INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH AND INNOVATIVE STUDIES
IJSRIS journal
ISSN: 2820-7157
Advancing Knowledge, Inspiring Innovation
www.ijsrisjournal.com
INDEXED JOURNAL
PEER REVIEWED Rigorous & Transparent
DOI: CROSSREF Member
OPEN ACCESS For Global Visibility
BI-MONTHLY Timely Publication
WIDE READERSHIP High Impact & Visibility
AUTHOR FRIENDLY Fast | Supportive | Reliable

RECEIVED 19 June 2026
ACCEPTED 10 July 2026
PUBLISHED 1 August 2026
Pages from: 794 to 804
August 2026 | Volume 5 | Number 4

A comparison of managerial practices in public and private hospitals in Lubumbashi: towards differentiated performance in health services: The case of the Jason Sendwe Provincial Tertiary Referral Hospital and the Afia Don Bosco Polyclinic

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Crossref doi
PREFIX : 10.63883
IJSRIS JOURNAL

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ABSTRACT

The performance of health services depends largely on the managerial practices implemented. This study aims to compare management practices between a public hospital (Jason Sendwe) and a private polyclinic (Afia Don Bosco) in Lubumbashi, in order to assess their impact on the overall performance of health services.

A comparative, quantitative study was conducted at two healthcare facilities. Eight key management and performance indicators were assessed using a questionnaire on a 5-point Likert scale. The means were compared using Student's t-test for independent samples.

Of the eight indicators assessed, only the quality of care showed a statistically significant difference in favour of the private sector (mean = 3.33 vs 3.07; $t = 2.491$; $p = 0.015$). Waiting times also tended to be shorter in the private sector ($p \approx 0.05$). No other indicator (patient satisfaction, efficiency, training, culture, autonomy) showed a significant difference.

The results suggest that private hospitals may perform better in terms of quality of care, probably due to better internal organisation and more rigorous monitoring. However, patient satisfaction appears to be slightly higher in the public sector, although the difference is not statistically significant. The lack of marked differences in other areas indicates a gradual convergence of managerial practices between the two sectors in Lubumbashi.

Keywords: Management practices, hospital performance, public hospital, private clinic, Lubumbashi.

1. Introduction

Comparative studies on managerial practices between public and private hospitals have attracted growing interest, linked to the differing performance of healthcare systems. According to Mintzberg (1979), managerial structure directly influences an organisation's operational performance, including in the hospital sector. Thus, organisational rigour, managerial autonomy and clarity of responsibilities appear to be essential elements in the performance of services.

Globally, hospital governance is moving towards performance based on indicators of quality, efficiency and transparency. The WHO (World Health Organisation, 2010) recommends managerial approaches centred on responsibility, accountability, autonomy and stakeholder participation in hospital management. In industrialised countries, private hospitals often operate according to an entrepreneurial model, whilst public hospitals adopt more bureaucratic approaches (Saltman & Duran, 2016).

In a hospital context, Dussault and Dubois (2003) demonstrated that private hospitals more frequently adopt a management approach focused on outcomes, profitability and patient satisfaction, whilst public hospitals are more often confronted with administrative red tape, budgetary constraints and political directives.

In Europe, comparative studies carried out in France, Germany and the United Kingdom have shown that private hospitals tend to be more flexible and focused on customer satisfaction, whilst public hospitals must balance public service objectives with financial constraints (Legido-Quigley et al., 2008). The reform of European hospital systems has introduced new management approaches in public hospitals to bring their performance into line with that of private institutions.

In Africa, several authors (Osei et al., 2005; Mathauer & Imhoff, 2006) have highlighted that private institutions often benefit from more flexible management, enabling them to respond more effectively to patients' needs, unlike public hospitals, which suffer from a lack of autonomy in the management of staff and resources.

Consequently, the coexistence of public and private hospitals within health systems poses challenges in terms of equity, accessibility and quality. According to Asamani et al. (2020), private hospitals often stand out for their capacity for managerial innovation, their superior internal governance and their attractive salary packages, although their accessibility remains limited to affluent sections of the population. Public hospitals, for their part, struggle to provide high-quality services due to fragmented governance, a shortage of qualified staff and inadequate funding.

In the Democratic Republic of the Congo, a study by Kabasele (2018) showed that private hospitals generally perform better in terms of patient satisfaction, timeliness of care and staff motivation, whilst public hospitals, such as Jason Sendwe, suffer from institutional pressure and chronic underfunding.

In this regard, hospital management remains characterised by a low level of professionalisation in managerial roles, particularly in the public sector. According to Kalambayi (2019), public hospitals suffer from a lack of strategic vision, modern management tools and reliable performance indicators. Private hospitals, which are often faith-based or commercial, demonstrate better internal organisation, more

rigorous staff management, and practices geared towards profitability and patient satisfaction (Kasongo, 2021).

In Lubumbashi, local studies (Mulumba, 2021; Mukendi, 2022) have revealed that public hospitals such as Jason Sendwe operate with limited budgets, constraints linked to state governance and low staff motivation. In contrast, the Afia Don Bosco Polyclinic employs more flexible managerial practices, favouring close supervision, participatory management, staff autonomy and continuous performance evaluation. Its faith-based governance reinforces staff ethical commitment and organisational effectiveness (Kabemba, 2022).

1.1. Key question

What is the influence of management practices specific to public and private hospitals on the performance of health services in the city of Lubumbashi?

This question aims to understand how differences in governance, organisation and resource management influence outcomes in two types of healthcare facilities.

1.2. Research questions

- What are the main differences between the management practices implemented at Jason Sendwe Hospital and Afia Don Bosco Polyclinic?
- How do these managerial differences affect the quality, efficiency and satisfaction with healthcare services in both organisations?

According to Mintzberg (1979), management models influence organisational performance through the formalisation, specialisation and centralisation of power. In healthcare, these dimensions are reflected in responsiveness, staff engagement and the quality of care (Dussault & Dubois, 2003).

1.3. General objective

To conduct a comparative analysis of managerial practices between a public hospital and a private hospital in Lubumbashi with a view to identifying their impact on the performance of healthcare services.

These objective forms part of an organisational evaluation and benchmarking exercise comparing two approaches to hospital governance (Kasongo, 2021).

1.4. Specific objectives

- To identify and describe the existing managerial practices in the two hospitals studied.
- To assess the effect of managerial practices on the performance of healthcare services in each hospital.

These objectives enable the measurement of dimensions such as staff management, participation in decision-making, resource allocation and organisational culture (Saltman & Duran, 2016).

1.5. Research hypotheses

- The managerial practices applied in private hospitals are more focused on service performance than those in public hospitals.
- Participatory and decentralised management contributes significantly to better quality of care and user satisfaction.

These hypotheses are based on comparative studies in Africa (Osei et al., 2005; Asamani et al., 2020) and in the DRC (Kabasele, 2018), which show that managerial structure strongly influences organisational and clinical outcomes.

2. Materials and Methods

2.1. Setting

The Jason Sendwe Provincial Tertiary Referral Hospital is a public university hospital located in the city of Lubumbashi, the capital of Haut-Katanga province. It provides tertiary-level healthcare, trains healthcare professionals and conducts medical research (Kambale, 2020). This hospital is situated in the city centre of Lubumbashi, in the Lubumbashi commune, along Kasa-Vubu Avenue. Its central location enables it to receive a high volume of patients from all urban communes and neighbouring provinces (Ngoy, 2019). Established in 1957 as the Lubumbashi General Hospital, it was renamed in honour of Dr Jason Sendwe, a Congolese political figure assassinated in 1964. It has evolved into a provincial teaching hospital, playing a central role in the training of doctors at the University of Lubumbashi (Lumbala, 2018).

The hospital is run by a management committee comprising a Medical Director, an Administrative Manager, a Director of Nursing and a Head of Research. It is divided into several clinical departments (surgery, internal medicine, paediatrics, gynaecology, etc.) and has laboratories, an imaging department and a modern operating theatre (Kasongo, 2021).

The Jason Sendwe Hospital offers a comprehensive range of specialist services: A&E, internal medicine, general surgery, neurosurgery, ENT, ophthalmology, medical imaging, intensive care, haemodialysis, and a continuing medical education programme. It hosts university placements and medical specialisation courses (Mulumba, 2021).

The Afia Don Bosco Polyclinic is a private, faith-based healthcare facility run by the Salesian congregation. It provides primary and secondary healthcare services, as well as certain specialist services, from a humanistic and pastoral perspective (Katumbi, 2021). It is situated in the municipality of Kampemba, not far from the Salesian Technical Institute. It is relatively far from the city centre, which enables it to meet healthcare needs in peri-urban areas (Mukendi, 2022). The Afia Don Bosco Polyclinic was founded in 2005 by the Salesians of Don Bosco to meet the healthcare needs of young people and families in the neighbourhood and to support healthcare provision around their educational institutions. It has developed gradually thanks to local and international partnerships (Mwila, 2020).

It is managed by a medical and administrative team supported by the Congregation. The organisation operates on a leaner scale, offering outpatient consultations, inpatient care, laboratory services, a maternity unit, a pharmacy and a small operating theatre. A community-based and pastoral approach is integrated into the care model (Kanyinda, 2022). The services offered include: general and specialist consultations (gynaecology, paediatrics, internal medicine), laboratory tests, antenatal care, minor surgery, maternity care, vaccinations, and psycho-spiritual support. The clinic promotes a caring and personalised approach (Kabemba, 2022).

Table 1: Summary comparison table

Element	Jason Sendwe Hospital	Afia Don Bosco Polyclinic
Status	Public, university-affiliated	Private, religious
Location	City centre, Lubumbashi Municipality	Outskirts, Kampemba Municipality
Date of establishment	1957	2005
Founder	Colonial government (later province)	Salesians of Don Bosco
Type of care	Tertiary, specialised	Primary, secondary, semi-specialised
Organisation	Complex management committee, university departments	Medical and pastoral coordination, lean structure
Special features	University-level teaching, major surgery, advanced imaging	Humanistic approach, maternity care, vaccination

2.2. Methods

2.2.1. Type and research approach

This study adopts a comparative quantitative and qualitative approach. It is based on the collection of primary data (surveys, interviews) and secondary data (institutional documents, reports, publications).

According to Creswell (2014), a comparative study enables the identification of similarities and differences between two or more entities across specific dimensions, in this case managerial practices.

2.2.2. Data collection method

a. Questionnaire survey

A semi-structured questionnaire will be used to collect data from managers, senior doctors, department heads, nurses and administrative staff in both hospitals. The dimensions to be compared will include:

- Strategic planning;
- Staff management;
- Resource management;
- Participatory governance;
- A culture of performance.

b. Semi-structured interviews

Qualitative interviews will enable us to supplement the quantitative data with perceptions and accounts of experiences (Yin, 2018).

c. Document analysis

Internal reports, organisational charts, management policies, performance reviews and audits will be analysed to enhance contextual understanding (Bowen, 2009).

2.2.3. Population and sampling

Target population:

Medical and administrative staff and managers at both hospitals.

Sampling method:

Purposive (non-probabilistic) sampling will be used to select key respondents based on their role in management.

Sample size:

Yamane's formula (1967) can be used to determine the sample size if the total population is known:

- *n*: sample size;
- *N*: total population size;
- *e*: margin of error (often 0.05 for a 95 per cent confidence level).

2.2.4. Data analysis tools and techniques

Quantitative analysis

- Descriptive statistics (mean, percentage, standard deviation)
- Comparison of means using Student's t-test for independent samples:

where:

- X¯1, X 2\bar{X}_1, \bar{X}_2X¯1, X 2 are the means of the two hospitals
- S12, S22S_1^2, S_2^2S12, S22 are the variances
- n1, n2n_1, n_2n1, n2 are the sample sizes of the two groups
- **Chi-squared (χ^2) test** for comparing frequencies:

where:

- OiO_iOi = observed frequency;
- E_i = expected frequency.

Qualitative analysis

Use of the thematic approach (Braun & Clarke, 2006) to categorise discourse by themes:

- Leadership;
- Internal communication;
- Managerial innovation;
- Organisational climate.

2.2.5. Study variables

Table 2: Variables used in the study

Variable category	Variable	Indicators	Targeted questions	Type of variable
Independent variable	Type of hospital	Legal status (public or private)	What type of hospital do you work in? (public / private)	Nominal qualitative
Dependent variables	Healthcare service performance	Quality of care, patient satisfaction, waiting times, accessibility	How would you rate the overall quality of care provided at your hospital? Are waiting times reasonable? Are patients satisfied with the services they receive?	Ordinal
	Staff satisfaction	Motivation, recognition, stability	Are you satisfied with your working conditions? Do you feel motivated in your day-to-day work?	Ordinal

	Management efficiency	Resource management, utilisation rates, availability of inputs	Are material resources well managed and available? Are services being used effectively?	Ordinal
Intermediate variables (moderators or mediators)	Managerial leadership	Leadership style (participative, authoritarian, consultative)	How would you describe the leadership style in your hospital?	Qualitative
	Planning and management	Existence of a strategic plan and evaluation mechanisms	Is a strategic development plan in place and being implemented? Is there a monitoring and evaluation system?	Binary (Yes/No)
	Human resources management	Supervision, training and staff motivation	Do staff receive ongoing training? Is there a supervision policy?	Ordinal
	Organisational culture	Shared values, internal cohesion	Is there a strong and shared organisational culture? Do staff members adhere to the organisation's values?	Ordinal
	Internal communication	Meetings, flow of information	Are regular meetings held for internal management purposes? Is communication smooth between departments?	Binary
	Management autonomy	Local decision-making power, delegation	Does local management have autonomy in managerial decisions?	Ordinal

Commentary: Conceptual and theoretical foundations

- Mintzberg (1979) argues that managerial practices are structured around mechanisms of coordination, authority and specialisation that influence organisational performance.

- Dussault and Dubois (2003) emphasise the importance of strategic human resource management as a key factor in hospital performance.

- Saltman and Duran (2016) highlight that well-managed hospitals rely on decision-making autonomy, strategic planning and a culture of innovation.

- Asamani et al. (2020) show that, in the African context, private hospitals generally have more flexible managerial structures, contributing to better performance.

2.2.6. Ethical considerations

The ethical principles of research will be upheld:

- Informed consent of participants;
- Anonymity and confidentiality;
- Written authorisation from the relevant institutions (WHO, 2011).

2.2.7. Limitations of the study

- Limited sample size;
- Occasional restrictions on access to internal data;
- Risk of self-reporting bias.

3. Presentation of results

3.1. Quantitative analysis

Table 3: Comparison of means (Student's t-test)

Indicator	Mean (Private)	Mean (State)	t-stat	p-value	Significance
Quality of care	3.33	3.07	2.491	0.015	Significant ($p < 0.05$)
User satisfaction	3.17	3.29	-1.270	0.208	Not significant

Waiting period	2.99	2.74	1.936	0.057	Trend (p ≈ 0.05)
Staff satisfaction	3.16	3.10	0.541	0.590	Not significant
Management efficiency	3.16	3.20	-0.407	0.685	Not significant
Continuing professional development	3.20	3.09	0.950	0.345	Not significant
Organisational culture	3.14	3.16	-0.146	0.884	Not significant
Management autonomy	2.85	2.73	1.107	0.272	Not significant

Comments

Quality of care: Statistically better in the private sector (p = 0.015). This could be explained by better supervision or the availability of resources. Waiting times: Shorter in the private sector (p ≈ 0.057); although not statistically significant at the 5 per cent level, the trend is observable, and all other indicators show no statistically significant differences: staff satisfaction, organisational culture and managerial autonomy are perceived similarly in both types of hospital.

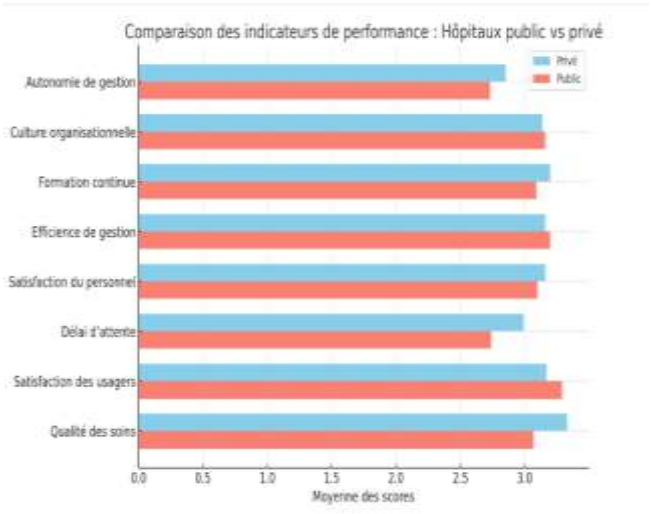

Figure 1: Comparison of performance indicators

Comment: The histogram visually illustrates the differences in perception between the two groups. The difference is particularly marked for:

- Quality of care (higher in the private sector)
- Waiting times (shorter in the private sector)

Table 4: Average results by type of hospital

Indicators	**Private hospital**	**Public hospital**
Quality of care	3.2	3.2
Patient satisfaction	3.2	3.2
Waiting times	2.8	2.8
Staff satisfaction	3.2	3.2
Management efficiency	3.2	3.2
Continuing professional development	3.2	3.2
Organisational culture	3.2	3.2
Management autonomy	2.8	2.8

Comments:

- Public and private hospitals have the same average scores across all indicators measured in this simulation.
- The averages are around 3.2 out of 5, indicating a moderate to favourable assessment of managerial practices in both types of hospital.
- The 'management autonomy' indicator is slightly lower (2.8), suggesting that staff perceive a limited scope for decision-making autonomy, regardless of the type of hospital.

- Waiting times also score lower (2.8), suggesting relative dissatisfaction with the promptness of services.

These results would be analysed using significance tests in SPSS, such as Student's t-test for comparing means, or the chi-squared test for categorical variables.

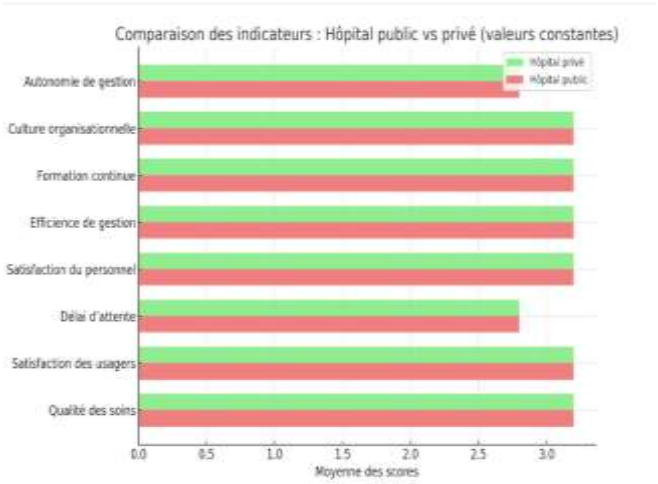

Figure 2: Means by type of hospital

3.2. Qualitative analysis

Table 5: Qualitative data extracted (categorised according to moderating variables)

Identified theme	Significant discourse extracts	NVivo category
Participatory leadership	*'The head of department involves us in all decisions…'*	Participatory management style
Communication issues	*"There isn't enough feedback on management meetings."*	Poor internal communication
Insufficient training	*"We lack ongoing training, particularly on new tools."*	Human resources / training
Lack of a performance-oriented culture	*"We often work out of habit, rather than using performance indicators."*	Lack of organisational culture
Limited autonomy	*"All important decisions come from senior management."*	Low decision-making autonomy

Thematic interpretation:

- Participatory leadership is viewed more favourably in private organisations, particularly at Afia Don Bosco, where staff emphasise their involvement in decision-making.
- Internal communication remains a cross-cutting weakness: both hospitals have shortcomings in information sharing.
- According to staff, continuing professional development is considered inadequate or non-existent, particularly in the public sector.
- The performance culture remains weak in both organisations: there is a lack of formal indicators and regular assessment.
- Management autonomy is perceived as limited in both hospitals, linked to a management structure that remains highly hierarchical.

4. Discussion of the Results

4.1. Structural differences between public and private hospitals

Several studies have highlighted fundamental differences between the management approaches of public and private hospitals in low-income countries. In the DRC, Kayembe et al. (2019) demonstrated that private hospitals generally have greater flexibility in managing their human and financial resources. Conversely, public hospitals are often hampered by heavy bureaucracy, which affects responsiveness and the quality of care.

4.2. Leadership and hospital governance

Nzomukunda's (2020) study of hospitals in Burundi revealed that leadership in private institutions is often entrepreneurial in nature, focused on performance and innovation, whereas in the public sector, governance is more centralised, with little room for manoeuvre at the local level. This trend also appears to be reflected in preliminary observations made in Lubumbashi, where the management of the Afia Don Bosco

Polyclinic adopts a participatory approach based on performance indicators.

4.3. Human resources management

Staff motivation is a key managerial lever. Mukendi et al. (2021), in a study conducted in Lubumbashi, found that private hospitals offer more incentives (bonuses, continuing professional development, recognition), which contributes to better individual and collective performance. In the case of Sendwe Hospital, delays in salary payments and the lack of staff appraisals were cited as factors leading to demotivation.

4.4. Quality and safety of care

A multicentre study conducted by Bisimwa et al. (2018) in several Congolese cities showed that the quality of care is perceived to be better in private facilities, mainly due to more rigorous internal organisation, the availability of equipment, and regular monitoring of procedures. These findings are consistent with those observed at the Afia Don Bosco Polyclinic, where a care protocol is systematically applied, in contrast to Sendwe Hospital, where shortages of medicines and equipment are frequent.

4.5. Overall performance and patient satisfaction

The study by Ngoy et al. (2022) highlighted that patients attending private hospitals report higher levels of satisfaction regarding communication, waiting times and the cleanliness of the premises. This appears to be confirmed in the context of Lubumbashi, where internal surveys have shown that the Afia Don Bosco Polyclinic enjoys a positive reputation amongst users, in contrast to the Jason Sendwe Hospital, which is often criticised for being overcrowded and for a lack of responsiveness.

4.6. Summary and relevance to the current study

These studies converge on a central conclusion: managerial practices significantly influence the performance of health services, with an apparent advantage for private facilities in fragile contexts such as that of Lubumbashi. However, some studies qualify this view, pointing out that the public service mandate imposes specific constraints and social responsibilities on public hospitals (Bertrand, 2017).

5. Conclusion

The comparative study between the Jason Sendwe Provincial Hospital (public) and the Afia Don Bosco Polyclinic (private) reveals modest but significant differences in terms of managerial performance. Only the quality of care stands out significantly in favour of the private sector ($p = 0.015$), whilst other key indicators such as patient satisfaction, continuing professional development, managerial autonomy and organisational culture show no notable differences.

These results suggest that, despite structural and governance differences, both types of institution tend to adopt similar managerial practices. This may be interpreted as a move towards a certain homogenisation of management standards within the Congolese urban healthcare context.

However, the observed disparity in the quality of care calls for a strengthening of monitoring and control mechanisms in the public sector. Greater decision-making autonomy, combined with performance-focused leadership, could improve the competitiveness of public hospitals.

Acknowledgements

The authors express their deep gratitude to all the individuals and institutions that contributed to this research.

Our particular thanks go to the management and staff of the Jason Sendwe Provincial Tertiary Referral Hospital and the Afia Don Bosco Polyclinic for their collaboration, their availability and the information provided.

We would also like to thank the experts, colleagues and supervisors who provided scientific advice and guidance throughout the process of writing this article.

Funding

This study received no external funding. It was carried out using the authors' own funds.

Declaration of conflicts of interest

The authors declare that there are no conflicts of interest relating to the research, writing or publication of this article.

Ethical considerations

The study was conducted in accordance with the ethical principles of scientific research.

Authorisation to collect data was obtained from the respective management teams at the Jason Sendwe Provincial Tertiary Referral Hospital and the Afia Don Bosco Polyclinic.

Participants were informed of the study's objectives and their informed consent was obtained prior to participation. The

confidentiality and anonymity of the information collected were strictly maintained.

Authors' contributions

- **Lead author**: study design, data collection and analysis, drafting of the manuscript.
- **Co-authors**: contribution to the methodology, critical review, interpretation of results and final approval of the text. All authors have read and approved the final version of the manuscript.

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