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## From vulnerability to closure: a ten-year longitudinal case study of St. Martin de Porres Charity Hospital (2014–2024)

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### ABSTRACT

*Non-government organizations and nonprofit healthcare institutions in emerging economies operate under persistent financial and operational constraints while fulfilling social service mandates. This study examined the organizational decline of St. Martin de Porres Charity Hospital (SMPCH), a 121-bed nonprofit hospital in San Juan City, Philippines, which had served indigent populations from September 1959 until its closure in January 2024.*

*A qualitative single-case study design with a longitudinal approach was used, combining primary data from key informant interviews conducted in 2014 and observation with secondary analysis of institutional documents and publicly available sources. Findings revealed four key drivers of decline: compensation misalignment leading to staff turnover, limited marketing and outdated technology reducing donor engagement, financial vulnerability due to reliance on irregular donations, and operational service gaps. Financial ratio analysis and SWOT assessment further illustrated persistent resource constraints over time, demonstrating how the hospital's resources failed to meet the VRIN criteria — Valuable, Rare, Inimitable, and Non-substitutable — thereby accelerating institutional vulnerability. The study provided implications for nonprofit hospital management, donor governance, and health policy in strengthening institutional sustainability in resource-limited settings.*

**Keywords:** nonprofit healthcare, organizational decline, case study, Resource-Based View, SWOT analysis, Philippines

### INTRODUCTION

The management of Non-Government Organizations (NGOs) and nonprofit charitable institutions involved distinct organizational challenges that differed fundamentally from those encountered in for-profit corporate management. Unlike commercial enterprises, NGOs simultaneously fulfilled a dual mandate, requiring financial survival while executing equity-driven social missions to deliver public goods—such as healthcare—to marginalized and economically vulnerable populations. Operating within emerging economies like the Philippines, these organizations faced resource constraints, shifting donor priorities, and administrative challenges. When these pressures were left unmitigated, they

triggered organizational decline. This case study evaluated these dynamics through the organizational profile of St. Martin de Porres Charity Hospital (SMPCH) in San Juan City, Philippines—a 121-bed tertiary nonprofit institution that served indigent patients from 1959 until its permanent cessation of operations in January 2024. A SWOT analysis was integrated with the Resource-Based View (RBV) framework to map the hospital's historical operating environment, framing internal resource deficits and external threats as early warning indicators of organizational decline across the wider healthcare ecosystem. The hospital's eventual closure in January 2024 served as the culminating event of a

decade-long trajectory of institutional weakening, offering a rare longitudinal perspective on how compounding resource deficiencies — across human capital, technological capacity, and financial sustainability can erode an organization's ability to fulfill its social mission. By examining SMPCH's operational history through the Resource-Based View, this study aimed to contribute empirical and theoretical insights into the dynamics of nonprofit healthcare decline in resource-constrained settings.

## SIGNIFICANCE OF THE STUDY

This study had academic, operational, and socioeconomic relevance, particularly within the post-pandemic healthcare context in emerging economies. For NGO directorates and nonprofit executives, it provided an analytical framework illustrating how financial fragility, human resource constraints, and weak organizational capabilities interacted to drive institutional decline. For philanthropic foundations and international donors, the study underscored the dangers of over-reliance on unstable donor funding, guiding foundations toward improved financial governance and revenue diversification. For health policymakers and the Department of Health (DOH), it illuminated systemic challenges faced by nonprofit safety-net hospitals, supporting the design of public-private partnerships and targeted subsidies to sustain essential charity healthcare services. For academic researchers and strategic management scholars, this paper contributed a rare long-term case study on organizational closure in a developing nation, expanding RBV theory by demonstrating how human capital attrition and technological obsolescence acted as compounding precursors to institutional failure.

## MATERIALS AND METHODS

### Research Design

This study employed a qualitative single-case study with a longitudinal design to analyze the operational decline and eventual closure of SMPCH. The design was structured into two temporal phases. The first established an empirical baseline using primary data gathered through fieldwork conducted in 2014. The second involved retrospective validation following the hospital's closure in January 2024. Linking the 2014 baseline with the 2024 closure addressed limitations of cross-sectional designs, using historical administrative data to develop an analytical model for organizational mortality under the Resource-Based View.

### Data Collection

Data were collected through multiple sources for triangulation purposes, capturing a comprehensive view of the institution's operational ecosystem. Primary baseline data were collected through on-site observation of daily hospital operations and face-to-face semi-structured key informant interviews with select executive and mid-level management personnel conducted in 2014. Secondary data were obtained through a review of institutional documents, including annual reports, administrative orders, circulars, memoranda, and baseline financial statements.

### Data Analysis

Data were analyzed through thematic analysis of interview notes and observational records to identify recurring patterns across four domains: human resources, marketing, finance, and operations. Financial data were subjected to ratio analysis to evaluate baseline trends. Strategic analysis employed a SWOT framework

to synthesize internal and external factors. Findings were mapped using an RBV framework applied retrospectively to evaluate how internal capability gaps contributed to long-term decline and eventual closure. Analytical generalizability — the application of findings to theoretical propositions rather than broader populations was the intended form of generalization consistent with the single-case design (Yin, 2018).

### Ethics Statement

The 2014 data collection, comprising key informant interview's and observation, was conducted with written institutional approval and informed consent from participants. The author disclosed a prior professional affiliation with the institution. Secondary data were collected obtained from institutional records and publicly available sources. All data were anonymized and no identifiable respondents was accessed.

## RESULTS

### Baseline Financial Performance (2012–2013)

The financial performance of the institution showed mixed but gradually improving trends between 2012 and 2013. Liquidity ratios remained below optimal levels, with the current ratio increasing from 0.2277 to 0.4116 and the quick ratio rising from 0.1001 to 0.2795, indicating persistent constraints in meeting short-term obligations. These figures reflect continued dependence on limited liquid assets, suggesting that the institution remained vulnerable to cash flow disruptions despite marginal improvements.

Solvency indicators showed a more favorable downward trend, as the debt ratio decreased from 0.4214 to 0.3691 and the debt-to-equity ratio declined from 0.7286 to 0.5851. Correspondingly, the equity ratio increased from 57.69% to 63.08%, indicating a gradual strengthening of the hospital's capital structure and a reduced reliance on external liabilities.

In terms of profitability, the institution shifted from a net loss in 2012 (-3.11%) to a positive net profit margin of 6.91% in 2013, suggesting short-term operational improvement and more efficient cost recovery during the period. However, this improvement in profitability did not fully translate into overall financial stability due to the persistent weakness in liquidity positions.

Table 1 reinforces these findings, showing that while solvency and profitability indicators exhibited improvement, both liquidity measures remained below the ideal threshold of 1.0. This indicates continued difficulty in meeting short-term financial obligations and sustaining day-to-day operations. The persistent liquidity gap suggests that the institution remained heavily reliant on non-liquid or externally dependent resources, limiting its capacity to respond quickly to operational needs such as procurement, payroll, and emergency expenditures. Although solvency ratios reflect a gradual reduction in leverage and an improving capital structure, these gains did not translate into immediate financial flexibility.

Overall, the data suggest that although there were signs of financial recovery, these gains were insufficient to offset structural liquidity constraints, a pattern commonly observed in nonprofit healthcare organizations with limited and unstable revenue streams (Bazzoli et al., 2014). More importantly, this disconnect between improving long-term financial structure and weak short-term liquidity highlights a fundamental imbalance in financial sustainability. Such an imbalance implies that even when overall financial indicators appear to improve, operational viability may

still remain at risk due to inadequate cash flow support for daily institutional functions.

Table 1. Financial Ratios (2012–2013)

Financial Ratio	2012	2013	Interpretation
Current Ratio	0.2277	0.4116	Liquidity improved but remained below 1.0 indicating limited ability to cover short-term liabilities
Quick Ratio	0.1001	0.2795	Slight improvement in immediate liquidity, but still critically low to cover the entire hospital operations
Debt Ratio	0.4214	0.3691	Decreasing leverage indicating reduced reliance on liabilities
Equity Ratio	57.69%	63.08%	Increasing equity share suggesting stronger capital base
Debt-to Equity Ratio	0.7286	0.5851	Declining financial leverage, indicating improved solvency position
Net Profit Margin	-3.11%	6.91%	Shift from loss to positive profit profitability

### Organizational Challenges

The analysis identified four major organizational challenges that characterized the operational decline of SMPCH. These themes were derived from interview data, institutional documents, and observational records. Together, these data sources provided triangulated evidence of recurring structural, financial, and operational issues that consistently influenced institutional performance over time. The convergence of findings across multiple sources strengthened the validity of the identified themes and highlighted the systemic nature of the hospital's decline rather than isolated or episodic problems.

### Human Resource Constraints

The hospital experienced persistent human resource limitations driven by compensation structures that were misaligned with prevailing industry standards, resulting in ongoing staff turnover particularly among nurses and administrative personnel. The frequent loss of experienced staff contributed to service disruptions, increased workload among remaining personnel, and recurring gaps in institutional knowledge that weakened overall service continuity. As turnover persisted, the organization also faced escalating indirect costs associated with recruitment, onboarding, and repeated training of new staff, further straining already limited financial and operational resources. This instability created a cycle in which workforce shortages reduced service efficiency, which in turn affected employee morale and further contributed to attrition. Over time, the hospital became increasingly dependent on a continuously rotating workforce, limiting its ability to establish consistent clinical routines, strengthen institutional learning, and build long-term

staff commitment. From a Resource-Based View perspective, the hospital's human capital failed to satisfy the VRIN criterion of sustainability: although skilled clinical staff were Valuable and relatively Rare in the nonprofit sector, the institution's inability to retain them rendered this resource neither Inimitable nor a source of sustained competitive advantage (Barney, 1991).

### Financial Vulnerability

The hospital's financial structure was highly dependent on irregular and unpredictable donations, making its revenue base inherently unstable. This heavy reliance on external goodwill, rather than internally generated income streams, created persistent exposure to funding volatility. As a result, budgeting processes were reactive rather than strategic, limiting the institution's ability to engage in long-term financial planning. This instability directly affected key operational areas such as procurement of medical supplies, continuity of staffing, and consistency in service delivery.

The absence of diversified revenue streams further compounded these vulnerabilities. Without stable alternative sources of income, the hospital lacked financial buffers that could absorb shocks from donation shortfalls or delayed funding cycles. Consequently, financial decision-making was often constrained by short-term cash availability rather than long-term institutional priorities. From a Resource-Based View (RBV) perspective, this condition reflects a failure to develop financial resources that are both stable and non-substitutable, thereby weakening the hospital's strategic positioning and long-term sustainability (Barney, 1991).

This vulnerability is reflected in Table 1, where financial ratios from 2012 to 2013 show only partial improvement. Liquidity indicators such as the current ratio (0.2277 to 0.4116) and quick ratio (0.1001 to 0.2795) indicate some progress in short-term asset management; however, both remain significantly below the acceptable threshold of 1.0, signaling persistent difficulty in meeting immediate obligations. Solvency ratios also improved, as evidenced by the decline in debt ratio (0.4214 to 0.3691) and debt-to-equity ratio (0.7286 to 0.5851), suggesting reduced reliance on liabilities and a strengthening capital structure. Similarly, the equity ratio increased from 57.69% to 63.08%, indicating a growing proportion of internal financing.

Despite these improvements, profitability remained fragile. Although net profit margin shifted from -3.11% in 2012 to 6.91% in 2013, this positive movement was not sufficient to offset structural liquidity constraints. Overall, the financial data indicate a system in transition rather than stability—where short-term gains in solvency and profitability were not strong enough to compensate for deep-rooted liquidity limitations and structural dependency on external funding.

### Technology and Marketing Limitations

The institution faced significant challenges related to outdated technology and limited digital infrastructure. The absence of modern hospital information systems reduced operational efficiency by slowing down documentation processes, increasing the likelihood of administrative errors, and hindering real-time coordination among departments. This technological gap also constrained data management capabilities, making it difficult for hospital to generate timely and reliable information needed for planning, monitoring, and decision-making.

In addition, limited marketing capacity and a weak digital presence significantly reduced the hospital's visibility to external stakeholders. The absence of an active online platform or strategic communication system constrained its ability to attract donors, engage partners, and strengthen community support. In an environment where nonprofit healthcare institutions increasingly rely on visibility and network engagement for resource mobilization, this lack of digital outreach further intensified financial vulnerability and reduced opportunities for institutional growth.

From a Resource-Based View (RBV) perspective, SMPCH's technological assets did not qualify as strategic resources under the VRIN framework. The existing systems were neither sufficiently Valuable in enhancing operational efficiency nor Inimitable, as they could easily be matched or surpassed by other healthcare institutions adopting more modern digital solutions. Furthermore, they lacked rarity and were not embedded in unique organizational processes that could provide sustained competitive advantage. As a result, the hospital's technological base failed to function as a differentiating capability, limiting its potential to improve performance or secure long-term institutional sustainability.

### Operational Service Gaps

Operational constraints across human resources, finance, and technology contributed to observable gaps in service delivery, including delays in equipment maintenance, intermittent shortages of medical supplies, and reduced capacity to accommodate patient demand. These inefficiencies were not isolated incidents but rather recurring operational patterns that reflected underlying systemic weaknesses within the institution. Over time, the compounding effect of these constraints created a cycle of service disruption, where limited resources further constrained operational responsiveness and decision-making capacity. This cyclical pattern gradually weakened institutional resilience, making it increasingly difficult for the hospital to maintain consistent service quality. As these operational pressures accumulated, they also reduced the institution's ability to anticipate and respond to emerging service demands, resulting in increasingly reactive rather than proactive management practices. Ultimately, these persistent constraints contributed to the erosion of organizational effectiveness and long-term sustainability, as the hospital's operational capacity became progressively misaligned with its service delivery requirements.

### SWOT Analysis of SMPCH

The SWOT analysis highlighted a mixed organizational profile in which internal strengths were progressively outweighed by structural and financial constraints, as presented in Table 2. While the hospital maintained a strong community reputation, a long-standing institutional presence, and a mission-driven commitment to serving indigent populations, these strengths functioned more as reputational assets rather than operational advantages. Over time, they became insufficient to counterbalance deep-seated inefficiencies in organizational systems and resource limitations.

Internally, the hospital's weaknesses were primarily rooted in human resource instability, outdated technological infrastructure, and chronic financial vulnerability. Low compensation structures contributed to persistent staff turnover, which disrupted service continuity and weakened institutional knowledge retention. Limited technological capacity further constrained operational efficiency, while dependence on irregular donations created

persistent uncertainty in financial planning and resource allocation. Weak marketing and donor engagement systems also limited the hospital's ability to expand its funding base or strengthen external partnerships, further reinforcing its financial fragility. Externally, although several opportunities were present, they were not fully leveraged by the institution. Policy reforms such as the Universal Health Care (UHC) Act provided potential pathways for integration into broader healthcare financing systems, while opportunities for public-private partnerships, digital health transformation, and collaboration with non-governmental organizations could have strengthened institutional capacity. However, the hospital's limited strategic and technological readiness constrained its ability to capitalize on these developments.

At the same time, external threats exerted increasing pressure on the organization. Rising operational costs within the healthcare sector, unstable donor engagement, and intensified competition from both public and private healthcare providers created a highly challenging operating environment. Workforce migration to higher-paying institutions further exacerbated human resource shortages, contributing to service delivery disruptions.

Overall, the SWOT findings suggest that SMPCH operated in a context where external opportunities were present but underutilized, while internal weaknesses and external threats increasingly dominated its strategic environment. This imbalance contributed significantly to its declining organizational resilience and long-term sustainability challenges.

Table 2. SWOT Analysis of SMPCH

Strengths	Weaknesses
Long-standing institutional presence and community trust	Compensation misalignment
Mission-driven nonprofit healthcare service	Limited technological infrastructure
Experienced in serving indigent populations	Dependence on irregular donations
Established hospital operations	Weak marketing and donor engagement system
Opportunities	Threats
Expansion of public-private partnerships	Unstable donor funding engagement
Implementation of Universal Health Care (UHC) Act	Increasing operational costs in healthcare sector
Digital Health transformation and modernization	Competition from both government private hospitals
Strengthening NGOs, COS and donor collaboration networks	Workforce migration to higher-paying institution

### Hierarchy of Causes of Organizational Decline

The most critical driver of organizational decline was financial fragility, characterized by persistent liquidity constraints and heavy dependence on irregular and unpredictable donations. This structural weakness created chronic budget instability, limiting the hospital's ability to plan strategically, allocate resources efficiently, and sustain essential operations. Financial instability functioned as the foundational constraint that influenced and shaped all other organizational deficiencies, making it the primary determinant of institutional vulnerability.

At the secondary level, human resource constraints further intensified institutional instability. Persistent staffing retention challenges, low compensation structures, and high turnover rates disrupted service continuity and weakened institutional knowledge retention. These issues reduced operational efficiency and increased the burden on remaining personnel, thereby compounding the effects of financial limitations.

At the tertiary level, technological limitations and weak marketing systems constrained organizational adaptability and external engagement. Outdated infrastructure and the absence of integrated digital systems reduced operational efficiency, while limited marketing capacity weakened donor engagement and partnership development. Although these factors were less direct drivers of decline, they played a significant reinforcing role by restricting the hospital's ability to generate alternative resources and improve institutional visibility.

External pressures functioned as amplifying forces that further exacerbated internal weaknesses. Rising healthcare costs, workforce migration to higher-paying institutions, increasing competition from public and private providers, and unstable donor environments collectively intensified operational strain. These external dynamics interacted with internal deficiencies, accelerating the trajectory of organizational decline.

Overall, financial vulnerability emerged as the central determinant of institutional closure, with human resources, technology, and external environment factors operating as interconnected secondary and tertiary contributors. This pattern is consistent with Resource-Based View (RBV) propositions, which argue that organizational failure occurs when core resources are depleted or fail to meet VRIN criteria, and when institutions are unable to reconfigure their capabilities in response to environmental pressures (Barney, 1991; Teece et al., 1997).

## DISCUSSION

The findings presented a consistent pattern of structural and financial fragility that contributed to the long-term decline of SMPCH. The financial analysis showed a fragile but slightly improving position. Liquidity remained critically low despite modest gains, solvency improved moderately, and profitability shifted from negative to positive—yet these improvements were insufficient for long-term stability, a pattern commonly observed in nonprofit healthcare institutions with limited revenue diversification (Bazzoli et al., 2014). These trends are further reflected in broader assessments of Philippine hospital performance, which have identified persistent gaps in financial sustainability and service capacity among nonprofit and charity institutions operating in resource-constrained environments (Casas et al., 2025).

These financial limitations aligned with the organizational challenges identified through thematic analysis. Persistent staffing retention challenges contributed to service disruptions, outdated technology reduced operational efficiency, and heavy reliance on irregular donations limited long-term planning and sustainable service delivery. The SWOT analysis reinforced these findings, with structural weaknesses outweighing institutional strengths and external pressures intensifying operational strain. Evidence from the broader healthcare sector further underscores that sustainable financial management frameworks — including diversified revenue strategies and cost-efficiency mechanisms are increasingly recognized as essential to nonprofit hospital viability (Rafinda et

al., 2025). Collectively, these findings suggest that the hospital's decline was not attributable to a single organizational weakness but rather to the cumulative effects of interconnected financial, operational, and strategic challenges. As these constraints persisted over time, SMPCH's ability to respond to environmental changes, maintain service quality, and achieve organizational sustainability gradually diminished.

Interpreted through the Resource-Based View, SMPCH's trajectory illustrated a failure to develop and sustain resources meeting the VRIN criteria. Human capital could not be retained due to structural compensation constraints. Technological infrastructure lagged behind competing institutions, a gap that has become increasingly consequential as health systems globally accelerate digital transformation and the adoption of smart hospital technologies to improve operational efficiency and patient outcomes (Pan American Health Organization, 2025; World Health Organization, 2025). Financial resources lacked the stability and non-substitutability needed for long-term planning. Together, these deficiencies confirmed that the hospital's resource base was structurally incapable of generating sustained competitive advantage necessary for institutional survival (Barney, 1991). The findings further indicate that the erosion of critical organizational resources weakened the hospital's capacity to withstand external pressures and adapt to an increasingly competitive healthcare environment. This conclusion is consistent with prior studies identifying resource erosion as a primary precursor to nonprofit organizational decline and eventual closure.

## CONCLUSION

This study examined the organizational decline of St. Martin de Porres Charity Hospital through a longitudinal case study integrating financial analysis, thematic findings, and SWOT assessment. The hospital experienced persistent liquidity constraints, moderate solvency improvements, and limited profitability gains insufficient to ensure long-term financial stability. Recurring organizational challenges in human resources, technology, marketing, and financial sustainability, combined with external pressures, created sustained operational strain. The hospital's decline was not the result of a single factor but of the cumulative effect of structural weaknesses and environmental pressures. Applying the VRIN framework, the analysis demonstrated that SMPCH lacked the foundational resource conditions necessary for long-term institutional survival, contributing to the application of RBV in nonprofit healthcare contexts in emerging economies where resource constraints are systemic rather than episodic.

The findings further highlight the importance of strategic resource development, financial diversification, workforce retention, and technological modernization in sustaining nonprofit healthcare institutions. By illustrating how resource erosion can gradually undermine organizational resilience and competitive capacity, the study provides practical insights for hospital administrators, policymakers, and nonprofit leaders seeking to prevent institutional decline. Moreover, the study contributes to the limited body of literature on nonprofit hospital sustainability in developing-country settings and offers a framework for understanding organizational decline through the lens of resource-based theory.

## LIMITATION AND DIRECTIONS

This study was limited by its single-case design, retrospective financial records, and a study period spanning 2012 to 2024, with primary financial data limited to 2012–2013, primary fieldwork conducted in 2014, and the 2024 endpoint representing verified institutional closure rather than active data collection. While statistical generalizability was limited, findings contributed to analytical generalizability by extending theoretical propositions on organizational decline under the RBV (Yin, 2018). Future research may employ multi-case designs and quantitative methods, with comparative studies across Southeast Asian emerging economies allowing broader theoretical testing of the RBV framework.

## AUTHOR'S NOTE

The permanent closure of St. Martin de Porres Charity Hospital in January 2024 was verified through its official publicly available social media announcement; no primary data collection was conducted about post-closure. This study was developed from a case study originally presented as a partial requirement for the Master of Business Administration program at Our Lady of Fatima University in 2015. This research received no funding, and the author declares no financial conflicts of interest; however, author's prior professional affiliation with the SMPCH is disclosed as a potential source of bias.

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