques aligned with research objectives.

In the data collection phase, the researcher systematically gathered data while ensuring ethical considerations such as informed consent and participant confidentiality. Data

analysis followed suitable techniques to derive meaningful insights. The researcher interpreted the findings in the context of the research problem, literature and conclusions which was data supported.

Communication of the findings is important. The researcher plans to report and disseminate the research findings in newsletters, academic papers, presentations, or practical recommendations, contributing to the knowledge within the field while maintaining rigour and ethical integrity throughout the process.

The researcher developed a structured research schedule, procedure, and instruments to manage research effectively. The activity commenced by outlining the research goals and specific questions. The research process involved manageable phases, establishing timelines and key milestones to track progress.

A detailed research procedure detailed the overall design, including methodologies, sampling, and data collection procedures, while addressing ethical considerations and outlining data analysis methods. Developing a research instrument involved determining relevant variables, choosing the appropriate type of instrument, drafting clear items, conducting pilot tests, and refining the instrument based on feedback.

The following section provides an overview of the pilot study. The sections elaborate and justify the reasons for conducting a pilot study.

### 4.8 Pilot Study

A pilot study is a preliminary, small-scale study conducted to test the feasibility, time, cost, risk, and any adverse events that may interrupt a research project. The pilot study is a practical trial used to test a research design, methodology, or instrument before applying

it to a larger sample. Pilot studies, also known as pilot tests, are typically conducted with a population closely resembling the target group but do not include the full sample size that the main research intends to use (Creswell and Creswell, 2018). The objective is to identify potential problems and refine research methods to ensure the main study is valid, reliable, and effective.

Pilot studies are instrumental in determining whether the planned research can be conducted effectively as intended. The process may involve assessing the recruitment processes, the adequacy of resources, and whether the planned data collection methods are suitable.

Furthermore, using a prototype of the research instrument, such as an interview schedule, protocol, or guide, enables the identification of issues with question clarity, response options, and participant comprehension. The activities in a pilot study enable refinements before conducting the full research.

The pilot study allows data collection procedure testing to ensure they fit the proposed protocol. Researchers can assess how long the data collection process takes and whether participants encounter difficulties with it.

The data collected during a pilot study are analysed to examine the potential outcomes and effects of the intervention or phenomenon under study. Although the intended results are inconclusive, they can offer insights into possible trends and variability—providing the research an opportunity to sharpen problem areas.

Testing the logistics involved in the research (e.g., personnel, equipment, budgets) pilot studies assist the researcher in anticipating the needs of the main research, consequently guiding resource allocation and planning.

Pilot studies hold significant importance in the context of research for the following reasons:

### 4.8.1 Enhancing Study Design Validity

The validity of a study is enhanced significantly by conducting preliminary tests. Identifying flaws in study design or methodology helps researchers make necessary adjustments. For instance, if a pilot study reveals that a particular survey item was consistently misinterpreted, it could be revised before being presented to a larger group. The proactive approach improves the overall robustness of the research design.

### 4.8.2 Improving Reliability of Instruments

Reliability pertains to the consistency of a research instrument. Conducting a pilot study allows the researcher to test research instruments for reliability. For example, a researcher may determine how consistently participants respond to questions across different settings. If significant variability emerges, adjustments could be made to improve clarity and consistency before launching the main research.

### 4.8.3 Cost-Effectiveness

Pilot studies identify potential problems that could lead to significant budget overruns if they occur during the main research. Highlighting data collection or logistical planning challenges, the researcher guides the process of refining budgets and resource allocation to avoid costly mistakes.

### 4.8.4 Participant Recruitment and Retention Insights

Pilot studies enable researchers to assess the feasibility of recruiting participants and maintaining their involvement throughout the study. Difficulties encountered in a pilot study regarding recruitment strategies or participant attrition can inform more effective strategies for the main research, ensuring higher retention rates and a sufficient sample size.

### 4.8.5 Testing Ethical Considerations

Ethical issues often arise during the research process. A pilot study helps the researcher identify potential ethical dilemmas related to informed consent, participant burden, and data management practices before launching the main research. Addressing these concerns upfront protects participants and safeguards the integrity of the research.

### 4.8.6 Grounding Future Research in Real-World Evidence

Ultimately, pilot studies accumulate empirical evidence that supports the plausibility of the research. The insights gathered can provide a foundation for future research and shape methodologies based on tangible data rather than solely theoretical frameworks.

In summary, a pilot study is a crucial step in the research process that can greatly enhance larger studies' reliability, validity, and feasibility. They act as a testing ground to address various methodological, logistical, and ethical considerations that may arise, providing researchers with critical insights and information. Investing time and resources in pilot studies helps researchers minimize potential risks, leading to efficient, effective, and ethically sound research endeavours. Conducting a pilot study is considered an

integral part of the research design process, ensuring that the main research is well-prepared and positioned for success.

### 4.9 Research Sites and Participants

The researcher employed a purposive participant selection technique, supplemented by a snowballing technique. Purposive participant selection is a non-probability technique that ensures selected participants and sites provide deep insight into their lived experiences (Merriam & Tisdell 2016 p.120). The snowballing technique was crucial in obtaining participants who could talk authoritatively, were knowledgeable on the phenomenon, and had a chance of not being left out.

The research was conducted in several healthcare centers in eastern Uganda, with a specific focus on Health Center IVs. These selected sites were integral to the study because the participants chosen shared rich, relevant, and insightful data regarding their lived experiences in healthcare management.

The criteria for participant selection emphasized professional experience and role specificity. Newly recruited staff members were excluded from participation, as they lacked the requisite experience to provide informed insights into the healthcare system. Participants were healthcare managers or staff with defined roles within their health centers. The selection criteria included several vital aspects.

First, participants were required to have a minimum of three to five years of experience in management roles within health centers. The timeframe ensured that healthcare managers had enough exposure and understood the complexities inherent in healthcare management, thus enriching their contributions to the research.

Additionally, participants had to hold a formal managerial position, such as Health Center Manager, Assistant Manager, or any designated role within the management hierarchy. The researcher included both male and female participants to gain a broader perspective on managerial experiences and gender sensitivity. The selection ensured that the gathered insights were closely aligned with the responsibilities and challenges faced by healthcare managers, rather than those encountered by other healthcare providers or staff members.

Furthermore, it was essential that participants were currently employed in or had experience managing health centers in eastern Uganda. This geographic specificity enabled the research to capture lived experiences that reflect the region's unique context and challenges, resulting in a more nuanced understanding of the local healthcare landscape. Additionally, the geographical area facilitated the research by allowing for follow-up interviews and confirmation of the data collected during the primary interviews.

Lastly, the research aimed to include diverse settings by selecting participants from various health centers, including urban and rural facilities and government-run and privately owned institutions. This diversity was crucial in capturing a broad range of experiences and perspectives, ultimately contributing to the completeness and richness of the research findings.

The research sites included in the study included Namutumba District, Iganga District, Bugweri District and Mayuge district. These are part of the districts which constitute eastern Uganda. Health Center IVs to be included in the research were selected from the four districts and research participants were selected from each of the healthcare centers.

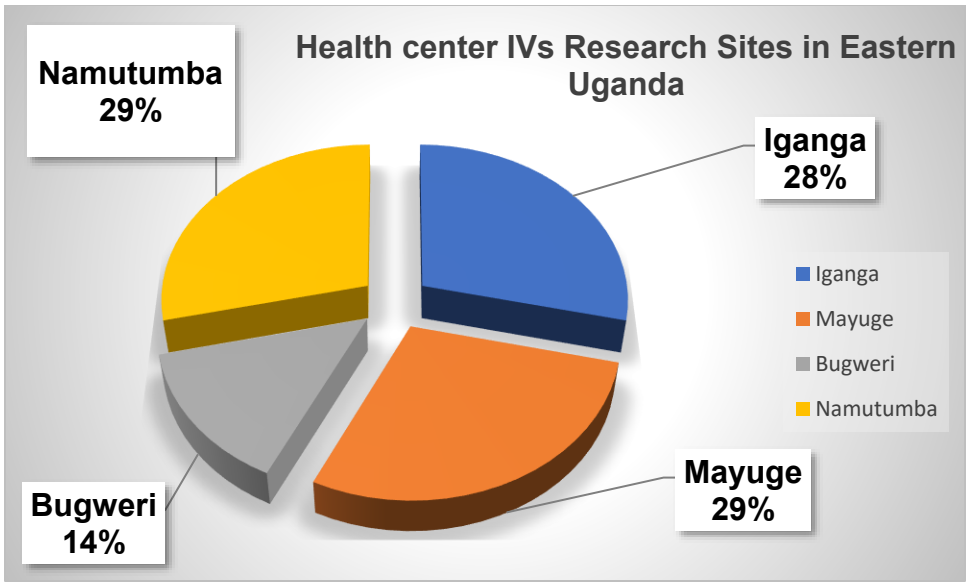


**Figure 4-1: Research Sites in Eastern Uganda**
(Source MOH 2021)

### *4.10 Data Collection*

Data collection is a crucial and systematic approach to gathering essential information for answering research questions (Peoples 2020; Merriam & Tisdell 2016). It commences with a clear definition of the data required, in this research, qualitative data.

The initial stage is followed with an appropriate data collection method. There are several data collection methods depending on the nature of the research. These include surveys, interviews, observations, or experiments. The chosen method often reflects various factors, including the research design, available resources, and characteristics of the target population, ensuring the tailored collection process suits the research objectives. In this qualitative phenomenological research, the best option was to conduct interviews, complemented by document evaluation, to enhance the rigour of the data collected.

Next was the development of the data collection instrument, following the identification of the data collection method. In this research, the designed interview guides captured relevant and reliable information. The crafted instrument ensured clarity and effectiveness in gathering deep insights from the participants.

When completing the interview guides, my attention shifted to sample selection. The purposive participant selection techniques were used, with the sample size reflecting the research objectives. Data saturation determines the sample size, participants interviewed, or when the participant starts revealing the same information without anything new (Merriam & Tisdell 2016).

However, a pilot study was conducted before launching into full-scale data collection. This preliminary phase enabled the researcher to evaluate the clarity and functionality of the data collection instrument on a small scale, allowing for adjustments. Once these preparations were completed, data was collected, adhering strictly to established protocols and ethical guidelines, such as informed consent and participant confidentiality.

Throughout the entire process, vigilant monitoring and quality control were paramount. The scrutiny ensured the accuracy and reliability of the information gathered; data collection procedures were consistently assessed. Any challenges that arose were addressed in real time. By meticulously following these steps, the data collection process not only supported the integrity of the research but also enhanced the validity of the findings (Peoples 2016).

### 4.10.1 Research Interviews

The research interview process facilitates the collection of qualitative data through direct interaction between the researcher and participants. It begins with careful planning and preparation, where the researcher defines the objectives of the interview and outlines the key topics or questions to be addressed. This preparatory phase includes selecting suitable participants to provide valuable insights related to the research topic and determining an appropriate setting conducive to open and honest dialogue. In this research, the researcher developed an interview guide, which served as a structured framework that balanced flexibility with focus, allowing for in-depth exploration of the topic under investigation while ensuring that all critical areas were covered.

After completing the planning process, the researcher initiated the interview process by establishing rapport with the participants. The process was essential for creating a comfortable environment where participants could freely express their thoughts and experiences. The researcher started with introductory questions to ease into the conversation and gradually led to more specific inquiries. During the interview, active listening plays a crucial role, as the researcher must not only ask questions but also engage with the participant's responses, encouraging elaboration and clarification where necessary. This engagement involves using probing techniques to examine deeper into responses, thereby extracting rich qualitative data that is pivotal to the research findings.

Throughout the interview, the researcher remained neutral and objective, minimizing the risk of bias and being sensitive to the participant's emotional cues. Ethical considerations are paramount; therefore, the researcher ensured that informed consent was obtained and confidentiality was maintained. Recording the interview was done through audio

taping/recording or handwritten notes, a common practice that allows for accurate capture and memorization of information. However, the researcher sought permission from the participants before recording.

Following the interview, the researcher engaged in the process of transcribing and analyzing the collected data. Transcribing and analysis involved converting audio recordings into written text and systematically coding the data to identify recurring themes, patterns, and insights relevant to the research objectives. The collected data were transcribed at the end of each day. The purpose of transcribing at the end of the day was to ensure the researcher learned from the interviews, captured all the information before forgetting, aligned the transcripts with the recorded notes or memos, and made improvements in subsequent interviews (Peoples 2016; Sekaran and Bougie 2016). The researcher may also reflect on the interview process, assessing how the interaction influenced the collected data.

The research interview process was a dynamic and iterative method that fostered a deep understanding of participant perspectives, contributing significantly to qualitative research outcomes.

### 4.10.2 Document Evaluation

The primary instrument for data collection was interviews. The interviews were conducted with participants as discussed above. However, to improve the rigour of the data collected and minimize bias, the research also employed document evaluation, which involved systematically examining written materials such as academic papers, policy documents, and reports from the Ministry of Health in Uganda. This process allowed the researcher to gather information, assess existing knowledge, and contextualize their studies. The

researcher triangulated the data collection process, thereby improving the rigour, validity, and trustworthiness of the findings.

Findings from document evaluations provided significant insights, such as identifying literature gaps and understanding the influence of empirical evidence on policymaking. Additionally, synthesizing information helped develop theoretical frameworks that guided the research, thus enriching the study's quality and significance.

In summary, document evaluation enhances the rigour and credibility of research by integrating various written sources, leading to a deeper understanding of the research topic, and contributing to academic discourse and practical policy development.

### 4.11 Data Management

Ensuring the safety, privacy, and confidentiality of participant data in research is essential. The researcher emphasized the importance of data privacy and confidentiality to the participants, reassuring them about the handling of their data.

Data was stored securely, with physical documents locked away and digital data stored on encrypted devices. The process included secure cloud storage and robust encryption protocols to prevent unauthorized access.

Anonymization and pseudonymization were employed to protect participant identities. Anonymization eliminated personally identifiable information (PII), while pseudonymization replaced PII with pseudonyms, maintaining a separate key for identification when needed.

Participants were informed of their privacy rights, the duration of data storage, and their right to withdraw from the study at any time. The researcher adhered to protocols for securely disposing of data after its use, including shredding physical documents and using data-wiping software for digital files post-report submission and graduation.

Ethical approval was obtained from the supervisor/ethical research committee (see Appendices B). Documents submitted for review included a letter seeking ethical approval for field data collection, the research interview guide, and a letter to participants detailing the research purpose, data management and confidentiality, and the voluntary nature of participation.

Lastly, training on data protection regulations is vital to cultivating a responsible data management culture. These strategies helped the researcher ensure participants' privacy and confidentiality throughout the research process.

### 4.12 Data Analysis

Data analysis is a multi-faceted process that begins with data collection and extends to presenting findings. As the researcher conducted interviews, they continually examined the collected data, crafting memos that enriched the final report and helped organize its structure. This iterative approach ensured that insights were captured in real time, allowing for a more detailed understanding of the data as it evolved.

Following data collection, the researcher undertook the task of winnowing the data. Not all information obtained during the research process is beneficial, making it necessary to sift through the data and discard elements that are less relevant or unrelated to the research's objectives. This selective process enabled the researcher to concentrate on

the most valuable and pertinent data, ensuring the analysis remained focused and relevant.

To facilitate the analysis, the researcher used ATLAS.ti software, a qualitative data analysis tool that assists in organizing, sorting, and searching through various texts while establishing connections between different codes. This software streamlined the process, enabling the researcher to navigate all transcripts systematically and assign codes effectively. After completing the coding process, the researcher undertook a detailed data analysis review, aligning with the sequential steps emphasized by Creswell and Guetterman (2019) and Creswell and Creswell (2018).

The initial data organization and preparation phase involved transcribing interviews or visually scanning recorded materials, compiling field notes, and categorizing the information based on its origin. After organizing the data, the researcher immersed himself in the content to extract general insights and reflect on the significance. During this stage, collected data seeks to answer critical questions related to the participants' expressions, the underlying tone of the ideas, and the overall depth and credibility of the data. At this point, the researcher began annotating margin notes on transcripts and observational field notes, capturing emergent thoughts and interpretations.

The following step was coding the data, which involved organizing the information by segmenting texts and assigning category labels in the margins. Creswell and Creswell (2018) described this as a crucial aspect of qualitative research, where the researcher identifies key phrases and themes that represent substantial data ideas. After establishing the coding, the researcher generated descriptions and themes essential for the qualitative analysis. The next step involved a detailed examination of the information gathered about

people, places, or events, laying the groundwork for narrative research. Through this coding process, broader themes emerged, often as significant findings within the qualitative study. These themes provided insight into the studied phenomena and contributed to a more complex layer of analysis. In phenomenological research, the interconnectedness of these themes facilitates the development of theoretical models by examining individual cases and exploring similarities and differences across various contexts.

Finally, the researcher presented the findings through a qualitative narrative, articulating the descriptions and themes that emerged during the analysis. This presentation included a chronological recounting of events, detailed discussions of several central themes, and exploring interrelated themes. Such narrative structuring effectively conveyed the analysis results, ensuring the findings were both accessible and meaningful to the audience.

In interpreting this detailed data analysis process, it became evident that the researcher's journey transcends mere data collection and coding; it is an intricate process of inquiry, reflection, and synthesis. The art of analysis lies in identifying patterns and themes and developing a nuanced understanding of the participants' lived experiences. This process highlighted the importance of reflexivity as the researcher navigated through their interpretations and biases. In due course, the synthesis of these themes into a coherent narrative illuminated the complexities of human experience, offering valuable insights that contribute to the broader discourse within the research field. By weaving together these analytical threads, the researcher not only elucidates the study's findings but also

enriches the understanding of the phenomena under investigation, fostering deeper connections between theory and real-world experiences.

Below is the flow chart (adopted from Creswell and Creswell 2018) that summarises the data analysis process as described above.

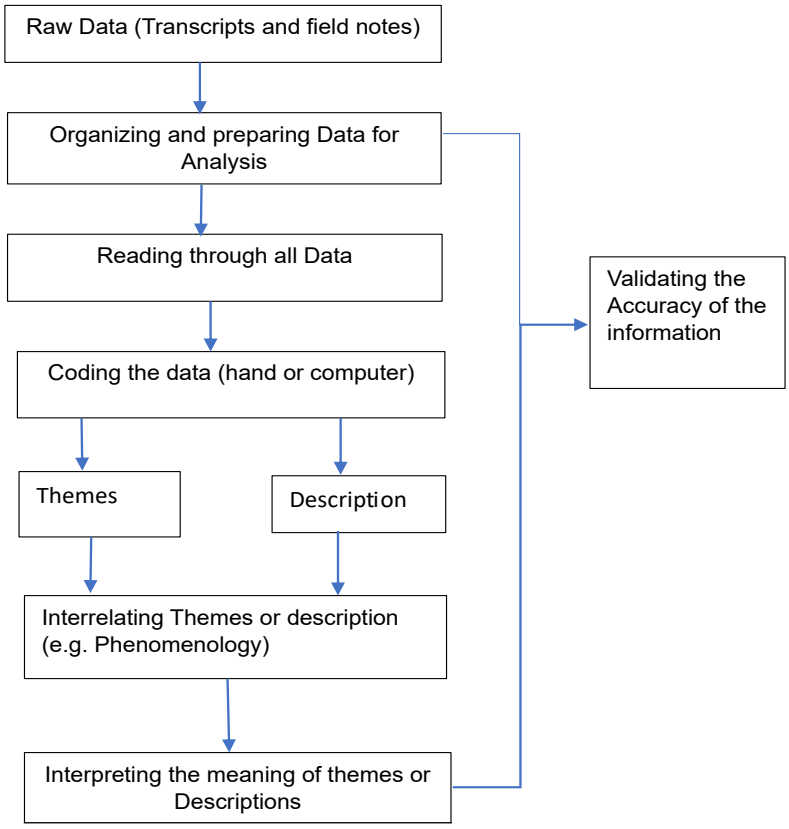


**Figure 4-4: Illustration of Data Analysis Process**
(Source: Creswell and Creswell 2018)

### 4.12.1 Thematic Analysis

Braun and Clarke (2022) defined thematic analysis as a qualitative technique involving identifying, analysing, and reporting patterns (themes) within data. The wide use of

thematic analysis is attributed to its flexibility and applicability across various research fields. The nature of the research questions in the current research are suitably answered with a thematic analysis technique (Braun and Clarke 2016).

There are several software programs that researchers use to conduct thematic analysis. These include NVivo ATLAS.ti, MAXDQA, Dedoose and QDAS (Qualitative Data Analysis Software). The researcher opted for ATLAS.ti as it was readily available and offered a user-friendly interface for coding and visualizing data connections.

In this research, the researcher systematically collected participant data and identified salient aspects relevant to the research. The data were organized in a manner that facilitated thematic exploration. The researcher commenced by defining the elements or components of the analysis. They were:

Key Statements: Also referred to as "quotes," "findings," or "insights."

These were critical observations or quotes from the data that captured important insights or experiences of participants.

Codes: Also called "labels," "tags," or "categories."

Codes were concise labels assigned to segments of the data. For example, if a participant mentions feeling empowered, a code was "empowerment." Hence, it created a framework for organizing data.

Themes: Also described as "patterns," "concepts," or "topics."

Themes were broader categories that emerged from a collection of related codes. For instance, associated codes like "empowerment," "confidence," and "assertiveness" were grouped under the theme "Personal Growth."

Thematic analysis is a handy data analysis technique that accommodates various questions and topics (Braun and Clarke 2016). The technique makes it valuable in qualitative research. Its flexibility allowed the researcher to explore data from multiple perspectives. From examining broad themes to investigating specific details in depth. This adaptability, combined with its accessibility, made thematic analysis a favoured choice for the researcher as meanings within data were sought and uncovered.

### 4.12.2 Thematic Analysis Process

Thematic analysis is a widely recognized qualitative data analysis technique that systematically identifies, analyses, and interprets patterns within qualitative data. This flexible technique enabled the researcher to get insights from textual or verbal information. The process of thematic analysis consists of several key stages, including data familiarization, coding, theme development, and refinement, each playing a crucial role in transforming raw data into meaningful narratives. Organizing and interpreting data through themes, the researcher revealed underlying meanings and perspectives, making it a valuable tool for understanding complex human experiences. This discussion explores the details of the thematic analysis process, highlighting its significance in qualitative research and the practical steps involved in its application.

Braun and Clarke (2013) outlined that the thematic analysis process describes six distinct phases or stages essential for achieving a detailed understanding of the data.

The first phase focuses on familiarization with the data. This critical step involved transcribing audio data and field notes. The researcher read the data while jotting down initial impressions and ideas (memos). This foundational work was vital in understanding the dataset, setting the stage for deeper analysis as the context and contents of the data became familiar.

Following familiarization, the researcher generated initial codes. In this stage, coding was performed systematically across the entire dataset in a systematic manner—coding involved identifying significant features of the data and labelling them to create a structured and organized framework. The coding process helped distil complex information into manageable pieces. In doing so, the researcher highlighted specific elements that warranted further exploration.

The third phase entailed searching for themes. Here, there was a step back to re-focus the analysis at a broader level, integrating initial codes into potential themes. This phase encouraged a more creative and interpretive approach to obtain predominant patterns and connections between the codes. By forming these potential themes, insights that reflected the essence of the data were clear.

In the fourth phase, the focus was on reviewing the themes. The proposed themes were checked against the coded extracts and evaluated for interrelationships. This essential step resulted in a deeper understanding of how themes represented the data and assisted in forming a thematic 'map' of the analysis. This map visually and conceptually organized themes, ensured that the analysis was coherent, logical, and allowed revision of themes.

The fifth phase involved defining and naming themes. In this stage, the themes were refined to ensure that each precisely captured specific aspects of the data. This process also entailed exploring the overall story from the analysis and assigning clear, descriptive names to the themes. Successful definition and naming of themes enhanced clarity and improved communication of the analysis's findings.

Finally, the sixth phase was the production of the report. In this pivotal stage, the write-up of the analysis results incorporated vivid extracts from the data to illustrate the themes effectively. A detailed commentary accompanying the extracts provided vital context and elaboration, enhancing the reader's understanding of the findings. The report presents the results and emphasizes the significance of existing literature and the broader field of the research.

The phases of thematic analysis established by Braun and Clarke offer a structured roadmap for qualitative research. Each step is essential in promoting a reflective, systematic, and rigorous approach to data analysis, ultimately enabling the researcher to derive meaningful insights and contribute to knowledge and practice.

Figure 4-5 illustrates the six stages/phases of the thematic process below. The stages are iterative in that one stage leads to the other.

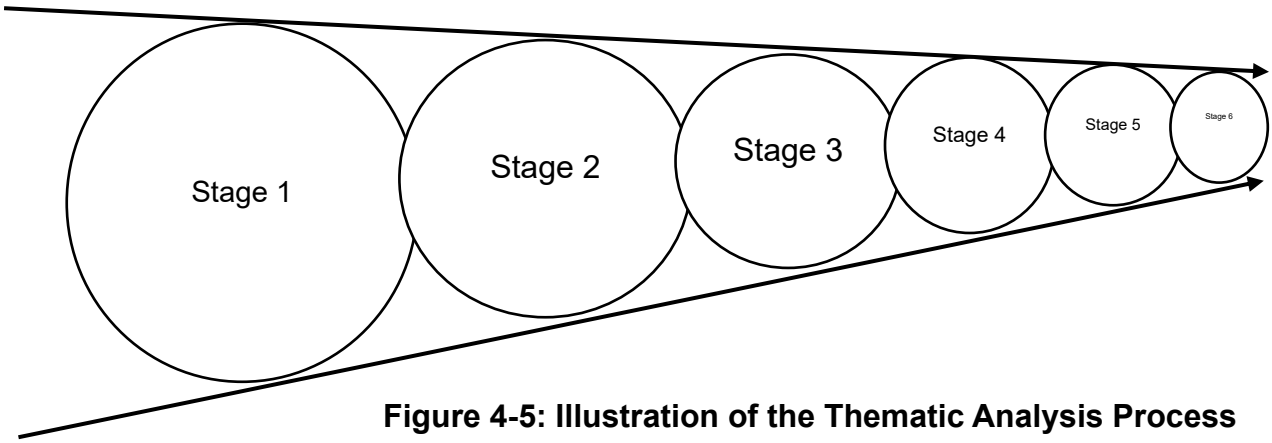


**Figure 4-5: Illustration of the Thematic Analysis Process**

(Source: Researcher)

Stage 1: Familiarization with the Data

Stage 2: Coding

Stage 3: Searching for Themes

Stage 4: Reviewing the Themes

Stage 5: Defining and Naming Themes

Stage 6: The Report

### 4.13 Validity and Reliability

In this qualitative research, validity refers to the researcher verifying the accuracy of the findings through specific procedures. At the same time, reliability pertains to the consistency of the researcher's approach across various researchers and projects (Gibbs 2007 cited in Creswell and Creswell 2018).

#### 4.13.1 Validity

Validity addresses the degree to which a measurement tool accurately evaluates what it aims to measure. It is a vital strength of qualitative research, as it considers the perspectives of the researcher, the participant, and the reader of the findings. Qualitative research is deemed valid when its results are reliable, authentic, and credible. Researchers should consistently evaluate the accuracy of their findings using various validity strategies (Creswell and Creswell 2018).

According to Peoples (2020), Creswell and Creswell (2018) and Maxwell (2013), there are eight strategies for assessing the accuracy of research findings. The first is triangulation, which involves examining different data sources for evidence to construct clear justifications for identified themes. When themes emerge from converging data from multiple participants, it enhances the validity of the research findings.

The second strategy is member checking, where researchers present significant findings, themes, or descriptions to the participants to evaluate accuracy. This process is akin to follow-up interviews that allow participants to provide feedback on the results.

The third approach employs rich, detailed descriptions to present the findings. In this case, the researcher discusses the settings through shared experiences, providing detailed descriptions that help readers better understand the context. In doing so, it fosters more realistic and nuanced reader perspectives, thereby further enhancing the validity of the findings.

The fourth strategy involves clarifying any biases the researcher may bring to the study. Through self-reflection, the researcher creates an open and honest narrative that resonates with readers, including commentary on how their background—such as gender, cultural history, and personal experiences—affects the interpretation of findings.

The fifth strategy presents negative or discrepant information that may conflict with the established themes. This contradiction is often countered by evidence that supports the theme, but including opposing information makes the account more realistic and credible.

The sixth strategy emphasizes spending extended time in the field, which allows the researcher to gain a deeper understanding of the phenomenon. An extended presence enables detailed descriptions of the site and its people, thereby adding credibility to the narrative.

The seventh approach is peer debriefing, in which the researcher collaborates with a peer debriefer who reviews and poses questions about the qualitative research. This feedback

helps ensure that the account resonates with others beyond the researcher, thus enhancing validity.

The eighth strategy is to employ an external auditor to review the entire project. Unlike the peer debriefer, the auditor may not have prior knowledge of the researcher or the project, allowing for an objective assessment. This independent review focuses on aspects such as the accuracy of transcriptions, the relationship between research questions and collected data, and the level of data analysis from raw data to interpretation, ultimately boosting the overall validity of qualitative research.

### 4.13.2 Reliability

Sekaran and Bougie (2016) defined reliability as a measure that indicates the extent to which it is without bias (error-free) and ensures consistent measurement across time and the various items in the instrument. The reliability of a measure indicates the stability and consistency with which the instrument measures the concept, helping to assess the "goodness" of the measure. Relatedly, researcher Martyn Denscombe (2003) posited that a good level of reliability means that the research instrument consistently produces the same data on each occasion it is used, and that any variation in the results obtained through using the instrument is due entirely to variations in the measurement. The researcher utilized a detailed interview guide for this research, ensuring consistency by administering the same questions to participants from various healthcare centers. The standardized data collection ensured reliable and comparable results in healthcare centers.

### 4.14 Research Limitations

Several external factors influence the research process and its overall scope, with participant bias being a primary concern. Bias manifests in various forms, such as socially desirable responses, where participants provide answers, they perceive as more acceptable than their true feelings. This tendency compromises data validity and obscures authentic insights, making it essential to create an environment where participants feel comfortable sharing candidly.

Additionally, some participants chose to withhold information that could have added valuable context to the research findings. The withholding might stem from fears of judgment, a lack of trust in the research process, or a desire for privacy. Failure to share the details diminishes data richness, limiting the researcher's ability to draw exhaustive conclusions. Building trustworthy relationships with participants and employing effective communication strategies encourage openness.

Moreover, some participants struggled to articulate their thoughts clearly due to insufficient knowledge of the topics discussed. Even with probing, these participants found it challenging to provide detailed responses, which hindered the depth of qualitative research. This situation highlights the importance of ensuring that participants have a solid understanding of the subjects before soliciting their input.

Finally, the study faced limitations due to a small sample size, as some participants declined to participate altogether. A small sample restricts the diversity of insights and affects the generalizability of the findings. Factors leading to participant decline included personal circumstances or a lack of interest in the topic. In hindsight, this underscores the

challenge of effectively recruiting participants and the need to develop strategies that engage potential respondents and encourage their involvement in the study.

### 4.15 Research Ethics

Creswell and Porth (2018) emphasize that ethical issues can arise at any stage of the research process. Therefore, researchers must adhere to ethical guidelines throughout their research. Adhering to these guidelines protects the participants, their employers, and the university.

In this research, ethical standards and guidelines were strictly adhered to without exception. Before starting fieldwork, the researcher obtained written approval from the university authorities.

This qualitative study focuses on a sample of participants at the managerial level, e.g. doctors, administrators and senior nurses. Confidentiality of the data collected during and after the research was paramount.

The target population in this study comprises public servants who adhere to a specific code of conduct regarding information dissemination. Thus, maintaining the confidentiality and anonymity of the collected data was critical. Participants' names were omitted to protect participants' identities, and codes were used instead.

Additionally, participants were presented with consent forms, which they signed following established procedures. These consent forms clearly outlined the participants' rights and included the option to withdraw or decline participation in the research interviews.

Before sharing any data, participants received a cover letter detailing their research background, objectives, and rights. This cover letter emphasized the confidentiality of the

information shared, the anonymity of the participants, and their right to opt out at any stage of the research process.

Participants were also assured that their data and responses from the interview guide would be securely safeguarded and only accessible to the researcher in an anonymous format. Furthermore, they were given explicit assurances that any feedback would remain confidential and not be disclosed or discussed with individuals outside of this research.

### 4.16 Chapter Summary

This chapter outlined the research design and methodology used in the research, providing a structured approach to addressing the research questions. The research adopted a qualitative design, which was deemed appropriate for exploring the lived experiences of strategic planning and management challenges healthcare managers face at health centres in Uganda. The rationale for the chosen design emphasizes its capacity to capture complex phenomena effectively.

The target population is defined, and the selection strategy used to select participants is provided. The final sample size and inclusion criteria are articulated to ensure representativeness.

Data collection methods, including surveys and interviews, are discussed, detailing the development and validation of the instruments used, as well as ethical considerations. The chapter also explained the data analysis techniques, such as thematic analysis for qualitative data, linking these methods to the research objectives.

Attention is given to enhancing validity and reliability, with strategies to ensure the findings are credible and accurate. Finally, the study's limitations are acknowledged, emphasizing potential biases and contextual factors that may influence results.

In conclusion, this chapter presents a detailed overview of the research design and methodology, ensuring a solid foundation for the ensuing findings while highlighting the consistency and relevance of the chosen methods in contributing to the field.

The next chapter will discuss data analysis, where the collected data will be used to uncover meaningful patterns and insights. The information gathered during the research process will be synthesized, and various analytical techniques will be applied to ensure a detailed understanding of the findings. The researcher will explore qualitative data, highlighting its significance to the research questions. Data was systematically examined to identify trends, relationships, and anomalies that would inform the conclusions of the research.

# Chapter Five: Presentation of Findings

## 5.1 Introduction

Chapter Four focused on the research design and methodology employed in this research. The chapter provided a detailed overview of the research design and methodology, laying a solid foundation for the findings, while emphasizing the consistency and relevance of the findings to the research objectives. The researcher identified gaps in strategic planning and management within the healthcare systems, which led to an exploration of challenges and their effects on service delivery and patient outcomes. The identified challenges highlight the need for recommendations to improve service delivery and patient care.

In Chapter Five, the researcher presents the findings informed by the hermeneutic phenomenological approach, drawing significant influence from Martin Heidegger's philosophy. The chapter includes a discussion on the data collection and analysis process, the environmental settings, coding, and theme development as well as a systematic account of the research findings, linking them back to the research questions stated earlier in the study.

## 5.2 Settings

The researcher designed one-on-one semi-structured interview questions for the participants, using a matrix that considered the research questions and strategic planning and management aspects in healthcare centers. The questions covered the complete scope of the research topic and served as the researcher’s interview guide for the research (Appendix A).

The researcher conducted a pilot study using the interview questions. The pilot study conducted prior to the main study involved interviewing selected participants at Health Centers with similar characteristics. The purpose of the pilot study was to familiarize the researcher with the interview process, to realign questions in the interview guide, to aid preparation of the interview process, and to identify and resolve potential research challenges. The researcher identified experienced participants who had over four years of experience in managing healthcare centers and were knowledgeable in the field.

Before data collection, the researcher obtained an introductory letter from the university addressed to the District Medical Officers (Appendix B). In response, the District Health Officers granted the researcher permission to access the identified research sites. The District Medical Officer's (DMO) letter introduced the researcher to the 'gatekeepers', who granted unrestricted access to the research participants and locations. Gatekeepers controlled entry to research sites or participants. The participants included healthcare center managers and department heads. Gatekeepers played a crucial role in facilitating the researcher’s ability to conduct the research and establishing a trusting relationship with the participants, which was essential for both ethical and effective data collection.

All research sites had similar set up, as they were all planned, owned and funded by the Government of Uganda. The Ministry of Health tasks the District Health Department of each Local Government with supervising, monitoring and managing the activities in the health facilities. Additionally, other responsibilities included training and staffing. Procurement of medications and other supplies is centralized, with the Ministry of Health distributing these resources through the District Health Offices. The same centralized approach is applied to the recruitment of staff for the Health Centers.

Health Center IVs play a crucial role in the healthcare sector in Uganda. The centers offer a wide range of services through various departments. The services include preventive care, health promotion, outpatient care, curative services, maternity care, inpatient care, laboratory services, dental services, ultrasound diagnostics, emergency care, blood transfusions, and mortuary services (MOH 2023).

The management structure of Health Center IVs has several key personnel: The Medical Officer in Charge, overseeing the overall management of the facility; Doctors who provide specialized medical care; Midwives assist with maternity and obstetric services; Nursing officers with the responsibility for patient care and support; Laboratory technologists conduct diagnostic tests; Anesthetists assist doctors in surgical procedures; Medical assistants support the healthcare team and various support staff that ensure the smooth operation of the facility (MOH 2023).

The roles and responsibilities of staff members are defined by the standing instructions from their appointing authority, the Ministry of Health of the Government of Uganda.

Medical staff operate a shift system, working eight-hour shifts, while other staff categories typically work from 8:00 AM to 5:00 PM, from Monday to Friday, with a one-hour lunch break.

### 5.3 Data collection

After the pilot study, the researcher conducted the data collection process. The pilot study provided a clear understanding of the conditions in the field. Extensive preparation was carried out to ensure that all aspects of the data collection process were meticulously

planned. For each research site, a detailed schedule was created, specifying the date, time, and location of the visits.

### 5.3.1 Objectives of Data Collection

The research examined strategic planning and management challenges in the healthcare system, focusing on the lived experiences of healthcare managers at health centers in Uganda. The research aimed to provide answers to a set of formulated research questions. As a reminder, the formulated research questions (RQ) the researcher attempted to answer in the research are:

RQ1: What are the key strategic planning and management challenges faced by healthcare managers at health centers in Uganda?

RQ2: How do these challenges affect healthcare service delivery and patient outcomes?

RQ3: What strategies could be implemented to address these challenges and improve strategic planning and management in Ugandan health centers?

The interview guide served as the primary data collection tool, with questions designed to elicit responses that would inform the above research questions. Therefore, the research questions acted as a reference point throughout the data collection process.

Two, the data collection process provided the researcher with essential information on which to base conclusions. The process made the conclusions evidence-based, making the research reliable and trustworthy. Moreover, conclusions are anchored in empirical evidence rather than conjecture (Creswell and Creswell 2018).

Three, through systematic data collection, the researcher identified patterns, trends, and data relationships. The interplay of these patterns, trends, and relationships led to a deeper understanding of the subject matter, resulting in new research insights.

Four, the findings from this research could contribute to the enhancement of services and interventions, as the data collected directly informs practice and policy decisions within Uganda's health sector.

Creswell (2018) and Creswell and Poth (2018) emphasized that data collection is a crucial element of the research process, underpinning the validity, reliability, and applicability of research findings. Thus, data collection enabled the researcher to explore and understand the subject matter, ultimately contributing to knowledge in the healthcare sector.

### 5.3.2 Research Design

Merriam and Tisdel (2016) emphasized that research studies can take various forms, including quantitative, qualitative, and mixed methods designs.

The qualitative method is a research approach that focuses on exploring and understanding human experiences, perceptions, social phenomena in depth and providing voice for the voiceless (Mitchell and Clark 2018). The approach involves collecting non-numerical data such as interviews, focus groups, observations, and open-ended questionnaires. The qualitative method aims to gain rich, detailed insights and develop a detailed and deeper understanding of the underlying motivations, attitudes, and contextual factors influencing the research.

In contrast, the quantitative method is a research approach that emphasizes the measurement and analysis of numerical data to identify patterns, relationships, and trends. The method involves collecting structured data through surveys, experiments, or existing statistical sources, which can be statistically analyzed to generate objective and

generalizable results. The quantitative method is helpful for testing hypotheses, quantifying variables, and making predictions based on numerical evidence.

In a nutshell, qualitative research is subjective, whereas quantitative research is objective. (Peoples 2020).

According to Creswell and Guetterman (2017), a mixed methods research design, involves collecting, analyzing, and “mixing” both quantitative and qualitative methods in a single study or a series of studies to understand a research problem. The basic assumption is that the use of both quantitative and qualitative methods, in combination, provides a more comprehensive understanding of the research problem and questions than either method used alone. This method, however, requires a lot of skill and consumes time since a lot of data has to be collected.

Additionally, Creswell (2013) identified several approaches within these designs, such as narrative, case studies, phenomenological, grounded theory, and ethnography. In this research, the researcher aimed to gain a deeper understanding of the lived experiences of healthcare managers. To achieve this goal, a qualitative research design and a phenomenological approach were used to explore the lived experiences of the healthcare managers (participants), ultimately contributing to the existing body of research.

### 5.3.3 Study Population and Sampling

The research focused on healthcare managers at selected health centers in Eastern Uganda. The researcher employed a purposive sampling technique, complemented by a snowball sampling technique. Using both techniques in sampling ensures a rich diversity of experiences and viewpoints. Cresswell and Porth (2018) defined purposive sampling as a technique where a researcher intentionally samples a group of people in a position

to provide information about the research problem under investigation. According to Braun and Clarke (2013), snowballing is where the researcher asks participants if they know any other resourceful participants who could be invited to participate in the research. The invitation to participate might then come from either the existing participant or the researcher. The sampling technique and method enabled the researcher to identify and recruit participants with varied backgrounds, experiences and insights, fostering a deeper understanding of the complexities and dynamics within the healthcare management landscape. Although the weakness of the snowballing technique is the loss of confidentiality and anonymity.

Table 5-1, below presents the demographic data of the research participants, including their gender, years of service, and position/title. The participants were assigned pseudonyms to ensure confidentiality and protection from identification. Demographic data provides a clear overview of the diverse backgrounds and professional experiences represented in the sample. Understanding these demographics contextualizes the research findings and highlights the variety of perspectives participants contributed across different roles and levels of experience within their respective healthcare centers.

**Table 5-1: Research Participants' Demographic Data**

| Participant | Participant Name | Gender | District | Years in Service | Title |
|---|---|---|---|---|---|
| RP1 | Tom | Male | Iganga | 15 | Senior Midwife |
| RP2 | Elias | Male | Iganga | 5 | Nursing Officer |
| RP3 | Ann | Female | Iganga | 10 | Medical Officer |
| RP4 | Samuel | Male | Iganga | 16 | Doctor |
| RP5 | Harriet | Female | Iganga | 4 | Anesthetic Officer |
| RP6 | Violet | Female | Bugweri | 7 | Midwife |
| RP7 | Ibrahim | Male | Bugweri | 8 | Medical Officer |
| RP8 | Olivia | Female | Bugweri | 14 | Nursing Officer |
| RP9 | Benjamin | Male | Mayuge | 4 | Nurse |
| RP10 | Edward | Male | Mayuge | 6 | Midwife |
| RP11 | Alice | Female | Mayuge | 4 | Nursing Officer |
| RP12 | Moses | Male | Mayuge | 7 | Nurse |
| RP13 | Damalie | Female | Namutumba | 10 | Medical Officer |
| RP14 | Adam | Male | Namutumba | 5 | Midwife |
| RP15 | Sophie | Female | Namutumba | 9 | Nursing Officer |

Source: Author 2025

### 5.3.4 Data Collection Methods and Instruments

Semi-structured interviews were conducted to explore participants' experiences on strategic planning and management challenges. With participants' consent, these interviews were audio-recorded. Before the interviews, each participant completed and signed a consent form (Appendix C). The data collection instruments included an interview guide with open-ended questions, a notebook and pens for notetaking, additional stationery, an audio recorder for capturing conversations, and a smartphone with a charger as a backup in case of equipment failure.

#### 5.3.4.1 Data Collection Process and Timeline

During the data collection process, the researcher used a ‘circle’ of activities model. According to Creswell and Poth (2018), this model consisted of interconnected activities, which included identifying the research site, establishing access and rapport, purposive sampling, data collection, recording information, exploring field research issues, and data storage.

The process began with locating the research site where the researcher found the necessary resources and participants capable of providing meaningful responses to address the research questions. Building access and rapport followed site selection and location.

Building access and rapport involved obtaining permission to conduct research at the site, recommendation letters from District Health Officers supported the process, and fostering positive relationships with participants to ensure trust and cooperation. The recommendation letters from the District Health Officers were essential in addressing challenges such as misrepresentations, impersonation, and fraud, especially given the prevalence of such issues in public offices.

Purposive sampling involved strategically selecting participants, specifically targeting resourceful managers/heads of departments or units, with gatekeepers playing a significant role in facilitating access. The next step involved data collection.

Data collection activities involved gathering information through one-on-one interviews, notes taking, observations, and reviewing relevant documentation. Whereas recording information required meticulous documentation of observations, interview responses, and audio recordings of conversations, they were all conducted with participants' consent.

During the process, the researcher also addressed field research issues, which included unforeseen challenges such as ethical dilemmas, logistical hurdles, or changes in participant availability.

Lastly, data storage involved securely preserving all collected data to maintain its accessibility, integrity, and confidentiality for subsequent transcription and analysis. The researcher took four months to complete the above activities. The researcher performed follow ups and second or repeat interviews with some of the research participants to ensure clarity and accuracy of the collected data.

### 5.3.5 Data Management and Analysis

Data management and analysis phase involved organizing, preparing, cleaning and examining the collected data to extract meaningful insights. All data, including interview transcripts, observation notes, and documents, were securely stored on a password-protected electronic file and external drive to ensure confidentiality and prevent data loss. Digital data such as audio recordings and transcripts were labeled with unique identifiers for anonymity and easy retrieval, while physical notes were filed and stored in locked file drawers or cabinets with restricted access.

For analysis, audio recordings were transcribed verbatim, and transcripts were reviewed for accuracy before being uploaded into the analysis software - ATLAS.ti. The researcher developed initial codes to guide the coding process. To maintain data integrity, backups were made in secure locations, including cloud storage and external drives.

Using ATLAS.ti, the data were imported, systematically coded, assigned labels to relevant segments, and organized into categories and themes. Features such as memoing and annotation supported reflective analysis and efficient data retrieval, helping to identify

patterns and relationships. Memoing, according to Creswell and Porth (2018), is when the researcher writes down ideas about the evolving theory throughout the data procedures to discover patterns. Memoing is essential in theory development
is highlighted by Corbin and Strauss (2015) in Creswell and Porth (2018). Overall, data management and analysis process ensured the integrity, confidentiality, and rigor of the research findings.

### 5.3.6 Limitations

During the data collection process, several limitations were encountered, including difficulties in recruiting research participants, a lack of responsiveness from District Health Officers and research participants, ethical dilemmas, logistical challenges, and fluctuations in the availability of research participants. These issues led to repeated efforts and delays, ultimately consuming the scheduled data collection time and impacting the overall progress of the study.

### 5.3.7 Summary

The data collection process was thoughtfully planned to align with the research objectives. Data collection involved selecting a representative sample and employing an appropriate sampling method that ensured detailed and accurate data gathering. Various data collection instruments, such as interview guides and observation checklists, were used to capture relevant information. The process was carried out within a defined timeline, with careful management of data to ensure accuracy and confidentiality. Data were analyzed systematically to identify key patterns and insights. Despite some

challenges, such as participant recruitment and logistical hurdles, the overall approach enabled the collection of reliable data to support the research goals.

### 5.4 Coding

Qualitative data analysis relies heavily on coding. Creswell and Guetterman (2018) defined coding as the process of segmenting and labeling text to form descriptions and broad themes in the data; Creswell (2018) described coding as taking transcribed text data and making sense of them, while qualitative researchers Jane Sutton and Zubin Austin (2015) described coding as ‘the identification of topics, issues, similarities, and differences that are revealed through the participants' narratives and interpreted by the researcher’. Based on all the definitions of coding above, the coding process facilitated the organization of large volumes of textual data, enabling the researcher to systematically identify patterns, relationships, and meanings within the data. Through coding, the researcher developed categories and themes that are vital in understanding of the phenomena under investigation, and as such, leading to meaningful interpretations and insights.

After preparing the data, the researcher used the qualitative analysis software ATLAS.ti to create codes. The researcher created codes inductively from the data in ATLAS.ti, resulting in a set of codes that emerged directly from the collected data. Other methods of coding, though not used in this research, are deductive and hybrid or abductive. Creswell and Porth (2018) defined deductive, inductive and hybrid methods of coding as below:

Inductive coding is also called data-driven coding, as it involves developing codes directly from the data without predefined categories or theories.

Deductive coding is also called theory-driven coding as a method where codes are developed based on existing theories, frameworks, or hypotheses before examining the data and hybrid or abductive coding combines inductive and deductive methods, allowing for initial coding based on theory, but remaining open to new themes emerging from the data.

The established codes were then applied to the relevant data segments. The crucial step of applying the relevant codes was essential for organizing the data, identifying patterns and themes, reducing the volume of collected data and facilitating deeper analysis, allowing for the systematic retrieval and examination of data related to specific concepts.

Embarking on the journey of qualitative data analysis, the researcher precisely followed a structured process to transform raw interview transcripts into meaningful insights. The initial and foundational step involved carefully transcribing all interviews, creating a comprehensive database from which the analysis would unfold. The conversion of spoken words into written text served as the bedrock for subsequent stages, ensuring that every tone and expression of the research participants was captured and preserved.

With the complete database in hand, the researcher then engaged in a critical and immersive reading of all the collected data. This was not passive reading; instead, it was an active engagement with the narratives, involving detailed annotation in the margins. These marginal notes served as a preliminary form of interpretation, capturing initial thoughts, potential areas of interest, and the researcher's immediate responses to what

the participants were conveying. The iterative process of reading and annotating allowed for initial understanding of the data's breadth and depth.

Following this thorough reading and annotation phase, the formal process of coding commenced. This crucial step involved systematically moving through the text, identifying segments that conveyed distinct ideas or concepts, and assigning a concise code label to each passage. These code labels, typically ranged from two to five words, served as shorthand summaries of the content within each segment. This granular level of coding allowed for the breaking down of complex narratives into manageable units of analysis, provided a framework for further organization.

The coding process then moved towards a higher level of abstraction through the grouping and consolidation of similar codes. This involved identifying codes that shared conceptual similarities and bringing them together. A vital part of this stage was the removal of redundant or overly similar codes, a process that streamlined the coding list and ensured that the analytical framework remained focused and efficient. Consolidation laid the groundwork for identifying broader patterns and connections within the data.

From these grouped codes, the researcher proceeded to identify overarching themes. Themes represent broader, more abstract concepts that effectively encapsulate multiple related codes. This stage involved a careful synthesis of the consolidated codes to discern the major topics, perspectives, or experiences that emerged from the participants' narratives. The themes served as the primary categories for organizing and presenting the findings, providing a coherent structure for the analysis.

Finally, a critical review of the identified themes was undertaken to ensure coherence and relevance. The process involved examining each theme to confirm that it accurately reflected the underlying codes and that it directly addressed the research question. The final step was essential for validating the analytical process and ensuring that the themes provided meaningful answers to the research questions. The researcher performed a systematic and iterative process to transform raw qualitative data into a rich and insightful understanding of the research phenomenon.

### 5.5 Theme Identification and Development

Theme identification and development was a crucial step in understanding the distinctions within the collected data. Themes are the major findings in qualitative research (Creswell and Creswell 2020). In this research, a lot of data was collected through one-one-interviews, documentation, note taking and observations. But all this information could not be used. Thus, the identification and development of themes.

Following initial data analysis, a total of thirty-five (35) distinct codes were identified. These codes represented recurring ideas, concepts, or patterns within the dataset. To refine and consolidate these initial findings, a thorough process of revision and removal of redundancies was undertaken. The careful analysis led to the emergence of seven main themes. The seven themes relate to research questions and served as the core interpretive framework for the research, capturing the key insights derived from the data.

According to Creswell and Porth (2018), the emerging themes were categorized into several types:

Ordinary themes: Ordinary themes were expected findings, such as resource constraints or staff shortages.

Unexpected themes: surprising themes not anticipated during the research, for example, "Government not recruiting staff and ban on staff recruitment."

Hard-to-classify themes: Themes containing ideas that did not easily fit into a single category or overlapped with several themes, such as "patient engagement and community development."

Major and minor themes: The distinction represented the primary ideas (major themes) and the less prominent, secondary ideas (minor themes) within the data. For example, a major theme might be "leadership," with minor themes including "facility management" and "people management."

In this research, the quality of being of the phenomenon under investigation was effectively conveyed using a multiple perspective approach. The method was instrumental in acquiring a wide array of viewpoints from research participants and various data sources, which served as crucial evidence for the emerging themes.

To ensure a balanced and detailed presentation of the findings after data analysis, data providing contrary evidence was also rigorously analyzed and discussed. The deliberate inclusion and analysis of this type of evidence enabled the development of more robust and two-sided arguments, thereby ensuring a clearer understanding of the information. Researchers, Creswell and Porth (2018), defined contrary evidence as "information that does not support or confirm the themes and provides contradictory information about a theme."

The process of developing themes continued until a point of saturation was achieved. Saturation refers to the point at which additional data fail to generate new information (Braun and Clarke, 2019). Additionally, as new participants were added, they provided the same information. The saturation stage was characterized by the full development of themes, where the collection of new evidence no longer provided additional themes or further details for existing ones. At this stage, the major themes had been clearly identified, and it was evident through subjective assessment that no new information would significantly contribute to the list of themes or add further detail to those already established. Therefore, the data collection process was closed.

### 5.6 Presentation of Data

The presentation of findings provides an overview of the key themes that emerged from the collected data. To facilitate a clear understanding of these insights, a table is included that organizes the information. **Table 5-2** has three columns: themes, codes, and examples of quotes from research participants. The column on themes summarizes the main ideas identified across the data, while the codes offer more specific labels that capture the underlying concepts. The examples of quotes serve to illustrate each theme and provide direct insights from research participants, adding depth and context to the analysis. This structured presentation aims to enhance the transparency and richness of the findings, allowing for a more thorough interpretation of the participants' perspectives.

**Table 5-2: Presentation of Themes, Codes, and Quotes**

| Themes | Codes | Examples of quotation |
|---|---|---|
| Resource Allocation | • Compromise the quality of services<br>• Insufficient PPE for personal protection<br>• Lack of funds by government<br>• Lack of transport facilities<br>• Resource constraints despite budgets | - 'When the number of patients is too big, you are always looking towards completing'.<br>- Items come in late, and some PPE get out of stock<br>- PPE is insufficient, but we try to use the available stocks optimally<br>- There is no transport. The patients get there way here.<br>- The government is not recruiting<br>- Less resources are available to meet the budget<br>- Uh, there is limitation to activities to be carried out due to limited funds released |
| Leadership and governanc | - Forming management committee meetings<br>- Management training and development<br>- Leadership challenges<br>- Preparation of budgets and amalgamation<br>- Prepare reports for decision making<br>- Review meetings<br>- Control in drug management<br>- Capacity building and training | - Preparation of reports to seniors<br>- Proceeds of management committee meetings on safety measures are communicated…<br>- We have training programs, and they are mainly by the District and implementing partners<br>- As departmental head, I contribute to decision making and participate in management committee meetings that discuss the entire facility concerns<br>- Monthly reports are prepared and submitted to the respective department heads. The department heads consolidate the various reports and submit them to the healthcare in charge who further report to the District Health Offices.<br>- The in charge combine those budgets where they combine did what they could earn more committed and becomes one budget for the entire unit |

| | | |
|---|---|---|
| Human resources for Health | - Few staff available<br>- Power and staff resistance<br>- Population increases and new diseases emerging<br>- Retirements, deaths and no recruitment<br>- Slow government recruitment process<br>- Staff overworked | - The government is not recruiting,<br>- there is slow government recruitment<br>- The number of patients is on increases more against its capacity because there are new diseases which are coming up<br>- the health facility is understaffed<br>- staff working long hours without rest<br>- People are retiring every now and then. Others are dying. There is no replacement<br>- Instances of a health worker being overworked and I think when somebody is overworked, productivity and the quality of work is compromised. Yes, quality, quality is compromised and even then, that person gets burn out. |
| Data Management and Health information systems | • Introduction of computers<br>• Data and information management | - Yes, the facility has computers, we use them, only that there are power outages. Also, internet is ‘’on and off’’<br>- Computers were availed by the Ministry, but some were withdrawn |
| Patient Engagement and community involvement | • Healthcare outreaches<br>• Patient feedback<br>• Using VHTs<br>• Partnering with NGOs<br>• Patient location and maps<br>• Patients return and make referrals to colleagues | - There are repeat cases which implies they are happy with the services<br>- The community leaders inform the management committee and then the management committee update the team at the facility. There is also management feedback from Village Health Teams (VHT's), when they visit the communities for health and education services. The patients also communicate to fellow patients on how they were taken care of.<br>- We carry out follow ups. Like mothers in maternity, there is an M2M (mother to mother), an NGO to do the follow up. It does it on behalf of the health center. The |

| | | |
|---|---|---|
| | | general side we use the VHTs to follow up.<br>- We do outreaches to the community to provide services to the community members with the help of the VHTs.<br>- The Patients location and maps, and their phones are obtained for easy follow up in case it is required<br>- Feedback from customers is in form of comments about the services they receive. There are forms designed for the purpose. |
| Infrastructure and facility management | • Facility management<br>• Lack of infrastructure<br>• Poor infrastructure | - Yeah, we have a facility management committee, there are persons representing the community on the committee. They share with those people and the community know how services are delivered<br>- you look at the structure, that is when you are at the roadside, can you just look at these structures and conclude that this is a Center IV facility?<br>- |
| Policy and regulation Framework | • Not complying with regulations and requirements<br>• Not following policies<br>• Compliance with regulations (QIT) | - We are supposed to work for 8 hours, then get shifts. We are health workers who should have eight hour three shifts a day, but you find that here we don't implement that<br>- Staff come late to work due to overworking e.g. Night shift staff |

Source: Author 2025

### 5.6 Relationship of the Findings

The findings from the research included insightful information gathered from the researchers' conversations with research participants. The information was from the

response, experiences, observations during the research and healthcare documents that were shared during the data collection process.

The researcher identified themes and examined the relationships between the literature review, research questions, anticipated themes, and theoretical framework.

Furthermore, the researcher discovered that the results support the literature review and research questions.

In **Table 5-3** below, the research questions are presented alongside the corresponding themes that emerged. These themes represent the answers to the research questions. However, there were instances when themes overlapped, meaning a single theme may serve as an answer to more than one research question. For instance, the theme "Patient engagement and community development" addresses both RQ2 and RQ3.

**Table 5-3: Emerging Themes and Association with Research Questions**

| Research Question (RQ) | Themes |
|---|---|
| RQ1: What are the key strategic planning and management challenges faced by healthcare managers at Health centers in Uganda? | Resource allocation, leadership and governance, human resource for health, policy and regulation framework |
| RQ2: How do these challenges affect healthcare service delivery and patient outcomes? | Infrastructure and facility management, Patient engagement and community development, |
| RQ3: What strategies could be implemented to address these challenges and improve strategic planning and management in Ugandan Health centers? | Patient engagement and community development, data management and health information systems |

Source: Author 2025

**RQ1: What are the key strategic planning and management challenges faced by healthcare managers at Health Centers in Uganda?**

Research Question 1 (RQ1) aims to explore the main obstacles healthcare managers faced at Health centers in Uganda when engaging in strategic planning and management. Specifically, it sought to identify the critical challenges that affect their ability to develop, implement, and sustain effective healthcare strategies.

In essence, the question asks: What significant issues or barriers prevent healthcare managers in Uganda from effectively planning and managing their Health centers?

**RQ1 Theme 1: Resource Allocation**

Findings indicate that the resources availed to healthcare centers are insufficient for effective management. The resources include funds, human capital, equipment, and services. The Ugandan Government, which is responsible for providing these resources, frequently fails to allocate the required resources due to budgetary constraints. Since resources are essential for all healthcare activities, their limitation significantly hampers the development and execution of strategic plans and thus compromises the quality of services the Healthcare centers provide to patients.

For example, participants Tom, Elias, and Ann stated,

> "*It is not possible to serve all patients who visit the healthcare center because drugs and medical supplies are not available. In other words, the supplies provided to the healthcare center have been completely used up.*

*When supplies like medicines and protection gears for protection run out of stock, it becomes challenging to manage the healthcare center and the patients' expectations". [Tom, RP1: Elias, RP2 and Ann, RP3]*

Relatedly, the research sites in this research had a staffing challenge, which made work at the Health Center IV extremely difficult. There were no staff recruitment despite the respective facilities submitting their requests to the authorities. The appointing authority's response has always been ''lack'' of funds and keep on promising. For instance, Harriet, and Damalie said:

*"… resources, they are really not enough. Starting from human resources, the Center IV is supposed to have a specific number of staff, given the different departments which are there. But unfortunately, in this center, we are really understaffed. [Harriet, RP5]*

*"Finances are limited. Finances have never been enough. And they will never be. The staff are not adequate as well. I don't want to talk about that". [Damalie, RP13]*

Furthermore, Health care centers operate on set work plans and budgets. The budgets are funded by the Government of Uganda. There are resource constraints despite preparing and submitting budgets as required. Unfortunately, the Government releases funds late, which are insufficient and in phases. Such arrangements affect service delivery, as commented by Adam:

*"… money is released by the authorities, usually on a quarterly basis. The center follows the workplans and the budgets to spend despite the funds*

*being limited. Uh, there is however, limitation to activities to be carried out due to limited funds released. The healthcare staff try as much as possible to work within those challenges but with difficulty". [Adam, RP14]*

Nevertheless, as observed in other sectors facing similar resource constraints, managers do not merely lament these limitations; instead, they strive to think creatively and develop innovative approaches to address the challenges. For instance, Violet remarked:

*"The funds availed can never be enough, so we have to prioritize. Of course, it is a challenge but there are things that we implement in phases, yet if it was a single implementation, it would be cheaper and effective. By the time we go to phases we are looking forward to realizing goals". [Violet, RP6]*

Limited and inadequate resources in Health centers affect both manager's strategies and services provision to patients as research respondents Tom, Elias, Ann, Harriet, Violet and Adam argued above. As a result, managers are unable to carry out their duties and responsibilities as expected fully, and patients do not receive the care they need with the limited resources.

**RQ1 Theme 2: Leadership and Governance**

The collected data showed that healthcare managers faced challenges related to inadequate leadership, strategic planning, supervision, training, and management skills, which affected decision-making and strategic direction in the healthcare centers. For instance, Elias and Alice noted:

*"… leadership, financial management. That is where the challenges are. I still struggle with those that are related to the department. They're trying to manage…" [Elias, RP1]*

*"There is need for management training skills and the competencies are required. There are staff who like the requisite skills to manage and lead others. Sometimes some of the managers in the facility have failed to achieve. Maybe we can work and will ensure we achieve that target." [Alice, RP11]*

Some healthcare centers faced governance challenges that impacted their accountability, transparency, and overall management efficiency. In response to this issue, Samuel remarked that:

*"There are cases of theft of medicine that is supposed to be availed to patients and cannot be traced. Despite the controls in place, some staff are not trustworthy." [Samuel, RP4]*

Despite the leadership and governance challenges the healthcare centers face first, the supervisors have worked hard to improve the situation and ensure patients receive quality services. Center managers have implemented capacity-building and training programs to help staff develop the necessary skills. For example, research participant, Tom noted:

*“In order to acquire management and leadership skills, we get training programs that are conducted by the District and implementing partners.” [Tom, RP1]*

Secondly, the management has adopted a participative approach strategy involving both department heads and junior staff. The strategy aims to foster cohesive teams. Staff members are encouraged to participate in meetings, decision-making processes, and report preparation. For example, Harriet and Adam remarked:

*“As department head, I contribute to decision making and participate in management committee meetings that discuss the entire facility concerns.” [Harriet, RP5]*

*“Monthly reports are prepared and submitted to the respective department heads. The department heads consolidate the various reports and submit them to the healthcare in charge who further report to the District Health Offices.” [Adam, RP14]*

In summary, healthcare centers face significant leadership and governance challenges, including deficiencies in strategic planning, supervision, and management skills, as well as issues related to accountability and transparency. Despite these hurdles, supervisors have made commendable efforts to improve service quality by implementing capacity-building initiatives and fostering a participative management approach. These strategies aim to strengthen team cohesion, enhance decision-making, and ensure better management practices, thereby improving healthcare delivery within the centers.

**RQI Theme 3: Human Resource for Health**

Healthcare workers play a vital role in the functioning of healthcare centers, but their effectiveness depends on an adequate and balanced distribution of staff within these facilities. Unfortunately, according to participants accessed in the healthcare centers examined in this research, personnel levels were insufficient, with staffing levels falling below expectations. The shortage of staff places significant pressure on healthcare workers, causing them to be overworked and exhausted. Healthcare staff often work long hours without adequate rest. As a result, burnout and diminished morale become common issues, which often lead to high rates staff turnover. This cycle further hampers the quality and continuity of care provided to patients. Responses from research participants in this respect were as below:

> *"We are understaffed. That's what I can say, because you can find one nurse on day shift and two nurses on night shift or duty". (Ann, RP3)*

And Violet commented:

> *"There are big staff gaps, which are attributed to the wage issues, and there is inadequate staffing. People retire from time to time. Others are dying. There is no replacement. The Government had banned recruitment because of lack of funds. This ban has not been lifted". [Violet RP6]*
>
> *"We are very few here. You cannot work for 8 hours, but work for 12 hours. We have only two shifts, two shifts because of the number of staff, so those work 12 hours instead of eight. As such, somebody is overworked and I think when somebody is overworked, productivity also even the quality of*

*work is compromised, quality is compromised, and even then, that person gets burned out. That is there on a daily basis. You just need to motivate yourself so that you can push on the next day. [Moses, RP12]*

The emergence of new diseases and outbreaks has placed pressure on healthcare staff across facilities. The COVID-19 pandemic posed numerous challenges for health personnel, stretching both their capacity and available resources to manage the crisis effectively. In addition to COVID-19, Uganda has faced outbreaks of other infectious diseases such as Monkeypox (also known as M-pox) and Ebola. These epidemics, often occurring in conjunction with other communicable diseases, further strain the healthcare system and complicate response efforts. For instance, research participants Violet and Harriet said:

*"… every other year things become tough, and the population is increasing, and the cases are also increasing. There are epidemics that never used to be there. It is a challenge. This affects the Budget for the financial year. Epidemic diseases and communicable diseases are even in the villages making it even worse because we have been compelled to open special clinics for non-communicable diseases. All that requires human resource [Violet, RP6]*

Meanwhile Harriet went to say:

*"… you find that what is needed to be done is a lot as compared to and more, so things change every other day. The population increases more*

*against its capacity because there are new diseases which are coming up. Even the old diseases are many as well. Yeah. [Harriet, RP 5]*

And Ibrahim said:

*"The number of patients is on the increase, more against its capacity because there are new diseases which are coming up" [Ibrahim, RP7]*

In Summary, healthcare workers are essential for the effective operation of healthcare centers, but staffing shortages hinder or hamper performance. The facilities studied revealed that staffing levels were below expectations, resulting in staff overwork and exhaustion among many workers are compelled to work long hours, often exceeding the standard 8-hour shift, which impacts productivity and quality of care. These shortages are partly due to financial constraints in the Government that affect recruitment. The emergence of new diseases like COVID-19, Ebola, and Monkeypox has further increased the workload, straining limited resources and complicated response efforts. As a result, healthcare providers face burnout and high staff turnover, which ultimately affects the continuity and quality of patient care.

**RQ1 Theme 7: Policy and Regulation Framework**

The current research revealed that healthcare personnel do not consistently adhere to the policies and regulatory framework for health workers. This framework mandates a maximum number of hours that health workers can work per shift. The limit has been established because healthcare professionals handle lives, and overworking them could lead to exhaustion and increased risks. Such circumstances could potentially result in disastrous outcomes, such as deaths. Benjamin commented that:

*“We are supposed to work for 8 hours, then get shifts. We are health workers who should have eight hour three shifts a day, but you find that here we don't implement that”. [Benjamin, RP9]*

Additionally, national policies are often not effectively implemented at the local level due to limited capacity and resource constraints. Human resource shortages in healthcare facilities lead to difficulties in adhering to established policies, public service standards, and working procedures. As a result, a small number of staff members are required to work extended hours, which can lead to overwork, exhaustion, and demoralization. This situation increases absenteeism, demotivation and causes delays in reporting for duty. Consequently, patient safety is compromised, with instances where no attendants are available to provide necessary care. For example, Olivia, a Senior Nursing Officer (SNO) commented:

“*I have staff who try to comply with the regulations, but sometimes due to several factors, they have failed to. Most of the time they do comply, but you make efforts to ensure it is implemented. Of course we try, but if you listen to that person, you say surely this was supposed to do this but because of other factors it has not been done.*

*When healthcare staff is needed and he/she worked the entire night, Yeah, you cannot wake him/her up. He/she worked day duty. Then works on late as well. Availed medicines at 4:00 AM. Remember the other day? He/she was working the whole day. It is difficult to wake up at 5 when that person has just put the head down at 4. It really becomes a challenge”. [Olivia, RP8]*

Despite the healthcare facilities not consistently adhering to framework for health workers, there are efforts made to ensure quality through the established committees, as noted by Ibrahim:

> *"There is a Quality Improvement Team (QIT), that works as a committee. The committee keeps a check on what is going on in the facility." [Ibrahim, RP7]*

On compliance with quality, Ibrahim further noted that:

> *We also receive regular quality assessments from the ministry. For example, external samples with known results are sent to this facility for us to run the tests and revert them under a seal. This is one of the ways the Ministry ascertains our compliance requirements in the facility. We therefore work to maintain the standard and improving the quality as well as following regulations. This is on a quarterly basis." [Ibrahim, RP7]*

In summary, Healthcare personnel often do not fully adhere to policies limiting working hours, with staff frequently working extended shifts due to resource shortages. Overworking staff leads to exhaustion, increased absenteeism, demotivation and compromised patient safety. Staff further highlighted that staff experiences lead to fatigue and delayed care. Limited capacity and resource constraints hinder effective policy implementation at the local level. Despite these challenges, facilities have established

quality committees and undergo regular assessments to monitor and improve standards. Overall, resource limitations and non-compliance pose risks to healthcare quality and safety.

**RQ2: How do these challenges affect healthcare service delivery and patient outcomes?**

Answering Research question two of the research addresses how the challenges affect healthcare service delivery and patient outcomes. At the same time addressing the impact of specific problems or obstacles (referred to as " challenges") on two main aspects:

First, healthcare service delivery- How do the challenges influence the way healthcare services are provided? This includes factors such as the quality, accessibility, timeliness, and efficiency of the services provided to patients.

Two, patient outcomes- How do the challenges impact the health results for patients? This covers aspects such as recovery rates, patient satisfaction, health improvements, or any negative health consequences resulting from these challenges.

In summary, the question aims to understand the relationship between challenges encountered in the healthcare system and the overall effectiveness of healthcare services, as well as the impact on patient health outcomes.

**RQ2 Theme 6: Infrastructure and Facility Management**

The infrastructure of healthcare centers in this research were similar. Each healthcare center had administrative offices, department offices, wards, staff quarters, drugstores/pharmacies, laboratories and lavatories.

However, some of the structures had limited space and resources which limited the capacity to deliver healthcare services. Limited space caused overcrowding at health facilities which increases susceptibility to contract diseases from infected persons. Attending to patients in crowded clinics compromises patient care, deny patients privacy and confidentiality and put the healthcare providers, the patients and patient care providers at risk of infection.

Some of the buildings were old and dilapidated, an indication of poor facility maintenance. Roofs had rusted iron sheets, and the paint was peeling off the walls. There was a lack of regular maintenance on the buildings, which caused equipment failures and unsafe environments, especially when the rusted roofs leaked during rainy seasons. For example, Harriet commented on the infrastructure at the facility:

> *"… you look at the structures, that is when you are at the roadside, can you just look at these structures and conclude that this is a Healthcare Center IV facility?" [Harriet RP5]*

And Benjamin said:

> *"Our buildings as you see are old. They have really depreciated due to the hush weather in this area. They require to be maintained regularly so that they are not declared inaccessible in the near future*.'' *[Benjamin RP9]*

When medical equipment malfunctions, it leads to compromised diagnostic and treatment capabilities, which negatively impact patient outcomes. Additionally, such failures reduce

patient satisfaction and trust, further decreasing patient confidence and engagement with healthcare services.

Conversely, healthcare centers have established facility management committees comprising both medical and non-medical members. The committees oversee various operational roles within the health centers, ensuring effective management and coordination of services. As illustrated by Ann, who mentioned that

> *"Yeah, we have a facility management committee, there are persons representing the community on the committee. They share information with both the community and healthcare staff about how services are delivered and any improvements to the infrastructure" [Ann, RP3]*

The researcher observed that some infrastructures in the healthcare facilities where the research was conducted are in very poor condition. In their current state, they pose a risk and should not be used by either healthcare personnel or patients. Edward and Damalie highlighted this concern, noting that such deteriorated infrastructure endangers both staff and patients.

> *"… the structure where the lavatories are is in a poor state to the extent that there can be an accident anytime… the walls are cracked. Management should think about closing it out to users" [Edward, RP10]*

And Damalie noted that:

> *"… that structure over there is very old. It may cause an accident when the rainy season comes. It is a disaster in the waiting. We have advised our staff and patients to avoid accessing it" [Damalie, RP13]*

In Summary, healthcare facilities had limited space, lacked maintenance, and showed deterioration, impacting service quality and delivery. Old, unsafe buildings increase health risks and equipment failures, compromising patient care. The facility management committees in place included community members who oversaw improvements. However, some structures were in a state of dangerous disrepair and required closure to prevent accidents. Addressing these issues was essential for ensuring safe, effective healthcare delivery.

**RQ2 Theme 5: Patient engagement and Community Development**

Research findings revealed that when the patients are engaged with the healthcare mechanisms in place, the patients feel touched and appreciate the services the health centers rendered to their community. For example, Olivia commented that:

> *"I have been here for 14 years, the community knows me as sister, their "daughter". They call me by my names and we can get on easily not even as a health worker but their own. The patients therefore share the concerns with me without hesitation" [Olivia, RP8]*

There is a clear indication that when the community is engaged, the patients get confidence in the health workers and the services. Engagement included getting community members to healthcare facility committees, providing health education on hygiene, disease prevention and chronic disease management, training Village Health Teams (VHTs) that are part of the community and encouraging feedback as well as making follow ups. It should be noted that poor engagement could lead to incomplete

follow up and failure for continuity of care, negatively affecting disease management. Furthermore, open communication was key to the engagement of patients. For example, Sophie noted that:

> *"We have open communication and encourage patients to tell us their challenges. That's how you get patient feedback in a way. This in one of the ways of getting patient feedback. Local leaders make the communications as well. The community communicate freely without fear of retaliations." [Sophie, RP15]*

Healthcare outreaches are a form of engagement that creates impact in the community. Through these outreaches, the patients in the community get access to services rather than travel to the healthcare centers This was evidenced from a response by Moses:

> "… *there are several outreaches to the community to provide services to the community members with the help of the VHTs.The patients get healthcare services in the community without going to the health care center, unless it is a complicated case that require specialized staff and equipment." [Moses, RP12]*

When patients are provided services through the outreaches and with the help of the VHTs, the patients on several occasion refer their colleagues and friends to healthcare centers. Such referrals imply the referrer is certain his/her colleagues' predicament will be attended to. Referral and repeat cases in services provision is a measure of confidence and trust. Patients return and make referrals to colleagues. For instance, Violet noted:

*“There are repeat cases which implies patients are happy with the services. There are also cases where a patient is referred by a friend or relative and talks proudly about that.” [Violet, RP6]*

Based on the research findings, it is evident that community engagement plays a crucial role in enhancing patient satisfaction, trust, and health outcomes. When health centers actively involve community members through participation in healthcare committees, health education, training of Village Health Teams (VHTs), and open communication channels, patients develop a stronger confidence in the services provided. Personal relationships, as exemplified by Olivia’s experience, foster a sense of familiarity and trust, encouraging patients to share their concerns freely.

Healthcare outreaches further strengthen this engagement through services directly to the community, reducing barriers to access and promoting timely care. These outreach initiatives improve health service coverage and build confidence, leading to increased referrals and repeat visits, which are indicators of positive patient perceptions and trust in healthcare providers. The feedback from patients and community members underscores the importance of continuous engagement, open dialogue, and community participation in ensuring effective disease management and sustainable healthcare delivery.

However, it is important to recognize that inadequate engagement may hinder follow up and continuity of care, potentially compromising health outcomes. Therefore, fostering strong, open, and inclusive communication strategies, coupled with community-based

outreach efforts, is essential for maintaining patient trust, improving service utilization, and ultimately achieving better health in the community.

**RQ3: What strategies could be implemented to address these challenges and improve strategic planning and management in Ugandan health centers?**

Research question three aims to identify specific approaches or actions that can be implemented to overcome the identified challenges and thereby enhance how health centers in Uganda plan, organize, and manage their services.

In other words, the research question aimed to identify effective strategies or solutions that could be used to address the challenges faced by Ugandan health centers, with the goal of enhancing strategic planning processes and overall management to deliver improved healthcare services.

**RQ3 Theme 5: Patient engagement and community development**

Research findings have established that healthcare professionals in these rural settings, despite the facilities having large catchment areas, ensure that they provide services to the communities. Healthcare service extension is supported with village health teams (VHTs). For example, Adam observed:

> *"We do outreaches to the community to provide services to the community members with the help of the VHTs. We do weekly. Sometimes in a week we go twice depending on availability of resources. The VHTs do the mobilization. We provide integrated services with all the packages." [Adam, RP14]*

And Benjamin also responded:

*"… we use the VHTs to follow up. Also, through the registers, the inpatients we follow up by calling vide telephone. The Patients location and maps, and their phones are obtained for easy follow up in case it is required" [Benjamin, RP9]*

A further inquiry showed that they go an extra mile of following up with patients that are cared for. Such follow up contributes to quick recovery of patients and/or prevent loss of lives as Moses noted:

*"We keep records, follow ups of patients, return dates for reviews and VHTs go ahead to visit the clients and some support staff, and the locals help in location by obtaining maps to their residences. Reviews that follow the previous visit are undertaken." [Moses, RP12]*

The follow ups result in strong patient engagements and community development in terms of healthcare matters. The engagements incorporate patient feedback, repeat cases and referrals. Both minor and emergency cases are attended to promptly due to that relationship. In that line, participants, Edward, Samuel and Sophie commented thus

*"When we visit the communities, we receive feedback. The feedback on the services they get from the facility. We get feedback from those people from the community, and they bring both feedbacks, here, eh! Feedback from customers is in form of comments about the services they receive. There are forms designed for the purpose. The community leaders inform the management committee and then the management committee update the*

*team at the facility. There is also management feedback from village health teams (VHT's), when they visit the communities for health and education services. The patients also communicate to fellow patients on how they were taken care of." [Edward, RP10]*

*"Because you know, serving a community is not a joke. Patients can appreciate as you know working in a community. The majority appreciates the services, and I believe that's why they return. There are repeat cases which implies they are happy with the services." [Samuel, RP4]*

*"The community leaders inform the management committee and then the management committee update the team at the facility. Additionally, management get feedback from village health teams (VHT's), when they visit the communities for health and education services. The patients also communicate to fellow patients on how they were handled. They go as far as naming the nurse who worked on them." [Sophie, RP15]*

Due to challenges with resources as earlier alluded to, some healthcare centers have partnered with Non-Government Organizations to support them in the specialized outreaches, e.g., pregnant mothers, as Harriet noted:

*"Health outcomes… We carry out follow ups. Like mothers in maternity, there is an M2M (mother to mother), an NGO to do the follow up. It does it on behalf of the health center." [Harriet, RP5]*

**RQ3 Theme 4: Data Management and Health Information Systems**

With technological advancements and ongoing changes across all sectors, healthcare centers—despite being public service institutions—are increasingly adopting computerized systems. These centers are digitizing their services and record-keeping to improve efficiency but with some challenges as research participant, Alice commented:

> *"Computers are there. So, they are used whenever you need. Internet is available; however, it is on and off and yet it is vital to use in communication. Those computers introduced the modernized way of seeing patients, the challenge is that the Internet is on and off. That is the way that the technology had started in our place." [Alice, RP11]*

Sophie, another participant further noted:

> *"We're just transitioning. We are integrating the technology, that is automating items from the manual to the computer-based information. We are phasing out the manual records slowly. The reason is that manual was basically user dependent and there was a lot of errors. Recently the team from the Ministry, Information and Technology Department were here for measurements, they want us to integrate the computer system. They said in March they will be installing everything and if someone is working on a patient, enters the biodata in the computer for example, the name, state the laboratory, selected treatment area etc. So, I believe with that we shall have completely transitioned from manual to the automated system. Time will be saved, error margins addressed and storage space saved." [Sophie, RP15]*

Furthermore, during conversations with research participants at various healthcare facilities, it was noted that health managers are familiar with and have access to computers in their respective centers. The facilities collect and store a range of information, including patient data *[computers introduced the modernized way of seeing patients as Alice, RP11 observed]*, procurement records, and stock inventories. Much of this information is confidential and can be valuable for future reference and decision-making.

Nevertheless, there were healthcare centers where progress was slow, as Olivia noted:

> *“As a health center, not every aspect is computerized but believe this will be for the future because where we are now, is far different from what we were sometimes back.” [Olivia, RP8]*

Despite the Government's commitment to supporting technological advancement in rural healthcare settings, there have been conflicting situations at some healthcare facilities. For example, equipment was initially provided but later withdrawn, possibly due to errors in allocation or planning challenges. Harriet observed:

> *"There was a time when the facility received some computers, I believe from the Ministry of Health. However, without any prior notice, communication was made that some of the computers would be withdrawn, and indeed they were taken away. The reasons for this were not explained. Currently, only*

*a few computers remain in the laboratory, store, and heart clinic." [Harriet, RP5]*

Such situations hinder the ability of managers to plan and operate effectively within the healthcare facility. To avoid these issues, both the government—through the Ministry of Health—and healthcare facilities should communicate clearly and effectively. Proper notification and coordination should be in place before any actions are taken, fostering better working relationships and ensuring smoother operations.

## 5.6 Conclusions

Chapter 5 presented the research findings, focusing on the research's settings and environment, data collection processes, and objectives. The research was conducted within specific contextual settings that provided relevant insights into the planning and management of healthcare, as well as the experiences of healthcare managers in healthcare centres. The primary objectives of data collection were to gather reliable information to answer the research questions.

The data collection process involved various instruments, including interviews, field notes, and documents, which were carefully administered to ensure accuracy and consistency. Data analysis entailed several stages: initial coding of raw data, identification of emerging themes, and development of patterns that addressed the research objectives.

A detailed timeline was established to coordinate phases of data collection and analysis, ensuring the research process was on schedule. Data management involved secure storage, organization, and backup procedures to maintain data integrity and confidentiality.

Qualitative data were systematically coded to identify recurring themes and patterns, which were then developed into broad categories that provided meaningful insights into the research problem. The presentation of data included visual aids like tables, charts, and thematic narratives to communicate the findings effectively.

Overall, this chapter presented the rigorous processes undertaken to ensure the validity and reliability of the research outcomes, hence a clear presentation of the findings.

The next chapter, Chapter Six present a discussion of the research findings. The chapter critically examine research findings in relation to the existing body of literature and the underlying theoretical framework, providing deeper insights into the research questions. By integrating these elements, the chapter aims to offer a detailed understanding of the healthcare managers lived experiences of strategic and management challenges in healthcare systems.

# Chapter Six: Discussion of Findings

## 6.1 Introduction

Chapter Five covered data collection and analysis, environmental contexts, coding and theme development, and presented findings structured around the key themes. The chapter included excerpts from participants to illustrate interview insights on strategic planning and management challenges in healthcare systems. The findings aligned with the research questions and objectives set for the research.

Although previous studies have examined the challenges managers face in the strategic planning and management of healthcare systems (Koning 2022; Rasouli et al. 2020), the current research aimed to explore managers' lived experiences within healthcare centers to gain a deeper understanding of their decision-making behaviors and approaches to planning and management.

Chapter Six interprets the research findings in light of an adopted theoretical framework—the theory of planned behavior (TPB) and existing literature. The chapter illustrates how the findings address the research questions, objectives, and the research problem. The chapter also connects the lived experiences of healthcare professionals in Uganda Health Centers with broader strategic management theories. The discussion further examines the implications of the findings for policy and practice, highlighting both similarities and differences with other contexts.

The Chapter begins with an overview of the study’s research background and setting, research design and methodology, followed by a discussion of the findings. The discussion incorporates both the theory the researcher used as a lens to understand the

research phenomenon and the existing literature on the research. Recommendations for addressing the identified challenges are also introduced.

### 6.2 Background and Setting

In this phenomenological qualitative research, participants were managers and department heads at healthcare centers. Participants were purposively selected from Healthcare Centers IV (HCIVs) located in four districts of Eastern Uganda to ensure the relevance and depth of insights. Data collection primarily involved face-to-face interviews, conducted using a structured interview guide to facilitate rich and detailed responses. The aim of using this approach was to capture the lived experiences and perspectives of healthcare professionals regarding their roles and challenges within the healthcare system.

### 6.3 Research Design and Methodology

The research employed a qualitative hermeneutic phenomenological approach to gain a deeper understanding of the challenges associated with strategic planning and management within healthcare systems (Creswell 2018; Peoples 2021; Omodan 2024, p. 60). The researcher selected this approach to explore managers' lived experiences in their work settings and gain rich, deep and contextual insights. Data collection involved in-depth, semi-structured face-to-face interviews with fifteen participants. The participants included managers and department heads, as they are directly involved in the planning and management processes of healthcare centers. The research was conducted in four Districts of Eastern Uganda, selected for their accessibility and the availability of time and resources necessary for the study.

Each interview lasted between fifty and eighty minutes, allowing ample opportunity to explore participants' perspectives. To enhance the validity and reliability of the findings, two strategies—member checking and peer debriefing—were employed, which helped validate and refine the collected data.

The collected data were inductively analyzed. A comparison was made of each participant’s narrative and field notes from conversations with research participants. Throughout the analysis, the research questions and objectives guided the interpretation, leading to the emergence of themes that directly addressed the research objectives and provided meaningful answers to the research questions.

### 6.4 Discussion of Findings

The discussion of findings presents the lived experiences of healthcare managers as they relate to strategic planning and management, providing detailed insights under each research question. The discussion makes a comparison between the research findings and the existing or prior literature on the phenomenon. Furthermore, the researcher demonstrates how applying behavioural theories, such as Theory of Planned Behavior (TPB), informs and potentially improves strategic management practices in the healthcare sector, thereby enriching understanding of managerial behaviours in healthcare organizations.

#### 6.4.1 Research Question One (RQ1)

The first research question aimed to investigate the key obstacles that healthcare managers in Uganda's health centers encountered during the strategic planning and management process. In essence, the research question sought to understand the major

issues or barriers that hindered the managers from effectively developing, executing, and maintaining successful healthcare strategies. The research participants were able to provide answers to the research questions without considering the healthcare professional's intentions and behaviors regarding strategic planning and management. Both Bingham et al (2023) and Lichtman (2023) argued that theory is about understanding and explaining how the world works. Lichtman emphasized that theory also involves understanding how different elements are connected. Building on this, the researcher applied the Theory of Planned Behavior (TPB) to explain human behavior. TPB consists of three components: individual attitudes, social norms, and perceived behavioral control. The researcher employed the Theory of Planned Behavior (TPB) to explore how and why strategic planning and management are implemented in healthcare, as well as to assess their extent. The approach assisted in demonstrating the practical value and application of strategic planning and management principles in the healthcare context.

The research participants highlighted issues such as resource allocation, leadership and governance challenges, human resource shortages, and non-compliance with policies. However, there was minimal demonstration of the use of the components of the Theory of Planned Behavior (TPB), despite addressing these problems. According to Lichtman (2023), TPB helps explain how different elements are interconnected.

In these contexts, healthcare managers' attitudes, social norms, and perceived behavioral control influenced their intentions and actions. For instance, positive attitudes towards efficiency and resource management motivated managers to seek innovative solutions despite shortages. Perceived social norms, such as expectations from the government, shaped their behaviors, either encouraging or discouraging certain practices. The lack of

confidence in their ability to manage resources affected whether they proactively addressed challenges or felt overwhelmed.

Similarly, perceptions of effective leadership and governance, along with organizational culture and peer norms, impacted managers' commitment to ethical and transparent practices. Beliefs about their influence over governance processes affected their engagement levels, with increased confidence hindering proactive leadership.

As Rasouli et al. (2020) argued, Managers' perspectives on staff recruitment, retention, and development directly impacted their drive to address workforce challenges. A manager who values investing in employee training and career growth is more likely to actively seek out qualified candidates, implement effective retention programs, and create opportunities for development. Such positive attitude motivates managers to proactively address workforce challenges, such as high turnover rates or skill gaps, leading to a more engaged and stable team.

Social norms around policies and societal expectations also impacted human resources (HR) practices, while perceived control over staffing challenges determined their capacity to implement effective strategies. Addressing attitudinal barriers and reinforcing positive norms are crucial for workforce stability.

Finally, perceptions of policy relevance and fairness influenced managers' compliance and advocacy for reforms e.g., there was increased support for policy implementation when they perceived the policies are beneficial and equitable. Norms within the regulatory environment and peer behaviors affected responsiveness to policies. Confidence in navigating complex regulations shaped their engagement with policy implementation.

In conclusion, applying TPB to these management challenges indicated that solutions could go beyond technical fixes also to address attitudes, perceived behavioral control, and social norms influencing managers. Such interventions lead to improved attitudes, reinforced supportive norms, and a boost in perceived control, leading to better strategic planning and management in Ugandan healthcare centers.

A review of existing literature has highlighted that effective strategic planning and management are essential for delivering quality healthcare services (Koning 2022). However, healthcare managers in Ugandan health centers encounter significant challenges that hinder these efforts. These challenges, including lack of qualified personnel, poor leadership, human resource shortages, and limited commitment, mirror issues healthcare managers face in the Ugandan health facilities.

Weak leadership and governance further complicated strategic planning and management. Managers often grappled with unclear roles, limited training, and poor accountability, which undermined decision-making and organizational cohesion. Such issues could decrease staff motivation, stakeholder engagement, and the effective implementation of strategic plans, ultimately affecting the health centers' ability to achieve their objectives (Chaudhary 2022; Terzic-Supic et al. 2015).

Moreover, shortages of trained health workers, high staff turnover, inadequate infrastructure, and insufficient capacity building hindered service delivery and strategic initiatives. An unstable policy environment characterized by inconsistent policies and bureaucratic hurdles added to the uncertainty, making it difficult to align efforts with national health priorities. Addressing these issues required coordinated actions from policymakers and health managers to improve resource management, strengthen

leadership, develop human resource policies, and streamline regulations—crucial steps toward enhancing healthcare outcomes in Uganda.

In summary, healthcare managers in Ugandan health centers face multifaceted challenges. Some of the challenges included resource constraints, weak leadership, human resource shortages, and policy inconsistencies. The challenges and many other factors hindered effective strategic planning and management. Applying the Theory of Planned Behavior (TPB) revealed that attitudes, social norms, and perceived behavioral control significantly influenced managers' intentions and actions, suggesting that addressing these psychological and social factors is crucial in improving management practices. To enhance healthcare outcomes, interventions should extend beyond technical solutions and focus on fostering positive attitudes, supportive norms, and a greater sense of perceived control among managers, alongside coordinated efforts by policymakers to strengthen leadership, resource allocation, human resources, and regulatory frameworks.

### 6.4.2 Research Question Two (RQ2)

The second research question examined how identified challenges affected healthcare services, focusing on the impact on quality, accessibility, timeliness, and efficiency of care. The question considered whether healthcare providers' attitudes and perceived control over systemic obstacles influenced their ability to deliver optimal care. Additionally, the question explored how these challenges affected patient outcomes, including recovery rates, satisfaction, health improvements, and potential negative consequences. Perceptions of control and social norms could also affect patient adherence and engagement, further influencing health results.

Drawing on the Theory of Planned Behavior (TPB), which suggests that individuals' behaviors are influenced by attitudes, subjective norms, and perceived behavioral control, the framework enabled the researcher to understand healthcare professionals' responses to systemic challenges and patients' health behaviors (Bingham 2023). Existing studies showed that resource limitations, organizational inefficiencies, and policy constraints significantly impacted healthcare delivery and patient outcomes (Adeola 2019; Rice 2022; Roncarolo et al. 2017). For example, Adeola (2019) and Rice (2022) highlighted how resource scarcity reduced service quality and accessibility, causing delays and compromised care. Roncarolo et al. (2017) found that organizational obstacles could diminish patient satisfaction and adherence. The TPB has been used in healthcare to emphasize that attitudes toward challenges, social norms, and perceived control shape behaviors that affected service quality and outcomes (Mikhno, 2020).

Conversely, Alomran (2019) argued that, although managers often encounter numerous difficulties and obstacles in their roles, these challenges are not solely negative but can serve as valuable opportunities for growth and development. When managers approach difficulties with a proactive and positive mindset, they could turn them into opportunities for learning, innovation, and continuous improvement. Embracing challenges helps managers to build essential qualities such as resilience, enabling them to withstand setbacks and adapt effectively. Additionally, facing and overcoming difficulties could boost their confidence in their abilities, providing them with greater clarity and focus when making strategic decisions in complex and uncertain situations. Viewing challenges as opportunities rather than threats could lead to improved leadership capabilities and effective management in dynamic environments.

In infrastructure and facility management, managers' attitudes toward maintaining and upgrading facilities directly influenced their commitment to ensuring safe, functional health services. When managers perceive infrastructure improvements as beneficial and within their control— a perception Abubakar et al (2018) and Kylaheiko (2016) supported. Researchers Abubakar et al (2018) and Kylaheiko (2016) found that resource constraints hindered service quality; they are more likely to prioritize resource allocation for upgrades. Perceived social norms, such as expectations from health authorities and community standards, also influence their behaviors, fostering or hindering investments in facility management. Additionally, perceived behavioral control, reflecting managers' confidence in managing infrastructure constraints, affects their ability to implement necessary improvements.

Similarly, in patient engagement and community development, managers' attitudes toward involving patients and communities significantly impact patient-centred care. Recognizing the value of community participation and feeling capable of fostering engagement—aligned with findings by Iyobhebhe et al. (2024)—that led to programs that enhanced health literacy and trust. Social norms from community expectations and health policies further influenced these behaviors; when managers believed they had the capacity and authority to involve communities meaningfully, patient outcomes improved through increased adherence and tailored interventions. Conversely, negative attitudes or low confidence could impede community involvement, resulting in poorer health outcomes.

Applying the TPB framework, these challenges demonstrated that healthcare delivery and patient outcomes were intertwined with managers' perceptions, social influences, and

sense of control. Addressing these psychological and social factors is crucial to overcoming infrastructural and engagement barriers. Such interventions could lead to effective healthcare services and improved health in Uganda.

### 6.4.3 Research Question Three (RQ3)

Research question three focused on identifying actionable strategies to address the challenges in strategic planning and management, and to enhance the efficiency of health centers. Drawing from rich participant insights—ranging from community feedback mechanisms and outreach activities to innovative data practices—three pivotal areas emerged: patient engagement, data management, and health information systems. These domains were crucial levers for transforming healthcare delivery, especially when underpinned by targeted and context-specific interventions.

Patient engagement plays a critical role in improving healthcare outcomes. Actively involving patients in their own care nurtures better communication, enhances adherence to treatment plans, and encourages shared decision-making, which results in increased satisfaction and health improvements. Effective patient engagement requires accessible education, respectful communication, and empowering individuals to take an active role in their health journey.

As for data management practices, there is need for proper collection, storage, and analysis of health data so that healthcare providers could make informed decisions, track patient progress, and identify trends or potential issues early. Efficient data management also facilitates continuity of care and minimizes errors, contributing to safer and effective treatment.

Lastly, health information systems in healthcare settings are used to integrate various technological tools to streamline administrative processes, support clinical workflows, and improve information sharing across different departments or providers. Well-implemented, health information systems enhance efficiency, reduce redundancies, and ensure that accurate and timely information is available at the point of care, thereby supporting better outcomes and fostering a more coordinated approach to healthcare delivery.

Integrating the Theory of Planned Behavior (TPB), these strategies could aim to positively shape healthcare managers' attitudes, reinforce supportive social norms, and bolster sense of behavioral control. For example, fostering a culture that values community participation could be achieved through awareness campaigns and recognition programs, shifting attitudes and norms toward community-centred care; equally, empowering managers with hands-on training and user-friendly digital tools to enhance their confidence and perceived ability to manage health information systems effectively. The dual focus on attitude and control creates a fertile environment for sustainable change.

Concrete strategies include launching culturally tailored community health education initiatives, establishing participatory local health committees to facilitate dialogue, and leveraging local radio and mobile platforms to reach remote populations. On the data front, transitioning from paper-based to electronic health records, coupled with comprehensive training on data analysis, promotes accuracy and timeliness—key factors for responsive decision-making. Strengthening data governance frameworks ensures data integrity and privacy, reinforcing trust in digital systems. Infrastructure investments—such as improved internet connectivity and mobile reporting—are essential to support

these technological shifts. Strong leadership at both national and district levels, committed to prioritizing health information systems, could catalyze these efforts and sustain momentum.

Strategically addressing attitudes, norms, and perceived control, leads to alignment of interventions with TPB's core principles and holds the promise of revolutionizing healthcare management. Implementing these approaches could lead to more proactive, efficient, and patient-centric health services—eventually fostering a healthier Uganda where strategic management translates into tangible health improvements.

### 6.4.4 Other Research Findings

The responses gathered from research participants at the research sites revealed a series of concerning and, at times, surprising issues that impacted the effectiveness and morale of healthcare delivery. One of the most troubling observations was the prevalence of corruption among managers and department heads, with reports of medicines and supplies being diverted to private drug shops and clinics. Such practices not only compromised patient safety but also eroded trust in the healthcare system, making it harder for patients to receive genuine care and for staff to uphold ethical standards.

Additionally, there were reported cases of nurses who requested monetary favours from patients. Such unethical practices were often driven by financial pressures staff faced, which undermined the integrity of healthcare services and diminished patients' confidence in the profession. These actions reflected deeper systemic issues that call for urgent attention to ensure that care remains patient-centred and ethically sound.

Staff punctuality was also a concern, with reports of late coming disrupting the smooth functioning of health services. Tardiness led to delays in patient care, increased waiting times and reduced overall service quality. Addressing issues of punctuality requires both organizational discipline and understanding of the underlying causes, such as fatigue, low renumeration or transportation challenges.

There was a category of participants who expressed dissatisfaction with low salaries and a lack of opportunities for promotion, despite their dedication and efforts. The lack of financial and career progression incentives led to frustration and demotivation among healthcare workers, which negatively impacted their performance and the overall quality of patient care.

Insecurity among patient caregivers was also identified as a significant concern. Since caregivers are often stationed in various areas of the facility, their access to sensitive information, medications, or medical equipment could sometimes be misused or exploited. Some caregivers may take advantage of their access to resources in ways that compromise patient safety and confidentiality. This could involve sharing confidential patient information without proper authorization or accessing medications or equipment for personal use or other unauthorized reasons. Such activities pose serious risks, potentially leading to errors, breaches of confidentiality, or even theft. These issues threaten both the well-being and privacy of patients, eroding trust in the healthcare facility. Additionally, they undermine the staff's professionalism. Therefore, creating a secure environment is essential which requires implementing strict access controls, monitoring staff activities, and fostering a culture of accountability. Such measures can help ensure that resources are used appropriately, and that patient information remains confidential.

Maintaining a secure environment is vital for upholding professional standards and safeguarding both staff and patients.

Furthermore, a negative attitude towards teamwork was evident among some staff members, with reluctance to collaborate or share responsibilities. Such negativity hampered effective service delivery, led to fragmented care, and diminished the overall efficiency of healthcare operations. Maintaining a team-oriented culture was vital for improving patient outcomes and staff satisfaction.

Finally, a lack of decent accommodation for nurses and midwives was highlighted as a major issue. Many staff members were forced to share inadequate living spaces if they were to stay within the healthcare facility premises. Poor housing conditions not only affect the well-being and morale of healthcare workers but also impacted their ability to provide consistent, high-quality care.

In conclusion, these issues collectively highlight the deep-rooted challenges facing healthcare facilities, ranging from corruption and unethical practices to staff demotivation and suboptimal working conditions. Addressing these problems requires an approach that includes improving salaries and career development opportunities, strengthening ethical standards, ensuring security, fostering teamwork, and providing adequate housing. Only through such holistic reforms could healthcare systems rebuild trust, motivate staff, and deliver the quality care that communities deserve.

From the above discussions and the Theory of Planned Behavior (TPB), which served as the analytical lens for understanding and underpinning the research phenomenon, the researcher recognized the significance of exploring the interconnectedness of attitudes,

subjective norms, and perceived behavioral control among healthcare staff. Examining these components, the researcher gained a deeper insight into the motivations and barriers that influence staff behaviors such as unethical practices, punctuality, and teamwork. Understanding these psychological and social factors provided a clear picture of the underlying causes of the issues/challenges within the healthcare system. This approach emphasized the importance of identifying problematic behaviors and understanding the beliefs and perceptions that shaped them.

Applying the TPB provided a better understanding of how individual and social influences impact decision-making and actions within the healthcare environment. The framework enabled the researcher to analyze how staff attitudes, societal expectations, and perceived control over their actions contributed to their behavior. This deeper understanding was essential for developing targeted interventions that addressed the root causes of undesirable behaviors and promote positive change. Making use of the TPB allowed for more informed decision-making, helping stakeholders design strategies that could improve motivation, ethical standards, and overall healthcare delivery, resulting in effective and trustworthy health systems.

### 6.5 Theory of Planned Behavior

Icek Ajzen formulated the Theory of Planned Behavior (TPB). The theory is a widely recognized psychological model that explains how individuals' intentions influenced their behaviors. The framework posits that three main factors—attitudes toward the behavior, subjective norms, and perceived behavioral control—collectively shaped a person's behavioral intentions, which subsequently determined actual behavior (Ajzen 1991).

The researcher introduced the TPB into this research to gain a deeper understanding of the cognitive and social factors that influence managers' decision-making processes in healthcare facilities, and as a foundation for interpreting the findings and guiding the inquiry from inception to completion. The researcher's aim of applying the TPB, was to identify specific determinants that could predict behavioral outcomes and inform strategies to promote desirable behaviors.

Throughout the research, the TPB was demonstrated by examining how research participants' attitudes, perceived social pressures, and perceived ease or difficulty of performing the behavior that impacted their intentions and actions. Data collection methods such as interviews and document analysis were used to measure these components, providing evidence of the framework's relevance and applicability in this context.

The TPB has numerous applications in organizational environments, including improving employee compliance, fostering innovation, enhancing safety practices, and encouraging healthy workplace behaviors. The theory's utility lies in helping organizations understand the psychological and social influences on behavior, allowing for relevant recommendations that result in the development of targeted interventions. The theory of planned behavior exhibits several attributes, as illustrated in the word cloud coded theory of planned behavior in Figure 6.2 below:


**Figure 6-1: Word Cloud Coded to Theory of Planned Behavior**
Source: Author 2025

In this research, the TPB was adopted as a theoretical framework to assess behavioral intentions and identify leverage points for influencing positive behavior. The model's structured approach enabled the researcher to analyze how attitudes, social norms, and perceived control interacted to shape intentions, ultimately influencing actions within healthcare facilities.

Ajzen's TPB model was developed through extensive empirical research, evolving from the earlier Theory of Reasoned Action (TRA) (Ajzen 1991 and Bingham et al 2023). However, TRA had limitations in dealing with behaviors over which people have incomplete volitional control. Ajzen (1991) therefore, expanded this model by incorporating perceived behavioral control, which accounted for external factors that could facilitate or hinder behavior. It was further argued that a central factor in the theory was the individual's intention to perform a given behavior. Intentions were assumed to

capture the motivational factors that influenced a behavior; they are indications of how hard people are willing to try, of how much of an effort they are planning to exert, to perform the behavior. These additions made the TPB more robust in predicting behaviors, especially in situations where individuals may face obstacles or varying levels of control over their actions. The TPB has since been widely validated and remains a fundamental framework for understanding human behavior across diverse fields. The researcher provided the explanation and interpretation of the model using the revised strategic planning and management -TPB framework below:

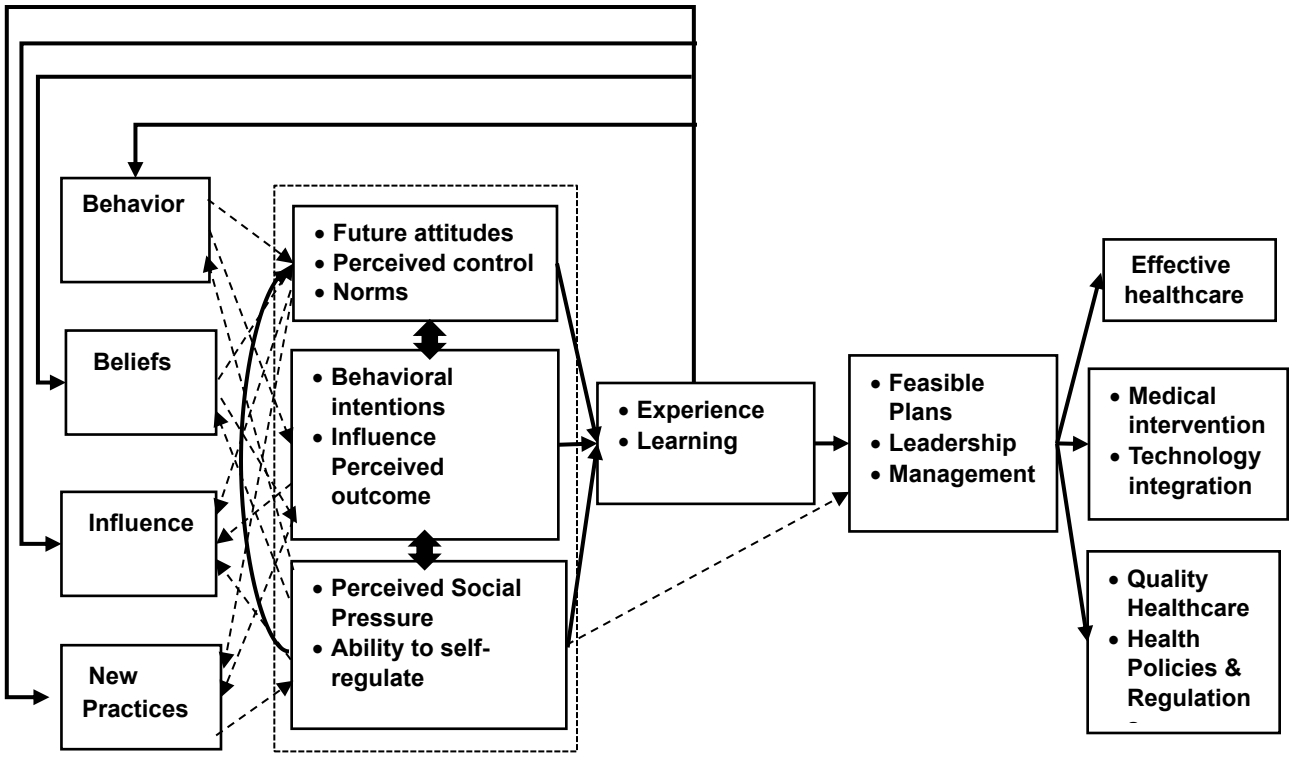


**Figure 6-2: Revised Strategic Planning and Management-TPB Framework**
**Source: Author 2025**

**Legend:**

| | |
|---|---|
| Solid lines | Derived from literature |
| Dotted lines | Based on researchers' assumption of the relationship from the interpretation of the literature, and how the phenomenon was understood |

The revised TPB framework expands upon the original model where additional factors are incorporated and emphasizing the complex interplay between various determinants of behavior. Core components such as attitudes, subjective norms, and perceived behavioral control continue to influence behavioral intentions directly. Attitudes reflect an individual's positive or negative evaluations of performing a behavior, and a more favorable attitude typically leads to a stronger intention to act. Subjective norms represent perceived social pressures; however, their influence is moderated by the individual's motivation to comply and their perception of social expectations. Perceived behavioral control, which encompasses the individual's belief in their ability to perform the behavior, is expanded to include specific control beliefs—such as access to resources or skills—that shape perceptions of ease or difficulty. These control beliefs influence perceived behavioral control, which in turn impacts intentions and behavior. Additionally, past behavior is recognized as a significant factor, as previous experiences can shape future intentions through learned habits and confidence, affecting perceptions of control and attitudes. The revised TPB also highlights that relationships between these core components are not purely linear but are moderated by variables like personality traits, demographics, knowledge, and emotions, adding layers of complexity. Overall, the framework underscores that behavior is influenced by an intricate web of cognitive, social, and contextual factors, making the process dynamic rather than straightforward.

## 6.6 Chapter Summary

Chapter Six discussed the research findings in relation to the existing literature on the phenomenon. The discussion compared the research findings to the reviewed studies to demonstrate the research's originality and contribution. Surprisingly, there were many similarities and a few differences between the current research findings and those in the previous studies.

The discussion highlighted that, although the TPB was not explicitly mentioned, it provided a valuable framework for the researcher to understand and address the participants' lived experiences in healthcare delivery. The researcher utilized the three core components of the TPB—individual attitudes, social norms, and perceived behavioral control—to analyze decision-making processes related to strategy and management challenges. Emphasis was placed on the training and reskilling of participants identified as a key strategy for improving strategic planning and management. Based on this, the researcher proposed ways to address these challenges, aiming to enhance health outcomes through improved understanding, capacity building, and effective management practices.

The next chapter concludes the research, presents the implications to theory, policy, and practice, states the research contribution and suggests areas for further research. The final part is the reflection on the doctoral research.

# Chapter Seven: Conclusions & Recommendations

## 7.1 Introduction

Chapter Six discussed the research findings on strategic planning and management challenges in the healthcare systems. The research findings aligned with the adopted theoretical framework. The findings were further contrasted with existing literature on strategic planning and management in the healthcare systems. The chapter also linked the lived experiences of healthcare professionals in Ugandan healthcare centers to broader strategic management theories and practices. The discussion critically explored the implications of the findings for policy and practice, while also comparing and contrasting them with results from previous studies.

Chapter Seven provides a conclusion of the research and an overview and summary of the research. The chapter then discusses the implications of the findings and states the contribution of the research to theory, practice and knowledge. The chapter concludes by highlighting the research limitations, providing recommendations for future research, and reflecting on the doctoral research journey.

## 7.2 Research Overview

The central guiding question of this research was: **"To what extent do healthcare managers strategize and oversee healthcare systems, and what challenges are encountered?"** This overarching question served as the foundation for the entire research, shaping the development of more specific research questions that aimed to explore different facets of healthcare management within the context under investigation.

The primary aim of the research was to provide a better understanding of the strategic management practices healthcare managers employed and the obstacles they faced in the process. To achieve this, the researcher established clear and focused research objectives, which included examining the strategies healthcare managers use, identifying the key challenges encountered in healthcare system oversight, and understanding how these challenges impact the effectiveness of healthcare delivery and management.

Data collection methods were selected to gather rich and relevant data that would address the research questions and meet the set objectives. These methods included in-depth interviews with healthcare managers and department heads, reviewing documentation such as policy papers, reports, and administrative records, as well as direct observations within healthcare facilities. The interviews provided firsthand insights into the experiences, perceptions, and practices of healthcare managers, while the documentation offered contextual and background information supporting the research's findings. Observations provided insight into the operational environment and the practical realities faced by healthcare professionals and managers.

The data obtained through these diverse methods were systematically analyzed to generate meaningful findings. The findings were instrumental in addressing the research questions and revealing the extent to which healthcare managers engage in strategic planning, the nature of their oversight roles, and the specific challenges encountered. The identified challenges were resource limitations, policy constraints, human resource issues, and infrastructural deficiencies.

In essence, the research findings served as the core evidence that provided answers to the research questions. They not only highlight current practices and challenges but also

offer a basis for formulating recommendations to improve strategic management in healthcare systems. Through this comprehensive approach, the research aims to contribute valuable insights to both academic discourse and practical healthcare management, thus supporting efforts toward more effective and resilient healthcare systems.

### 7.2.1 Research Objectives and Their Outcomes

The research objectives formulated guided the research. As a result, outcomes were achieved for each objective, highlighting the key findings derived from the collected data. The insights gained helped the researcher to evaluate the extent to which the research goals were fulfilled and provided a basis for understanding the research's overall contributions.

Table 7-1 below lists the set research objectives and demonstrate the outcome of each objective. The outcome is based on the in-depth semi-structure interviews that were used to gather data from fifteen participants.

**Table 7-1: Research Objectives and their Outcome**

| Research Objective | Outcome |
|---|---|
| To identify the strategic planning and management challenges healthcare managers experienced in Ugandan healthcare centers | The participants were knowledgeable about the challenges faced and explained how they experienced it in their settings. E.g., limited resources, leadership, few staff and |
| To evaluate the impact of these challenges on healthcare service delivery and patient outcomes. | The participants explained the impact of the challenges on their services and how the patients were affected. e.g., healthcare facilities are not able to provide the services as expected, fewer staff result into overworking which demotivates staff and not able to make decisions that support the healthcare facilities. |
| To list the strategies managers developed to assist in addressing the challenges faced and how these improved the strategic planning process and management in the healthcare sector in Uganda. | The participants provided the strategies used to the address the challenges and the different approaches they employ to change the narrative, e.g., patient and community engagements, making use of technology development and effective communication within the healthcare facilities |

**Source: Author 2025**

The research employed a qualitative phenomenological approach, focusing on providing a deeper understanding of managers' lived experiences and perceptions regarding the challenges they face in strategic planning and management within the healthcare system. The reason for choosing this approach was to gain an in-depth and nuanced

understanding of how healthcare managers experience and interpret their roles, the obstacles they encounter, and the strategies they employ to address these challenges. The approach was particularly suitable because it emphasized capturing the participants' personal perspectives and insights, which was essential for exploring complex issues that are not easily quantifiable (Merriam and Tisdell 2016; Creswell and Creswell 2018).

To gather rich, detailed data, the researcher conducted in-depth interviews with fifteen participants who were purposively selected based on their roles and experience in healthcare centers located in eastern Uganda. Purposive sampling was employed to ensure that participants had relevant knowledge and firsthand experience of the challenges being studied. In addition to interviews, participant observations were conducted to observe the day-to-day realities of healthcare management and gather information that could not be captured through interviews alone. Meanwhile, document analysis, as a valuable method of data collection, involved systematically examining existing documents such as reports, policies, records, and other written materials to gather relevant information. The researcher was able to access historical data, healthcare records, and official communications that provided context and supporting evidence without the need for direct interaction with research participants. Document analysis was helpful in understanding healthcare practices, policy developments, and historical trends.

The collected data were analyzed thematically, following the guidelines proposed by Clarke and Braun (2015)—thematic analysis involved identifying, analyzing, and reporting patterns or themes within qualitative data. An inductive approach was employed, where themes were derived directly from the data rather than being imposed based on pre-existing theories or frameworks. This approach was chosen because it allowed for a

flexible exploration of participants' experiences and helped reveal new insights that are grounded in the actual data. Inductive thematic analysis is widely used in qualitative research due to its effectiveness in uncovering meaningful patterns and providing a detailed understanding of complex phenomena (Creswell and Guetterman, 2019).

Through this process, the researcher identified key themes related to the strategic planning and management challenges healthcare managers faced. These themes offered valuable insights into the nature of the obstacles encountered and possible ways to address them. Ultimately, this methodology enabled a deeper understanding of the issues, which informed the development of practical recommendations for improving healthcare management. Furthermore, the analysis and findings were supported by the application of the theory of planned behavior, as discussed in Chapter Six of this research report. The theory provided a theoretical framework that helped explain how managers' intentions, attitudes, and perceived control influence their actions and decision-making in the healthcare context.

### 7.3 Research Implications and Contributions

Exploring the strategic and management challenges in healthcare systems has significant implications and contributions to the research. The implications are the potential effects or consequences of the research findings in the field, practice, policy, or future studies. The research explains how the results could influence real-world applications, decision-making, or understanding. Meanwhile, contributions are the original insights, knowledge, or advancements that the research adds to the existing body of knowledge. The contributions highlight what new understanding, theories, models, or practical solutions the research offers.

Therefore, findings derived from in-depth semi-structured interviews with fifteen participants offered valuable insights that inform both academic understanding and practical applications within the field. Overall, the research advances existing knowledge by explaining key themes related to the strategic and management challenges in the healthcare systems, providing a foundation for future research and offering actionable recommendations for practitioners who include Doctors, Midwives and Nurses, and policymakers e.g., medical associations and Government.

### 7.3.1 Contribution to Theory

The contribution of this research to theory largely revolves around how it applies and tests the Theory of Planned Behavior (TPB) within a specific context. The research extends the understanding of how the core components of the TPB—attitudes, subjective norms, and perceived behavioral control—operate in real-world situations. The findings provided empirical evidence that supported or refined the theoretical assumptions, which validated the model's relevance and robustness. Moreover, such an application could reveal distinctions or limitations in the theory, prompting further theoretical development or adaptation to fit particular behaviors.

The TPB offered a detailed framework that improved understanding by highlighting the psychological and social determinants of behavior. It suggested that intentions are the immediate precursors to action, and managers attitudes shape these intentions, perceived social expectations, and perceived ease or difficulty of performing the behavior. In focusing on these factors, the theory explains why managers may or may not engage in a certain behavior and identifies specific areas—such as changing beliefs or social influences—that could be targeted to facilitate behavioral change. This structured

understanding makes the TPB a powerful tool for predicting and influencing behaviors in various settings.

Overall, applying the TPB in this research enriched the theoretical landscape that provided a clear conceptual model linking cognition, social pressures, and perceived control to actual behavior. It offered valuable insights into the underlying motivations driving actions, which could inform the development of more effective interventions or policies. The emphasis on intention as a predictor of behavior, combined with the consideration of perceived control, allowed for explanations of behavior patterns. Consequently, the research not only advances theoretical understanding but also enhanced practical applications, demonstrating how the TPB can be used to better understand and influence human behavior.

### 7.3.2 Contribution to Practice

The identified key challenges affecting service delivery and outcomes in the healthcare facilities, provided practical insights for improvement. Exploring these challenges, the research offers recommendations that healthcare providers could implement to enhance health services in their facilities and improved service quality. When challenges are articulated and addressed through creative and strategic thinking, they could serve as catalysts for meaningful change, leading to improved patient care and operational efficiency.

Furthermore, the findings suggest that healthcare centers such as clinics, HCII, and HCIII could adopt the approach of ‘patient and community engagement’ as a core strategy. The engagement approach encourages active participation of patients and the community in

health processes, fostering trust, accountability, and tailored service delivery. Implementing these practices could bridge gaps between providers and recipients of care, thus leading to better health outcomes and increased community satisfaction. The research provides a framework and practical guidelines that could be adapted across various healthcare settings to promote sustainable improvements.

### 7.3.3 Contribution to Knowledge

The research attempted to provide a detailed understanding of the challenges healthcare centers face and adding to the existing body of knowledge in healthcare management and service delivery. The findings and analyses presented provide a valuable resource for future researchers, offering a rich repository of data, case studies, and insights that can be referenced and built upon in subsequent studies.

The research's exploration of challenges such as human resource shortages, inadequate infrastructure, inefficient resource allocation, and logistical issues contributes to academic discourse and practical understanding. For example, insights into human resource management—such as staff training, retention strategies, and workload balancing, informs policies aimed at improving workforce stability and service quality.

Furthermore, the identified challenges provide an important learning point for private healthcare providers and policymakers. The challenges highlight areas that require proactive intervention, encouraging facilities to develop strategies that address potential pitfalls before escalation. For instance, infrastructure challenges could be mitigated through strategic planning and investment, ensuring facilities were equipped to handle patient loads and emergency situations effectively.

The research also emphasized the importance of integrating patient and community engagement into healthcare practices, which could lead to more tailored, culturally sensitive, and effective service delivery. The knowledge generated could guide the development of targeted training programs, operational reforms, and resource planning aimed at overcoming common barriers.

In summary, this research advances academic understanding and provides practical frameworks for healthcare providers and stakeholders to enhance facility management, optimize resource utilization, and improve patient outcomes across diverse healthcare settings.

### 7.4 Research Limitations

There were several limitations to the research, and these included:

*Resource Constraints:* There was limited financial resources that constrained the multiple trips to the interview centers to meet the participants. The limitation caused logistical challenges and impacted the efficiency of data collection in distant sites.

The researcher persisted and resolved to continue with the research process using the available financial resources until data saturation.

*Non-responsive participants:* Despite explaining to the research participants that the research was solely for academic purposes, some participants hesitated and were unwilling to share information. Concerns about potential retribution or victimization led to withholding of valuable data, resulting in gaps in the information gathered. The researcher concentrated on interview questions that were crucial in providing answers to the research questions and addressing the research problem.

*Data Collection within Public Sector Entities*: Many public sector managers and staff exhibited a focus on quantity rather than quality of responses. As a result, significant probing was required to obtain meaningful insights. Even then, some information was left out due to respondents' reluctance or discomfort, which limited the depth of the data collected. To mitigate this, the researcher employed strategies that included: emphasizing the importance of honest input, fostering trust through clear communication of confidentiality and creating a respectful, private environment while collecting data.

These limitations highlight areas for consideration in future research, such as increased resource allocation, building trust with participants, and employing more effective engagement strategies to obtain detailed and complete information.

### 7.5 Resolutions for Future Research and Recommendations

Based on the research findings, several actionable recommendations are proposed to improve healthcare delivery in Uganda. First, it is essential to strengthen human resource capacities to motivate healthcare personnel; The researcher recommends further research with a focus on training programs, improved staff recruitment and retention strategies, and the establishment of clear workload management protocols.

Second, upgrading and maintaining infrastructure should be prioritized by conducting further research on how grant or donor funding could enhance improved health facility assessments, investing in essential equipment and facilities, and establishing maintenance schedules to prevent breakdowns and service disruptions.

Third, further research is needed to optimize resource allocation, where healthcare providers develop data-driven planning systems that ensure the efficient distribution of

medical supplies, equipment, and financial resources, thereby minimizing waste and enhancing service quality.

Fourth, explore data management and monitoring of health information systems to facilitate performance tracking, identify bottlenecks, and support evidence-based decision-making.

Fifth, more research is needed on strengthening community engagement involving local populations in health planning and feedback mechanisms to determine culturally appropriate services needed in the communities.

And finally, research on emergency preparedness for common challenges such as resource shortages or infrastructure failures. Conducting research of that nature, could assist with continuity of care during crises and thus, will help maintain continuity of care during crises.

In addition, the research recommends that Government could increase funding for healthcare facilities through proper budget allocation processes, such as adhering to the Abuja declarations, where political leaders pledged to allocate at least fifteen percent of their annual budgets to the health sector, emphasizing the importance of healthcare (Abubakar et al. 2018 and WHO 2016). The funds would ensure the required infrastructural development and maintenance, procurement of necessary medicines and drugs, keeping facilities well-stocked and capable of delivering effective services.

Further, the Government could address human resource challenges through timely recruitment of healthcare personnel and investing in capacity-building programs,

including continuous medical training for Village Health Teams (VHTs), which could significantly enhance service delivery in rural areas.

Moreover, establishing clear standards for healthcare provision, enforced through regular supervision, was a vital component in maintaining quality. Infrastructure development could include structured maintenance and renovation programs to sustain facility functionality. Leadership and governance training for healthcare managers could foster better management practices and accountability, supported by clear communication and reporting channels to streamline operations.

In addition to clear communication, healthcare managers could coordinate with policymakers to improve resource management, strengthen leadership, develop human resource policies, and streamline regulations. These are crucial steps that could improve healthcare outcomes in Uganda.

Conversely, setting policies that promote equitable healthcare access could be developed and rigorously implemented to reduce disparities. Staff transfers and rotations should be systematically managed to prevent complacency and encourage diverse practices. Meanwhile, internal accountability and control measures are necessary to ensure transparency and efficiency within healthcare systems, with performance-based metrics—like those used in the private sector—helping to measure and improve results.

Lastly, the research recommends expanding healthcare access through mobile health clinics and establishing more healthcare camps in rural communities, coupled with training components to build local capacity. These activities could significantly enhance

healthcare reach and sustainability in underserved areas, ultimately leading to better health outcomes across Uganda.

### 7.6 Reflection on the Doctoral Journey

The doctoral journey has enlightened my research potential and professional development as I envisage becoming a competent and independent researcher. I confronted a task of writing a long piece of work and remain cohesive. Professionally, it has deepened understanding of key concepts such as strategy, management, and the application of theoretical frameworks, enhancing the ability to navigate and manage uncertainties. The researcher has come to appreciate the importance of strategic planning, teamwork, effective communication, stakeholder engagement, and ongoing training and development in adding value to organizations, their services, and the communities they serve.

Despite facing several challenges throughout the research process, perseverance and determination enabled the researcher to overcome obstacles. The literature review, alongside the concepts, themes, and findings, has increased confidence in managing and organizing a large piece of writing with reference to related resources. The process of engaging with numerous articles and books on qualitative research, healthcare management, and strategic planning was particularly enjoyable and motivated the researcher to seek additional resources, enriching the learning experience. A task that strengthened my snowballing technique and triangulating information.

The journey involved long hours of focused work but proved to be highly rewarding. It provided valuable lessons about human management, including personal growth, staff

engagement, training, and change management. The researcher also recognized that discipline is crucial for transforming individuals and organizations. Additionally, skills in qualitative research—such as coding and analysis—were developed, reinforcing that dedication and hard work are essential for achieving sustainable outcomes.

Finally, the insights gained in this research informs both my personal and professional practice, enhance my leadership and organizational management skills and approaches as well as my research skills. The experience has laid a strong foundation for continuous growth and effective application of these lessons in future endeavors.

### 7.7 Chapter Summary

Chapter Seven has concluded the research. The chapter reflected on the key findings and insights gained throughout the research. The primary aim was to explore the lived experiences of managers in healthcare centers in Uganda, focusing on the challenges they face in their settings and the strategies they employ to improve healthcare delivery. The chapter summarized the thematic analysis of the data, highlighting the importance of effective management practices, leadership, staff engagement, and resource management in enhancing healthcare services. Additionally, the process reflected on the researcher's personal growth and the lessons learned during the research journey. Overall, the chapter underscores the significance of strategic management and organizational resilience in the Ugandan healthcare context, providing a foundation for future research and practical improvements in healthcare management.

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# Appendices

## Appendix A: Researchers' Interview Guide

**Title of Research:**

**Strategic Planning and Management Challenges in the Healthcare Systems: Lived Experiences of Healthcare Managers at Health Centers in Uganda.**

**Research Objectives**

This research aims to explore the strategic planning and management challenges faced by healthcare managers in health centers in Uganda, understand the implications of these challenges on service delivery and patient outcomes, and identify effective strategies for improvement.

**Introduction**

*Hi, first I am so grateful that you saved time to meet and talk to me. I am aware you are busy. Well, this interview will take about 50-60 minutes and please feel free to explain your point as much as you can. This being research, I will be tape recording our conversation to ensure that I capture all the points and to make sure that I can transcribe the conversation. As mentioned before in the consent form, everything will remain confidential, and no part of this conversation/discussion will be shared with anyone. I will also be writing down some points as we discuss.*

**A. Key Strategic Planning and Management Challenges**

**1.Resource Allocation**

i) Based on your experience, can you tell me how resources in your facility are allocated?

ii) Tell me a time when decisions on resources are made.

iii) Please can you explain more about that.

iv) Explain why it was a problem.

**2. Policy Constraints**

i) Tell me about your policies.

ii) Please explain more about that.

iii) How do the staff take/implement the policies?

iv) Tell me a time when policies affected a specific outcome or decision.

**3. Staffing issues**

i) What are the current staffing levels?

ii) How do you ensure adequacy to meet the demands of the workload in the organization?

iii) What challenges have you observed in the hiring process in your organization?

iv) Tell me about staff turnovers in your organization?

v) What are the main reasons for the staff turnovers?

vi) What strategies are in place to address staff turnovers?

vii) Explain or let us talk about staff trainings?

viii) For new staff, how do you train and onboard them?

**4. Budget limitations**

i) How do you maintain a budget for your department?

ii) How have budget limitations affected the resources available for your department or team?

iii) In what ways do budget constraints influence decision-making processes in your organization?

iv) How have you prioritized certain projects over others? Please explain

v) How have budget limitations affected staffing decisions, such as hiring freezes or layoffs, in your team?

vi) What budget limitations hinder innovation and growth within the organization? How has this affected your ability to implement new ideas or projects?

**5. Regulatory compliance**

i) Can you tell me about regulations and compliance requirements that are relevant to your roles?

ii) What processes are in place to monitor compliance with regulatory requirements?

iii) How often are these processes reviewed and updated to reflect changes in regulations?

iv) What documentation practices are in place to support compliance efforts?

v) How does your organization assess and manage risks associated with non-compliance?

vi) How would you describe the culture of compliance within the organization?

vii) Are employees encouraged to report compliance concerns without fear of retaliation?

**6. Technology integration**

i) Can you tell me about the overall strategy for technology integration within your organization?

ii) How do you prioritize which systems or tools to integrate?

iii) What are the challenges you have encountered during technology integration processes? How have you addressed these challenges?

iv) How has technology integration affected the workflow and productivity of your team? v) Please provide examples of improvements or setbacks?

vi) Which key stakeholders are involved in the technology integration process?

vii) What steps are taken to ensure their feedback and needs are addressed?

ix) What metrics or key performance indicators (KPIs) do you use to assess the success of technology integrations?

**7. Communication barriers**

i) Can you tell me the communication barriers that you have ever identified within your team or the organization, and how do they impact daily operations?

ii) How do cultural differences or language diversity affect communication within the team, and what steps are being taken to bridge these gaps?

iii) How does the current technology used for communication (e.g., email, messaging apps, video conferencing tools) contribute to or alleviate communication barriers?

iv) What training or resources are available to help employees develop better communication skills and overcome identified barriers?

v) What processes are in place for team members to provide feedback on communication challenges they encounter, and how is that feedback addressed?

**B. Impact on Healthcare Service Delivery and Patient Outcomes**

1. **Quality of care**

i) How would you explain the overall quality of care provided in this facility?

ii) What specific measures or practices do you believe contribute most to high-quality patient care in this organization?

iii) Please describe any challenges or barriers you've experienced that affect the quality of care and patient outcomes.

iv) How effective is the communication amongst the team and patients in ensuring quality care delivery?

v) What patient feedback mechanisms are in place, and how is that feedback incorporated into improving care quality?

**2. Patient satisfaction**

i) What strategies are currently implemented to measure and enhance patient satisfaction within this health center?

ii) How do you gather and analyze patient feedback, and what are the key metrics you focus on to assess satisfaction levels?

iii) What initiatives have been undertaken in response to patient feedback, and how have those initiatives impacted patient satisfaction?

**3. Access to services**

i) What measures are currently in place to ensure that patients can easily access the services they need in a timely manner?

ii) How do you evaluate and address any barriers (e.g., financial, transportation, availability of services) that may prevent patients from accessing care?

iii) What data are you collecting related to patient access, such as wait times, appointment availability, and service utilization rates?

iv) How do you ensure that underserved populations have equitable access to healthcare services provided by your facility?

v) What feedback mechanisms are in place for patients to express their concerns regarding access to services, and how is that feedback utilized?

**4. Patient safety**

i) What safety protocols and policies are currently in place to prevent medical errors and enhance patient safety within your facility?

ii) How do you monitor and analyze incidents of patient harm or near misses, and what systems do you have in place for reporting these events?

iii) What training and resources do you provide to staff to ensure they are well-prepared to uphold patient safety standards?

iv) How do you engage patients and their families in safety protocols?

v) what information do you provide them to promote their role in ensuring their own safety?

vi) What are the key performance indicators (KPIs) you track related to patient safety, and how do you use this data to inform continual improvements in safety practices?

**5. Service effectiveness**

i) What metrics do you use to evaluate service effectiveness, and how do these metrics align with the overall goals of the healthcare facility?

ii) How do you gather and analyze patient and staff feedback to identify areas for improvement in service delivery?

iii) What processes are in place to ensure timely and efficient communication among healthcare teams, and how does this contribute to effective service delivery?

iv) How do you prioritize and implement changes based on identified gaps in service effectiveness, and what is the process for evaluating the impact of these changes?

v) What role does technology play in enhancing the effectiveness of services offered at your facility, and what innovations are you exploring to further improve patient care?

**6. Health outcomes**

i) What specific health outcomes do you track?

ii) How do these outcomes relate to the quality of care provided in your facility?

iii) How do you assess the effectiveness of treatment protocols and interventions in achieving desired health outcomes for different patient populations?

iv) What strategies do you have in place to address health disparities and ensure equitable health outcomes among all patient groups within your facility?

v) How do you leverage patient feedback and satisfaction surveys to inform your strategies for improving health outcomes?

vi) What initiatives or programs are currently in place to promote preventive care and chronic disease management?

vii) how do you measure their impact on health outcomes?

**C. Strategies for Improvement**

**1. Capacity building**

i) What specific skills and competencies do your staff need to develop in order to meet current and future healthcare demands effectively?

ii) How are you currently assessing and addressing gaps in your workforce capacity

iii) what strategies are in place to recruit, retain, and support healthcare professionals?

iv) What resources (e.g., technology, training programs, financial support, equipment) is needed to enhance service delivery capabilities?

v) how do you plan to acquire or allocate these resources?

vi) How do you foster a culture of continuous learning and improvement within the organization?

vii) what mechanisms are put in place for staff to share knowledge and best practices?

viii) What performance metrics do you use to track and evaluate the effectiveness of the capacity building initiatives?

ix) How do you ensure that lessons learned are incorporated into future planning and strategies?

**2. Stakeholder engagement**

i) Who are the key stakeholders in this healthcare facility?

ii) what roles do they play in shaping policies, services, and patient care?

iii) What methods and channels do you currently use to communicate with stakeholders, iv) how effective are these methods in facilitating meaningful engagement?

v) How do you actively involve patients and families in decision-making processes

vi) what mechanisms do you have to gather their feedback and input on services and policies?

vii) What partnerships or collaborations do you have with community organizations

viii) How do these partnerships enhance your ability to meet community health needs?

ix) How do you measure the impact of the stakeholder engagement initiatives?

x) how are you adapting these strategies based on feedback and outcomes?

**3. Policy advocacy**

i) What specific healthcare policies or issues are most critical to this organization and the populations served?

ii) How can you prioritize advocacy efforts accordingly?

iii) Who are the key decision-makers and stakeholders needed to influence to advance advocacy goals, and what strategies are in place to engage them?

iv) What evidence and data do you have to support advocacy efforts, and how do you effectively communicate this information to policymakers and stakeholders?

v) How are you incorporating the voices and experiences of patients and community members into advocacy efforts?

vi) what mechanisms do you have for gathering their input?

vii) What measures are you employing to assess the effectiveness of the advocacy efforts?

viii) how are you using feedback and outcomes to continually improve the organization strategies?

**4. Technology adoption**

i) What specific technologies are you considering for adoption?

ii) how do they align with organizational goals and the needs of the patients?

iii) What are the expected benefits and potential challenges associated with implementing this technology, including costs, training requirements, and changes to workflows?

iv) How do you engage staff and stakeholders in the technology adoption process to ensure buy-in and successful integration into daily operations?

v) What training and support resources do you need to provide to ensure staff are competent and confident in using the new technology?

vi) How do you measure the success of the technology adoption, and what metrics or indicators do you use to evaluate its impact on patient care and operational performance?

**5. Best practice sharing**

i) What specific practices or outcomes have shown success within your organization?

ii) How can you effectively document and share these experiences with staff and other stakeholders?

iii) How do you create an environment that encourages open communication and the sharing of ideas among staff across different departments or teams?

iv) What mechanisms (e.g., meetings, newsletters, digital platforms) can be implemented to facilitate ongoing sharing of best practices, and how do you ensure that all staff members have access to these resources?

v) How do you involve frontline staff in the best practice sharing process, ensuring that their insights and experiences are valued and incorporated into organizational improvements?

vi) What metrics or evaluation processes can you establish to assess the impact of shared best practices on patient outcomes, staff performance, and overall organizational improvement?

**6. Performance metrics development**

i) What are the primary goals and objectives of this healthcare center, and how are your performance metrics aligned to reflect these priorities?

ii) Which specific outcomes or processes do you measure, and what types of data will be most useful for tracking performance in these areas?

iii) How do you ensure that performance metrics are measurable, actionable, and feasible to collect on a regular basis?

iv) What benchmarks or standards do you use to evaluate the organization's performance against similar healthcare organizations, and how do you use this comparative information for improvement?

v) How are performance metrics communicated to staff and stakeholders, and what are the processes in place to review and act on this data?

**7. Continuous training and education**

i) What are the current knowledge gaps and skill deficiencies among staff?

ii) How do you assess these effectively to tailor training programs?

iii) How do you create a comprehensive training plan that encompasses onboarding, ongoing education, and specialized training, to ensure all employees receive continuous development?

iv) What modalities (e.g., in-person workshops, online courses, simulations, mentorship programs) is used to deliver training?

v) How do these fit the learning preferences of your diverse workforce?

vi) How do you measure the effectiveness of training and education programs,

vii) What feedback mechanisms can be implemented to continuously improve these initiatives?

viii) What resources (budget, time, personnel) do you need to allocate to ensure the successful implementation and sustainability of continuous training and education initiatives?

**8. Demographic information**

i) age range and Gender

ii) Number of years in health facility

iii) role in facility

iv) What is the size of your team (range: 5-25, 26-50, 51-100)

v) Capacity of facility/ category (hospital/ health center iv etc.)

## Appendix B: Introduction Letter from Selinus University

**Introduction letter from Selinus University**

SELINUS UNIVERSITY
OF SCIENCES AND LITERATURE

To whom it may concern,

It is attested that the student:

**PETER ISIKO WAISWA,**

Registration number: UNISE2853IT - Date of enrollment: 02-01-2024

Is enrolled in the faculty of **Business & Media** of Selinus University and is about to pursue a **Doctor of Philosophy (Ph.D.) in Business Administration and Strategic Management.**

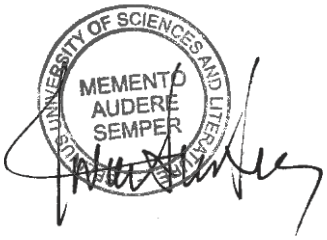
This letter formalizes the process of gathering the information and data necessary to the student's research through questionnaires and interviews. Since the research work will be implemented in the student's Ph.D. thesis, you are kindly requested to provide all the information needed. We ensure that there will be no misuse of the information collected and its source will be kept concealed.

The student will carry out the research work with constant commitment, in order to defend his final thesis that is about: *Strategic Planning and Management Challenges in the Healthcare Systems: Lived Experiences of Healthcare Managers at Health Centres in Uganda.*

Selinus University of Sciences and Literature,

Ragusa, 8th January 2025

Dr. Salvatore Fava - President of Selinus University



## Appendix C: Research Participant Consent Letter

**Ethics letter to Research Participants**

Peter Isiko Waiswa
Department of Business Administration and Strategic Management
Selinus University of Sciences and Literature

October 24, 2024

Dear Participant,

I am Peter Isiko Waiswa, a doctoral student in the Department of Business Administration and Strategic Management at Selinus University of Sciences and Literature. I am conducting research as part of my dissertation project titled "***Strategic Planning and Management Challenges in the Healthcare System: Lived experiences of Healthcare Managers at Health Centers in Uganda*** ".

***Purpose and Objective of the Study***

The purpose of this research is to provide a better understanding of how strategic planning and management can influence decisions that impact health service delivery at the health centers in Uganda. As an internal stakeholder involved in the day-day running of the facilities, I am seeking to obtain your lived experience on this role/function. Your insights and experiences will be valuable in addressing the services delivery and will contribute to policy and research through the use of effective strategies.

***Confidentiality of Information***

The information provided in this research will be confidential as no part thereof will be shared, transmitted or stored other than for the purpose it is corrected for. The measures in place are anonymizing the participants and any identifiable information. The findings of this research may be published, but only in aggregate form, ensuring that no individual or their organization can be identified. The information/data will be stored in a passworded folder and will be destroyed after conferment of the Doctorate.

***Voluntary Participation***

Participation in this research is completely voluntary. You have the right to refuse to participate or to withdraw from the research at any point without any consequences. If you decide to participate, you may choose to skip any question that you do not wish to answer. Should you withdraw at any stage of the interview, all the gathered information will be destroyed.

This research is conducted strictly for academic purposes, and I appreciate your consideration in participating. The benefit of your involvement is to assist in furthering our understanding of the challenges in healthcare centers and how those challenges can be overcome.

If you have any questions regarding the research or your participation, please feel free to contact me at [redacted] or [redacted]. Thank you for considering being a part of this important research.

Consent of Participant……

Warm regards,

Peter Isiko Waiswa
Department of Business Administration & Strategic Management
Selinus University of Sciences & Literature

## Appendix D: Sample Interview Response Script

HCIV 16 JAN 2025

*How are resources allocated in this health center?*

**RP:** You may have to break it down a bit. With resources there is human, infrastructure, and then money.

Let's start with finances

Finance allocation, it is a standard figure, non-wage payment the ministry has already budgeted that the health center at this level, this is the amount. In case it is not enough we prioritize.

The health center is availed a flat figure within which the activities should be performed. The funds availed can never be enough so we have to prioritize. Of course, it is a challenge but there are things that we implement in phases, yet if it was a single implementation, it would be cheaper and effective. By the time we go to phases we are looking forward to realizing goals.

*So now you as the as the managers, how do you try to address this?*

**RP:** We have addressed. That's been changed. Today there is increment, but it is small when you note in the previous financial years the money has been gradually increasing.

The resources in terms of funds are not enough. This center IV has different capacities compared to others. This comes in with the result-based financing system.

*You've talked about human resource, what is the, what is a challenge there?*

**RP:** There are big staff gaps, which is attributed to the wage issues, there is inadequate staffing. The govt had put a ban on recruitment because of lack of funds. Previously government had reported that in the near future there will be a transition from the old system to a new. We are still waiting.

But this is something we have been praying for because they've already saying we're not recruiting, we're not doing this because of funds. But you see every other year things become tough and the population is increasing and the cases is also increase. There are epidemics that never used to be there. It is a challenge. This affects the Budget for the financial year. Epidemic diseases and communicable diseases are even in the villages make it even worse because we have been compelled to open up special clinics for non-communicable diseases. All that requires human resource. You can decide running a special cleaning when again you telling them from here again, you'll go OPD for dispensary which loses meaning. They needed to have everything assessed at one point

*How our policies implemented by staff in this health center?*

**RP:** We display and interpret the standard operating procedures. These policies are addressed and issued in standard operating procedures so that people get to know their impact. Staff require training and orientation as new policies come in and how they can transition from the old policies to new policies. This has been facility based for the past year facility based to target a bigger

number. The department has offered routine support supervision to make sure policies are implemented.

The office writes reminders to us, but they come on routine basis and spot checks passes just to see what is going on. So, when we put altogether those trainings, his whole face trainings and membership supervision from up, we have tried to implement most of the policies though there are those that are still missed out. Those require extra personal winner. It is no longer only those are places by their abuser to elected leadership and management. So now when you talk of policies relating to leadership, financial management. That is where challenges are. I still struggle with those that are related to the department. They're trying to comply.

*Tell me about the staffing levels. What challenges do you find hiring or recruitment?*

**RP:** We do not hire or recruit. I may not give an appropriate response to that because the process of recruitment and contracting is above me. received. It is government that does that. The departments identify the gaps within their units and through the health center in-charge the request is forwarded to the Chief Administrative Officer (CAO) at the district because that is the process.

*What is your experience of staff turnovers?*

**RP:** For the time I have been here I have not experienced a transfer of staff. I have witnessed only one case of retirement. That was in December 2024. However, government has a software that is being introduced. It is called Human Resource Management Information System (HRMIS). The software captures information about a public servant. Information like date of joining, salary scale/payments, exit dates and other staff information are embedded in the system. We are being trained about the packages and hopefully we shall transfer to the system shortly. This system will ably address staff turnover and others since it is an integrated system.

*Do you maintain Department budgets to here?*

**RP:** When we we're doing the budgeting process which is coming in the February because by 1st week of March we are supposed to submit. So, the departments will identify the needs in their respective departments, forward the same, I look into them and sometimes I call the department heads and also speak with the members of the finance committee in the facility about the budgets sit with them and discuss the indicative figures for budgets

The committee sits and agrees on what should be included or not. As of now the qtr. 3 a meeting has been called for to discuss the priorities and any opportunities. An item may be a priority when we're planning but regarded as not a priority in budgeting which impacts the entire budget process. Shall implement this in this one quarter theory So in general when you are budgeting and you having those meetings, it helps in decision making to make decisions for the facility so that it is not only the images.

*What are the budget limitations that you face?*

**RP:** Limitation, of course, funds are not being enough. And yes, of course you may budget for some things, but along the way you do not carry out the activity because of lack of funds. There is

lack financial management. This is especially us the accounting officers. In future trainings we will require human resource development whereby somebody introduces you to things and says now look we need to do this, how should you be budgeting, how if you do financial management, planning and that kind of thing.

*How would you ensure that regulatory and compliance requirements are maintained within the facility?*

**RP:** There is a Quality Improvement Team (QIT) and works as a committee. The committee keeps check on what is going on in the facility. We further receive regular quality assessment by the ministry. For example, external samples with known results are sent to this facility for us to run the tests and revert them under a seal. This is one of the ways the ministry ascertains our compliance requirements in the facility. We therefore work to maintain the standard and improving the quality as well as following regulations. This is on a quarterly basis.

*What is the strategy for technology in this Health Centre?*

**RP:** We're just transitioning. We are integrating the technology, that is automating items from the manual to the computer-based information. We are phasing out the manual records slowly. The reason is that manual was basically user dependent and there was a lot of errors. Recently the team from the Ministry, Information and Technology Department were here for measurements, they want us to integrate the computer system. They said in March they will be installing everything at if someone is working on a patient, enters the biodata in the computer for example, the name Stuart the laboratory, selected treatment area etc. So, I believe with that we shall have completely transitioned from manual to the automated system. Time will be saved, error margins addressed and storage space saved.

*So now what were the challenges do you envisage any technology integration?*

**RP:** Power. Because now most of the technology items are power based. We are on the national grid but voltage keeps changing. When voltage changes, several items will be affected. If voltage increases it blows equipment. Sometimes it is too much at given time it blew the stabilizers. Sometimes you see the bulbs are lighting, but in power cannot support medical equipment even nursing homes experience it.

And another challenge is capacity compost was you bring the idea but do not know if the people in the ground you can run it. Operational capacity, then the maintenance of equipment if we are transitioning from the manual to automated, we needed to be empowered; capacity and then the maintenance team should be on the ground. There's no way we can be supported when they are based at the regional level at Jinja to support the local districts. This applies to mostly the biomedical engineering. Staff who support health equipment calibration and service.

*What about staff resistance following the changes?*

**RP:** The advantages that is there is that staff with advanced age are the one that find it challenging but the young age embraces it, they embrace technology so fast. So that is where their challenge is.

*Now you've talked about power difficulties, what about solar energy as an alternative?*

**RP:** Yes, but now, some equipment cannot work on a generator set that we have at the facility. There is equipment that the generate a cannot run. So, the solar DC power is not sufficient to run such equipment.

*Can you tell me any Communication barriers in the facility.*

**RP:** We do not have any barriers to communication.

*What about technology versus communication? Because I'm aware, you now, have Wi-Fi in this area*.

**RP:** Yeah, we have Wi-Fi, but sometimes it is off. Or there are no bundles to get connectivity. There has been an implementing partner that has been supporting this cause but the contract ended. Due to financial constraints, we sometimes do not get connected.

*How do you evaluate the quality of care?*

**RP:** We have challenges that compromise quality. The first challenge is human resource. The staffing is inadequate to ensure agreed turnaround time. You find that a patient will spend hours in queue here when he or she is not supposed to. That compromise quality. And when the human resource are small staff will multitask or overwork and end up doing awkward duties and make errors. Staff get demoralized. People get fatigued. Some people even fail to think because they have been overworked. Stockouts will limit the choice and we are forced to avail what is available. This creates an impact that you do not expect. It is what is available. So stockout of medicines and supplies limits the choice of the patient.

*But in such circumstances, what do you do to fill in the gap?*

**RP:** And if I see key solution, we try to offer. But we are forced to engage in a lower gear when we're supposed to be engaging in a higher gear because of stockout. We have been forced to write prescriptions for the patient to outsource the medicines or drugs.

For some people who do not readily have funds, they will opt for going home to sell chicken or goats in order to raise funds for medication from private clinics. I know that is a big challenge but we try our best to provide services.

*What strategies are in place to ensure patient satisfaction?*

**RP:** We have Community Dialogue Meetings (CDM). The community is given an opportunity to air out areas that need improvement or areas that are doing well etc. But because of financial challenges we agreed that the dialogue meetings should be held twice in a year-in the 1st quarter and the second engagement in the last quarter

Every quarter I hold meetings with the VHTs. In the last quarter we had our meeting with them. In the meeting they've been empowered to give us a report about the respective subcounty. There are also members of the health management committee who should also provide reports about the

communities where they reside. Someday when you analyze the data, patients' responses are gathered.

There is implementing partner (IP) who has tried to empower the VHTs and the Health management Committee members who do not have medical background. The IP takes the VHTs on how the Meetings flow and their expectation. The IP is Heros Gender for Transformation.

Well, you mentioned something about a VHT and outreaches. Because I think this one addresses the accessibility of services. Do you have barriers as he just picture that anything in finding you to carry out your activities using those techniques.

*Then when we talk about patient safety, what safety protocols and policies in place?*

**RP:** We have had sign posts and labeled the service areas very well. Some of the posters clearly defining patients' rights and obligations. We have pinned out all this. So, there we are putting forward notice boards that are helping to circulate the information. We have also pinned out patients' fact document such that if a patient has any grievances, he/she a particular process.

*Can you tell me how health outcomes are tracked?*

**RP:** One, we give follow up. Two of course we have specific areas of interest, these other areas we are just give a follow up date, we expect them to come back later. But we have area of special interest like a TB we do follow up and contact tracing. Also, malnutrition we do for lap because yes, we give them the supplement but we want see what's happening at home. You may be giving supplements but the hygiene is poor, we thus move to the residences

Another approach we have is to have a clear date for meeting people in an area, we agree on meet dates. OK, this place. every end of quarter.

*When I talk about capacity building, do you have a specific staff scheme for staff in your team?*

**RP:** These schemes arise out of need and demand every time we notice. If among staff there is one who has advantage to support the others, we mobilize and pair up staff. Sometimes it's not possible. What we do is to bring in an external person to facility and support depending on the need. For example, in the previous 3-4 months most of the emphasis has been placed on maternity and theatre. That we have had resource personnel coming from as far as the regional referral Hospital to come to the ground. The most recent one was in in November where the team came in to support in terms of skills to the midwives and the theatre staff.

*As the Team leader, what do you do to ensure you retain staff and what kind of support do give them?*

**RP:** I have tried to empower the staff. Let them attempt so that on review am able to assess their potential.

*Can you tell me about appraisals*

**RP:** We have staff appraisals and quarterly performance reviews. The reviews help staff at the facility to improve on their performances and to keep up to date with the current medical practices.

*Can you tell me about the CME, and how it is conducted in this center*

**RP:** Continuous Medical Education, CME is a requirement for all medical personnel in the center. There is staff responsible as our CME focal person. This partly addresses the challenge of knowledge and skills gap among staff at the facility. Staff keep training logs. The supervisors are empowered to oversee this activity. This area weighs in much in the appraisal. All staff have to avail proof of attendance of a minimum number of hours. We have CPD file, where we capture the attendance and the topic covered. It is not by choice, but compulsory for all.

demographic information Computer.

*Years of service*

**RP:** 12

*what is your role in this facility*

**RP:** Medical officer in charge

*What is the size of this facility?*

**RP:** 24 government employees

Supported by Implementing partners are 8

Contract staff: 4

*Medical facility category?*

**RP:** This is a health center IV

**END**