Strength in Leadership: Exploring the Role of Women in Enhancing Organizational Resilience at Benguet General Hospital

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ABSTRACT

Organizational resilience in healthcare facilities is closely linked to leadership, particularly in contexts where women hold a majority of department and section head positions. This study examined the contributions, challenges, leadership styles, and strategies of women leaders at Benguet General Hospital (BeGH), a provincial local government unit (LGU) owned and operated economic enterprise. Using a quantitative-descriptive design, data were collected from 32 women leaders through a validated researcher-made questionnaire and analyzed using descriptive statistics. Findings indicate that women leaders contribute strongly to hospital resilience, with high mean ratings in staff empowerment and development (3.45), continuous improvement or learning (3.45), communication and information flow (3.34), crisis and risk management (2.99), and decision-making (2.93). Leadership styles were consistently practiced, with high ratings across transformational (3.39), servant (3.45), adaptive (3.48), authentic (3.49), inclusive or shared (3.50), and cross-cutting leadership behaviors (3.53). Challenges were generally low to moderate (overall mean = 2.16), with multiple role expectations, limited resources, and work-life balance as the most commonly encountered concerns. Strategies to strengthen resilience were positively rated (overall mean = 2.91), emphasizing interdepartmental collaboration, women's representation in decision-making bodies, and leadership development initiatives. While decision-making obtained relatively lower scores, this study did not examine governance structures; nonetheless, BeGH's LGU economic enterprise context provides relevant institutional background that may warrant further investigation. Overall, women leaders play a significant role in strengthening organizational resilience through relational, adaptive, and inclusive leadership practices, supporting sustainable healthcare delivery in resource-constrained public hospital settings.

Keywords: women's leadership, organizational resilience, hospital management, leadership styles, LGU hospitals, economic enterprise, Benguet General Hospital

INTRODUCTION

Healthcare systems worldwide operate under constant pressure that tests their ability to deliver quality services, maintain patient safety, and sustain performance amid resource limitations, health crises, and socio-economic disruptions. The COVID-19 pandemic underscored the need for organizational resilience, defined as a hospital's capacity to anticipate, absorb, adapt, and recover from disruptions (Atighechian et al., 2024; Carbonara et al., 2024; World Health Organization, 2021a). Globally, healthcare institutions increasingly recognize the importance of leadership, organizational culture, and communication in driving resilience (Ali et al., 2023; de Araújo Oliveira et al., 2023; Suryawati et al., 2025).

Leadership, as a determinant of organizational resilience, has been widely recognized in recent studies. Empirical evidence shows that resilient hospitals emphasize strong human-resource management, effective leadership, transparent communication, strategic flexibility, and continuous learning as essential components of resilience (Ali et al., 2023; Alkailanee et al., 2024; Atalla et al., 2025; de Araújo Oliveira et al., 2023; Yang et al., 2024). Transformational leaders inspire commitment through shared vision and motivation (Northouse, 2021), servant leaders foster empathy and collective well-being that strengthen organizational culture (DuBrin, 2022; Eva et al., 2019), and adaptive and enabling leadership promote flexibility and agile responses to challenges (Schulze & Pinkow, 2020; Yang et al., 2024).

While resilience applies to organizations as a whole, it is driven by individuals, particularly leaders, who are capable of inspiring trust, mobilizing teams, sustaining motivation, and making strategic decisions during periods of uncertainty and instability. Recent reports by the World Health Organization, Women in Global Health, and global monitoring indices highlight the persistent gender gap in global health leadership (World Health Organization, 2021b; Women in Global Health, 2023; World Economic Forum, 2023). Although women comprise roughly 67–70% of the global health and social care workforce, they hold only about 25% of senior leadership positions (World Health Organization, 2021c; Women in Global Health, 2023; World Economic Forum, 2023). Studies further demonstrate that women leaders exhibit strengths in communication, empathy, inclusiveness, and team cohesion, competencies that are linked to improved organizational resilience and crisis responsiveness (Batson et al., 2021; Mousa et al., 2021; Mohamadamin & Shabila, 2025; Muss et al., 2025; Kalbarczyk et al., 2025; Mucheru et al., 2024; Khan et al., 2025). Complementary analyses of women's leadership in the Philippine health sector emphasize both persistent barriers and the importance of enabling environments that strengthen their contributions (Ong, 2024; UN Women, 2023; Philippine Commission on Women, 2022; World Economic Forum, 2023).

In the national setting, hospitals continue to balance universal health care coverage goals, resource variability, and public expectations. The implementation of the Universal Health Care Act (Republic Act No. 11223), along with its Implementing Rules and Regulations (Department of Health & PhilHealth, 2020), underscores the need for strong leadership, stewardship, and accountability to ensure equitable access, service efficiency, and staff well-being. Analyses of UHC implementation in the Philippines highlight governance challenges and the critical role of leadership in achieving resilient health systems (Nuevo et al., 2021; Co, 2024; Department of Health, 2022). National frameworks such as Universal Health Care in the Philippines: From Policy to Practice and the National Objectives for Health 2023-2028 similarly emphasize people-centered governance, health system strengthening, and organizational adaptability (Department of Health, 2022; Department of Health, 2023).

In the Cordillera Administrative Region (CAR), the mountainous terrain, scattered communities, and cultural diversity create distinct challenges for healthcare access and service delivery. Regional planning documents highlight persistent issues related to limited human resources, logistical constraints, and geographic isolation, underscoring the need for adaptive and resilient leadership across health facilities (National Economic and Development Authority–CAR, 2023; National Economic and Development Authority, 2023). These same plans emphasize disaster preparedness and robust local governance as core components of health system resilience, given the region's vulnerability to natural hazards. Within this context, women often assume crucial responsibilities in coordinating emergency response, managing scarce resources, and sustaining workforce morale, yet their contributions remain underdocumented (Philippine Commission on Women, 2022; World Economic Forum, 2023; UN Women, 2023).

Benguet General Hospital (BeGH), located in La Trinidad, Benguet, is owned and operated by the Provincial Local Government Unit of Benguet and functions as an economic enterprise. As a Level II facility with an authorized bed capacity of 150, it delivers a wide range of services including medical, surgical, pediatric, obstetric-gynecologic, diagnostic, and emergency care. In accordance with the Universal Health Care Act, the hospital allocates 90% of its capacity to service patients and 10% to private patients. Beyond clinical care, BeGH also serves as a training and research institution that supports the health system goals of the province (Provincial Government of Benguet, 2024). The hospital shows a distinct profile of women's leadership, with approximately 19 out of 26 division, department, and section heads being female. Many women also hold key nursing, committee, and program or unit roles, including assistant chief nurses, nurse supervisors, head nurses, and various coordinators. These leaders contribute significantly to BeGH's governance, daily operations, and overall organizational resilience. At the same time, women in leadership often navigate challenges such as balancing professional and family responsibilities, addressing expectations related to gender roles, and gaining recognition and influence in decision-making spaces, issues that are commonly observed across the Philippine public sector and the broader health system (Philippine Commission on Women, 2022; World Economic Forum, 2023; Ong, 2024).

Understanding these experiences is important because strengthening women's leadership contributes not only to institutional performance but also to gender equality and health system resilience. Insights from this

study may support leadership development, succession planning, and gender-responsive policies at BeGH. Moreover, the study aligns with national and international frameworks, including the Universal Health Care Act (Republic Act No. 11223), the Magna Carta of Women (Republic Act No. 9710), and the Sustainable Development Goals (SDG 3 and SDG 5), which emphasize inclusive leadership, staff empowerment, and equitable access to quality healthcare.

Theoretical and Conceptual Framework

This study is anchored on transformational, servant, and adaptive leadership theories, which collectively explain how leadership behaviors contribute to empowerment, learning, and resilience in organizations.

Recent literature emphasizes that transformational leadership fosters innovation, motivation, and shared purpose that enable organizations to adapt effectively during crises (Northouse, 2021; Ali et al., 2023; Atalla et al., 2025). Servant leadership highlights empathy, trust, and community-building, which are essential for maintaining collaboration and morale in healthcare settings (DuBrin, 2022; Eva et al., 2019). Meanwhile, adaptive and enabling leadership focus on flexibility, learning, and responsiveness amid complex and uncertain environments, which are key qualities for sustaining hospital operations and navigating continuous change (Schulze & Pinkow, 2020; Yang et al., 2024).

These leadership perspectives are particularly relevant to the Benguet General Hospital (BeGH) context, where women leaders play central roles in managing organizational change, fostering teamwork, and ensuring resilience amid financial, policy, and service delivery challenges. National health governance documents, including UHC implementation materials and the National Objectives for Health, emphasize leadership's role in sustaining resilient health systems (Department of Health, 2022; Department of Health, 2023; Co, 2024). The conceptual framework connects these leadership approaches with the core dimensions of organizational resilience; anticipate, absorb, adapt, and recover; as applied in BeGH's service management and departmental coordination (Atighechian et al., 2024; Carbonara et al., 2024; Mori et al., 2025; Suryawati et al., 2025).

Statement of the Problem

Leadership in healthcare organizations plays a critical role in ensuring resilience, particularly during times of crisis and change. At Benguet General Hospital (BeGH), where a significant number of key leadership positions are held by women, understanding how leadership styles influence the hospital's capacity to adapt, recover, and sustain quality service delivery becomes essential. However, limited empirical research has explored how female leaders in government hospitals contribute to organizational resilience, especially within the context of the Universal Health Care framework.

This study, therefore, aims to examine how women leaders enhance organizational resilience at Benguet General Hospital. Specifically, it seeks to answer the following research questions:

1. How do women leaders contribute to organizational resilience in terms of:
   1.1. decision-making;
   1.2. crisis and risk management;
   1.3. staff empowerment and development;
   1.4. communication and information flow; and
   1.5. continuous improvement or learning?
2. What challenges do women leaders encounter when strengthening organizational resilience at Benguet General Hospital?
3. How do women leaders' predominant leadership styles (e.g., transformational, servant, adaptive, authentic, inclusive/shared) influence the hospital's capacity to withstand and recover from challenges and disruptions?
4. What strategies can be recommended to further enhance the sustained contribution of women's leadership to organizational resilience within the hospital?

Significance of the Study

This study holds value for both the academic community and the healthcare sector, particularly within the government hospital setting. The findings will provide insights into how women leaders contribute to strengthening organizational resilience, especially in contexts where health institutions must balance limited resources with the demands of Universal Health Care implementation.

For Benguet General Hospital (BeGH), the results can inform leadership development programs, enhance communication and decision-making structures, and guide capacity-building initiatives for female leaders. Understanding these dynamics can support the hospital's efforts to maintain service continuity, employee engagement, and operational stability during times of change or crisis.

For the Provincial Government of Benguet and the Department of Health (DOH), this study can serve as an evidence-based reference in policy formulation, succession planning, and leadership training among government hospitals. It can also guide other provincial health facilities transitioning under the Universal Health Care (UHC) framework in creating inclusive and resilient leadership systems.

For the academic community, the study enriches the literature on leadership and resilience in healthcare management by highlighting the gendered dimensions of leadership in a government hospital context. It may also encourage future researchers to explore leadership and governance in other sectors using a similar framework.

Finally, for women leaders and aspiring managers, the study aims to inspire confidence, advocacy, and innovation in hospital leadership by emphasizing the strengths, strategies, and adaptive capacities demonstrated by women in navigating organizational challenges.

METHODOLOGY

Research Design

A quantitative descriptive survey was employed to determine levels and patterns of women leaders' contributions to resilience, the frequency of challenges encountered, and perceived influence of leadership styles on resilience outcomes.

Locale and Population

The study was conducted at Benguet General Hospital (BeGH), a Level II government hospital under the Provincial Government of Benguet. The population consists of women occupying formal leadership roles across administrative, nursing, and medical/ancillary divisions. These include division heads, department heads, section heads, committee chairs, program or unit heads, assistant chief nurses, nurse supervisors, head nurses, and the charge nurse.

A census (total enumeration) approach was used, targeting approximately 40–41 women leaders at Benguet General Hospital. These include the Chief of Hospital, Acting CMPS, Chief Administrative Officer, Chief Nurse, medical department heads (e.g., Laboratory, Radiology, Obstetrics and Gynecology, Dentistry, Pediatrics, Internal Medicine), administrative section heads (e.g., Human Resource, Budget, Supply, Pharmacy, Dietary, Accounting, Social Service, Cashier, Processing), program or unit heads (e.g., Research Ethics Committee Chairperson, DRRM-H Manager, Kandili Hub Head, Hemodialysis Head), two Assistant Chief Nurses (Nurse IV), four Nurse Supervisors, nine Head Nurses, and one Charge Nurse.

All women leaders who had held their current leadership role for at least six (6) months were invited to participate. Of the eligible leaders, 32 completed the questionnaire and were included in the final analysis. The study aimed to obtain a minimum of 30 completed questionnaires (approximately 75% of the population) to ensure adequate representation and reliability of the data. Any non-responses were documented and treated as study limitations, rather than as a basis for an alternative sampling method.

Research Instrument

Data for the study were gathered using a structured, self-administered questionnaire developed by the researcher based on the study's Statement of the Problem and theoretical framework. The instrument is divided into four major sections: (1) women leaders' contributions to organizational resilience across the areas of decision-making, crisis and risk management, staff empowerment and development, communication and information flow, and continuous improvement; (2) challenges encountered by women leaders in performing their roles; (3) leadership behaviors reflecting transformational, servant, adaptive, authentic, and inclusive or shared leadership styles and their influence on resilience; and (4) strategies that may enhance women leaders' contributions to organizational resilience within the hospital. The questionnaire primarily uses a 4-point Likert scale to measure levels of agreement or frequency of experiences, except for one open-ended question intended to gather additional insights. The instrument underwent content validation by experts to ensure clarity, relevance, and alignment with the study objectives.

Validity and Reliability

Content validity was ensured through evaluation by qualified reviewers familiar with research ethics, leadership concepts, and survey methodologies. They assessed the questionnaire for clarity, relevance, and alignment with the study objectives. Revisions were incorporated based on their recommendations.

The internal consistency of the instrument was assessed using Cronbach's alpha after data collection. The results demonstrated acceptable to high reliability across all constructs: women leaders' contributions to organizational resilience ($\alpha = 0.89$), challenges encountered ($\alpha = 0.86$), leadership styles ($\alpha = 0.91$), and strategies to enhance resilience ($\alpha = 0.88$), indicating strong internal consistency.

Data Gathering Procedure

Data collection commenced upon the approval of the Benguet General Hospital Research Ethics Committee (BeGH REC). Since the researcher is currently working at BeGH and is familiar with the organizational structure, the list of eligible women leaders had already been identified based on official designations and updated unit records.

The researcher personally distributed the survey questionnaires either in printed form or through a secure online format (Google Forms), depending on the convenience of the respondents. Before administering the questionnaire, respondents were informed of the study's objectives, confidentiality provisions, voluntary participation, and the estimated time needed to complete the survey.

During survey administration, respondents were reminded not to write their names or specific job titles, but only to indicate their broad division (Administrative, Nursing, Medical/Ancillary) which was also optional, to reduce the risk of deductive identification. The researcher distributed the questionnaires in a manner that emphasized voluntary participation and clarified that, although she is a colleague, participation or non-participation would not affect any professional relationship, performance evaluation, or work-related benefits.

The data collection period lasted approximately three (3) days to one (1) week. Follow-ups were conducted through personal reminders or Messenger communication to ensure a high response rate and to meet the target of at least 30 completed questionnaires.

After the questionnaires were retrieved, the researcher proceeded with data screening and cleaning, checking for completeness, removing invalid or inconsistent entries, and coding all responses in preparation for statistical analysis.

Treatment of Data

Descriptive statistics, specifically the mean, standard deviation, and ranking, were used to analyze the responses in each domain of the questionnaire. The mean determined the overall level of agreement for each

item, while the standard deviation assessed the variability of responses. Ranking was applied to identify the relative standing of each indicator within its respective domain.

Ethical Considerations

Participation in this study was entirely voluntary. Eligible respondents were informed through the survey introduction about the purpose of the study, the estimated time to complete the questionnaire, and their right to withdraw or omit any item at any point. Completion and submission of the questionnaire served as implied consent.

Although the researcher was aware of the pool of possible respondents, measures were implemented to protect confidentiality and minimize the risk of deductive identification. The questionnaire did not request names or specific job titles. Respondents were asked only to indicate their broad division (Administrative, Nursing, or Medical/Ancillary), and this item was optional. All data were reported in aggregated form, and no tables or narratives linked responses to any identifiable individual or unique position.

The primary ethical risk involved potential recognition of respondents due to their leadership roles. To mitigate this, no personal identifiers were collected, and results were grouped into broad categories during reporting. Paper-based questionnaires were kept in a locked cabinet, while electronic files were stored in a password-protected folder accessible only to the researcher, and if required, the research adviser and the BeGH Research Ethics Committee.

All data will be retained securely for three (3) years after the completion of the study. Thereafter, paper records will be shredded and electronic files permanently deleted.

The researcher acknowledged the dual relationship as a colleague and employee of Benguet General Hospital. To avoid undue influence, respondents were reminded that participation or non-participation would not affect their employment status, performance evaluation, or professional relationship with the researcher. Follow-ups were phrased respectfully, and no supervisors encouraged or required staff to participate.

No signatures were required on the questionnaire to protect participant confidentiality. Consent was implied through voluntary completion and submission. Approval from the Benguet General Hospital Research Ethics Committee (BeGH REC) was obtained prior to data collection, and all procedures adhered to institutional ethical guidelines.

RESULTS AND DISCUSSION

Women's Contributions to Organizational Resilience

Women leaders at Benguet General Hospital demonstrated a high level of contribution to organizational resilience, as reflected by an overall mean rating of 3.23, interpreted as Agree. The strongest contributions were observed in recognizing staff achievements, encouraging professional growth, and supporting innovative practices. These findings suggest that women leaders play a central role in fostering a supportive, motivating, and improvement-oriented work environment that enhances the hospital's capacity to adapt and sustain performance.

High ratings in staff empowerment, inclusive participation, and communication indicate that women leaders strongly influence resilience through people-centered leadership practices. Existing literature on healthcare resilience emphasizes that leadership behaviors promoting trust, collaboration, and continuous learning are essential in maintaining service continuity during routine operations and periods of disruption. The results of this study are consistent with these findings, highlighting the importance of relational and developmental leadership in strengthening organizational resilience.

In contrast, comparatively lower mean scores were noted in decision-making and crisis-related functions, particularly in consultation on resource allocation. While still interpreted as Agree, these results suggest that

women leaders may exercise greater influence in operational and relational domains than in strategic or resource-focused decision processes. This pattern aligns with previous studies in public healthcare institutions, where leadership contributions are often more pronounced at the unit or departmental level than in centralized decision-making structures.

Table 1 presents the detailed mean scores, standard deviations, descriptive equivalents, and rankings of women's contributions to organizational resilience.

Table 1. Women's Contributions to Organizational Resilience (n=32)

Women's Contributions to Organizational Resilience	Mean	SD	Descriptive Equivalent	Rank
1. I actively participate in major hospital decision-making processes.	3.00	0.730	Agree	14.5
2. My opinions are considered valuable in strategic planning.	3.06	0.629	Agree	11
3. I contribute to evidence-based decision-making during critical times.	3.03	0.605	Agree	12.5
4. I am consulted in resource allocation decisions.	2.61	0.882	Agree	17
5. I play a key role in developing strategies for crisis preparedness.	2.94	0.814	Agree	16
6. My leadership helps minimize risks during hospital disruptions.	3.03	0.718	Agree	12.5
7. I provide solutions to effectively respond to emergencies.	3.00	0.695	Agree	14.5
8. I encourage professional growth and capacity-building among staff.	3.53	0.621	Strongly Agree	2
9. I mentor junior staff to become effective leaders.	3.26	0.682	Agree	10
10. I promote inclusive participation in departmental activities.	3.45	0.568	Agree	4
11. I recognize staff achievements to boost morale.	3.55	0.568	Strongly Agree	1
12. I ensure smooth and transparent communication within my department.	3.34	0.483	Agree	8
13. I bridge communication between staff and higher management.	3.32	0.599	Agree	9
14. I use communication to strengthen trust and collaboration.	3.35	0.551	Agree	7
15. I initiate improvements based on past experiences and feedback.	3.44	0.564	Agree	5
16. I support innovative practices in the hospital.	3.48	0.626	Agree	3
17. I engage in lifelong learning to enhance leadership capacity.	3.43	0.568	Agree	6
Average Mean	**3.23**		**Agree**	

Challenges Encountered by Women Leaders

Overall, women leaders at Benguet General Hospital rarely encountered leadership-related challenges, as reflected by an average mean of 2.16, interpreted as Rarely Encountered. This suggests a generally supportive organizational environment for women leaders. However, certain challenges were experienced more frequently than others, indicating areas where institutional support may still be strengthened.

The most commonly encountered challenges involved managing multiple role expectations, limited resources to support leadership initiatives, and balancing work responsibilities with family demands. These challenges reflect workload- and resource-related pressures rather than overt gender-based barriers. Similar findings have been reported in studies on women leaders in healthcare, where role overload and work-life balance concerns emerge as more prominent challenges than explicit discrimination, particularly in public sector settings.

Challenges related to gender stereotypes, resistance to authority, unequal workload expectations, and limited recognition of women's leadership contributions were reported as rarely encountered. This suggests that women leaders at BeGH generally experience professional respect and acceptance in their leadership roles. Overall, the results indicate that while gender-based barriers are minimal, operational constraints and role demands remain important considerations for sustaining effective leadership.

Table 2 summarizes the challenges encountered by women leaders at Benguet General Hospital.

Table 2. Challenges Encountered by Women Leaders (n=32)

Challenges Encountered by Women Leaders	**Mean**	**SD**	**Descriptive Equivalent**	**Rank**
1. I encounter gender stereotypes and bias in my leadership role.	1.81	0.738	Rarely Encountered	8.5
2. I struggle with balancing work responsibilities and family demands.	2.53	0.671	Often Encountered	3
3. I face resistance to my authority as a woman leader.	1.90	0.651	Rarely Encountered	6
4. I encounter limited resources to support leadership initiatives.	2.66	0.653	Often Encountered	2
5. I lack sufficient training opportunities for leadership growth.	2.41	0.798	Rarely Encountered (High end)	5
6. I experience multiple role expectations that affect my effectiveness.	2.75	0.880	Often Encountered	1
7. I experience difficulty in accessing decision-making spaces dominated by male colleagues.	1.78	0.706	Rarely Encountered	10
8. I encounter unequal workload expectations compared to male leaders.	1.75	0.803	Rarely Encountered	11
9. I face cultural or societal expectations that affect my leadership role.	1.88	0.793	Rarely Encountered	7
10. I deal with limited recognition of women's leadership contributions.	1.81	0.780	Rarely Encountered	8.5
11. I experience lack of mentorship or role models in hospital leadership.	2.47	0.879	Rarely Encountered (High end)	4
Average Mean	**2.16**	**Rarely Encountered**		

Leadership Styles and Their Influence on Organizational Resilience

Women leaders at Benguet General Hospital demonstrated a high level of practice of leadership styles that support organizational resilience, with an average mean of 3.48, interpreted as Agree. The most strongly practiced behaviors included leading with integrity and transparency, empowering staff during crises, and

promoting shared decision-making within units. These findings highlight the emphasis placed by women leaders on ethical, participatory, and empowering leadership.

Consistently high ratings were also observed in adaptive and developmental leadership behaviors, such as adjusting strategies to changing conditions, prioritizing staff development, encouraging flexible solutions, and valuing diverse perspectives. These practices align with global literature on resilient health systems, which identifies adaptive, authentic, and inclusive leadership as essential for navigating uncertainty and sustaining performance during disruptions.

Relatively lower, though still positive, ratings were observed in inspiring innovation and creating a shared vision. This suggests that while visionary leadership is present, women leaders may focus more strongly on day-to-day relational and operational leadership practices that directly support staff and service delivery. Overall, the findings indicate that women leaders employ a broad range of leadership styles that collectively enhance organizational resilience.

Table 3 presents the leadership styles practiced by women leaders and their influence on organizational resilience.

Table 3. Leadership Styles and Their Influence on Resilience (n=32)

Leadership Styles and Their Influence on Resilience	**Mean**	**SD**	**Descriptive Equivalent**	**Rank**
1. I inspire my staff toward innovation that improves hospital resilience.	3.41	0.665	Agree	10
2. I create a shared vision that strengthens our unit's adaptability.	3.38	0.609	Agree	12
3. I prioritize staff development to enhance long-term resilience.	3.47	0.507	Agree	7
4. I use empathy and support to build staff commitment during crises.	3.44	0.564	Agree	9
5. I adjust leadership strategies in response to changing hospital needs.	3.47	0.567	Agree	7
6. I encourage flexible solutions during organizational challenges.	3.50	0.568	Agree	4.5
7. I lead with integrity and transparency that strengthen trust.	3.59	0.499	Strongly Agree	1
8. I model consistent ethical behavior that supports resilience.	3.39	0.495	Agree	11
9. I promote participation and shared decision-making in my unit.	3.53	0.507	Strongly Agree	3
10. I value diverse perspectives to improve resilience strategies.	3.47	0.507	Agree	7
11. I empower staff to make decisions that support resilience during crises.	3.56	0.564	Strongly Agree	2
12. I balance task-oriented leadership with relational leadership to sustain hospital performance.	3.50	0.508	Agree	4.5
Average Mean	**3.48**	**Agree**		

Strategies to Enhance Organizational Resilience

The strategies identified to enhance organizational resilience were generally rated as present at Benguet General Hospital, with an overall mean of 2.91, interpreted as Agree. The highest-rated strategy was collaboration across divisions, indicating that interdepartmental coordination is perceived as a key mechanism

for strengthening resilience. Ensuring fair representation of women in committees and decision-making bodies and providing institutional support for women leaders were also rated positively.

Moderate ratings were observed for leadership training opportunities and external partnerships, suggesting that capacity-building initiatives exist but may benefit from further strengthening. Lower mean scores were noted in succession planning, equitable allocation of resources, and policies addressing women's specific challenges. These results suggest gaps in long-term leadership pipeline development and institutional mechanisms that address structural and resource-related concerns.

The themes emerging from open-ended responses further emphasized the importance of supportive leadership environments, clear communication systems, professional development opportunities, mentorship, and flexible work arrangements. Respondents expressed a shared interest in transparent, competency-based development pathways and collaborative platforms where leaders can exchange best practices. These findings are consistent with literature emphasizing that sustained organizational resilience requires not only individual leadership capacity but also strong institutional support systems.

Table 4 presents the strategies identified to enhance organizational resilience.

Table 4. Strategies to Enhance Organizational Resilience (n=32)

Strategies to Enhance Organizational Resilience	**Mean**	**SD**	**Descriptive Equivalent**	**Rank**
1. The hospital provides adequate institutional support for women in leadership.	3.00	0.577	Agree	3
2. Leadership training and development opportunities are accessible to women leaders.	2.94	0.629	Agree	4
3. Policies address challenges commonly faced by women leaders (e.g., gender bias, work-life balance).	2.84	0.808	Agree	6
4. Collaboration across divisions (Admin, Nursing, Medical/Ancillary) is promoted to strengthen resilience.	3.25	0.672	Agree	1
5. Resources (equipment, staffing, funding) are equitably allocated across hospital units.	2.66	0.602	Agree	7
6. The hospital implements succession planning to prepare future women leaders.	2.55	0.568	Agree	8
7. The hospital fosters external partnerships and networks that support resilience.	2.91	0.588	Agree	5
8. The hospital ensures fair representation of women in committees and decision-making bodies.	3.16	0.677	Agree	2
Average Mean	**2.91**		**Agree**	

A brief thematic analysis of the open-ended responses revealed several key themes that respondents believe could further strengthen women leaders' contributions to organizational resilience at BeGH. Many emphasized the value of supportive leadership environments where women leaders are encouraged to exercise appropriate decision-making independence, complemented by clear accountability systems and collaborative guidance when needed. Respondents also highlighted the importance of flexible and family-responsive work policies, especially in relation to scheduling, work-life balance, and overall staff well-being.

Another recurring theme was the need for enhanced professional development opportunities, including regular trainings, mentorship programs, succession planning, and participation in leadership or innovation initiatives. Participants likewise expressed the desire for equitable access to training and capacity-building activities, noting that broader inclusion could strengthen leadership capabilities across hospital units.

Strengthening communication systems, teamwork, and organizational support networks was also identified as essential for fostering resilience. Additionally, respondents suggested the promotion of transparent, competency-based development pathways and the establishment of forums or councils where leaders can exchange best practices. Overall, the responses reflect a shared interest in creating a more supportive, inclusive, and development-oriented environment for all hospital leaders.

CONCLUSION AND RECOMMENDATIONS

The study examined the contributions of women leaders to organizational resilience at Benguet General Hospital (BeGH), the challenges they encounter, the leadership styles they practice, and the strategies that may further strengthen their role in sustaining resilient hospital operations. Overall, the results show that women leaders significantly enhance resilience, particularly in staff empowerment, continuous improvement, and communication—domains that obtained the highest mean ratings. These findings affirm that women leaders play a critical role in cultivating supportive, collaborative, and learning-oriented environments that enhance the hospital's ability to adapt, recover, and maintain service performance.

Decision-making and crisis or risk management obtained comparatively lower, though still "agree," mean scores. While the study did not investigate organizational or governance structures, it is relevant to note that BeGH operates as a provincial LGU economic enterprise, where the hospital generates its own revenue but key budgeting, procurement, and resource decisions follow provincial government approval processes. This broader institutional context may help frame, but does not fully determine, why decision-making indicators ranked lower relative to other leadership domains. Notwithstanding these system-wide structures, women leaders demonstrated strong relational, developmental, and inclusive leadership practices that contribute meaningfully to organizational resilience.

Challenges were generally "rarely encountered," although balancing work and family demands and managing multiple role expectations emerged as the most common concerns. These findings reflect broader gendered patterns observed in the Philippine health sector and highlight the need for gender-responsive support systems such as flexible work arrangements, mentorship opportunities, and well-being initiatives. The consistently high ratings across transformational, servant, adaptive, authentic, and inclusive leadership behaviors indicate that women leaders at BeGH embody leadership qualities frequently associated with resilient health systems in global literature.

Strategies for enhancing resilience were also rated as "agree," with particular emphasis on interdepartmental collaboration, fair representation of women in decision-making bodies, and strengthened leadership development initiatives. These priorities align with national and global frameworks promoting gender-inclusive leadership as a driver of resilient and equitable health systems. However, relatively lower scores for succession planning, resource equity, and policies addressing women's specific challenges point to areas where institutional support can still be strengthened.

In summary, the findings affirm that women leaders are an essential pillar of organizational resilience at Benguet General Hospital. Their strong relational, adaptive, and inclusive leadership practices foster cohesive teams, promote innovation, and reinforce the hospital's capacity to respond effectively to operational demands and crises. While BeGH's LGU-governed structure provides the broader environment in which leadership functions, the contributions of women leaders remain vital to the hospital's day-to-day resilience and service continuity. Future efforts may benefit from clarifying decision-making pathways, enhancing leadership development and succession systems, and expanding institutional mechanisms that support work-life balance and professional growth. By continuing to strengthen and empower women leaders, BeGH can advance a resilient, equitable, and high-performing health system aligned with the goals of Universal Health Care and sustainable development.

Based on the findings of the study, it is recommended that Benguet General Hospital strengthen institutional mechanisms that support women's leadership and organizational resilience. Specifically, the hospital may consider expanding leadership development and mentoring programs, particularly those that prepare women leaders for broader decision-making roles within existing LGU structures. Clearer

communication of decision-making pathways and greater inclusion of women leaders in consultative and planning processes may further enhance engagement and accountability. In addition, policies that support work-life balance, succession planning, and equitable access to resources should be reviewed and strengthened to address the challenges identified by respondents. Future studies may explore governance structures, decision-making authority, and comparative leadership experiences across hospitals to deepen understanding of women's leadership contributions in LGU-managed healthcare settings.

This study has several limitations. First, the use of self-reported data from women leaders may introduce social desirability and response bias, as participants may have provided favorable assessments of their leadership practices. Second, the study did not include perspectives from subordinates, peers, or male leaders, limiting the ability to triangulate findings and assess leadership effectiveness from multiple viewpoints. Third, the descriptive design of the study limits the ability to establish causal or correlational relationships between leadership styles and organizational resilience. Finally, the researcher's affiliation with the institution may introduce potential bias, despite the ethical safeguards implemented during data collection.

It is important to note that organizational resilience in this study was measured based on perceived leadership practices rather than objective performance indicators. While perception-based measures are widely used in leadership research, future studies may incorporate institutional metrics such as service efficiency, staff retention, and patient outcomes to further validate findings.

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