



The nexus between corporate governance and records management in private and public hospitals in Ghana

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Abstract

Purpose – The purpose of this paper is to examine the relationship between corporate governance and records management in private and public hospitals in Ghana, with the aim of finding out how the effective and efficient management of a hospital's records can facilitate its governance obligations, which includes but not limited to accountability, transparency and information security.

Design/methodology/approach – The study was informed by the triangulation of the Stakeholders' and Records Continuum Theories. Data used for analysis were drawn from 90 respondents from four hospitals with the use of questionnaires and personal observations. A total of 82 questionnaires were returned in their complete forms and used for the analysis. Linear regressions were performed to establish the relationship between corporate governance and records management.

Findings – The key finding of the study was that, the hospitals generated different types of records in the course of their business activities but existing records management standards, practices and systems were inadequate and undermined the contribution records could make in support of the governance function in the hospitals. Results of a linear regression also revealed that positive and significant relationships exist between corporate governance and records management. Furthermore, all variables used as predictors of corporate governance had positive and significant relationships with records management except information security.

Research limitations/implications – Participants were from four hospitals in only one Region in Ghana, and as such the results could not be generalised to the whole country.

Practical implications – The study has established the recognition of the essential but often ignored conditions necessary for an effective and efficient governance system for hospitals.

Originality/value – The study has demonstrated that the effective management of hospital records is a critical factor in providing capacity for hospitals' efficiency, accountability, transparency, information security and indeed good governance. This research has also contributed towards bridging the theoretical gap identified in the study.

Keywords Corporate governance, Ghana, Records management, Hospitals

Paper type Research paper

Background

Since the advent of the healthcare sector, issues of corporate governance (CG) have been an inherent weakness in most hospitals in the world and especially in Africa. This according to Murphy and O'Donohoe (2006) has eroded the credibility of the healthcare

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sector. Tsamenyi and Uddin (2008) have observed that a major challenge facing many organisations in developing and emerging economies in achieving their CG obligations is to prove that they have followed due processes when an outcome or finding is under scrutiny. This challenge, Eeckloo *et al.* (2004) indicated, tops the list of problem areas in the governance of hospitals. However, studies of Willis (2005), Adams (2010), Stanberry (2011) and Dikopoulou and Mihiotis (2012) attributed the myriad challenges that prevent organisations from accomplishing their governance objectives to the manner in which they manage their corporate records or documents. Stanberry (2011) argued that in the advent of an accountability process, the only way for an organisation or its management to prove that all obligations have been followed appropriately to its stakeholders, is to provide the necessary records relating to such duties. Consequently, for a variety of medical, legal and administrative purposes, hospital records must be properly maintained, and the personal and confidential information in them protected from unauthorized access and disclosure. Thus, where the organisational culture in a healthcare institution does not value the benefits of good record keeping or unconcerned about its absence there could be negative impacts resulting in poor services and weak corporate memory.

Despite it being recognised that effective records management (RM) practices are crucial for efficient decision making and governance (Lorato and Mnjama, 2007; Loh *et al.*, 2007; Dikopoulou and Mihiotis, 2012) and the recognition of hospitals as the engine of economic growth of any country (Abor *et al.*, 2008; Akortsu and Abor, 2011) some private and public hospitals in Ghana do not appear to recognise RM as a key instrument in accomplishing their CG obligations. A consequence of this is the difficulty encountered by some members of management who are part of the governance structure of the hospitals in accounting for funds or resources allocated to them, as well as identifying subordinates responsible for some actions which the hospitals required accounts on.

Additionally, from a theoretical perspective, most empirical studies on CG identified, indicated a big skew towards governance structures and who constituted them, and not on how to effectively manage the tools (records/information) used by the governing body to make strategic decisions in order to achieve their governance objectives. Consequently, although the concept of CG has been well researched, there is paucity of literature on the relationship between CG and RM. Thus, this study sought to investigate the impact of RM practices on the governance of private and public hospitals in Ghana, with the aim of finding out how the effective and efficient management of hospital records can facilitate its governance objectives, which includes but not limited to accountability, transparency and information security as well as contribute towards bridging the research gap identified.

Literature review

Corporate governance

As a concept, CG has been treated as a variable of interest in its own right and a variety of definitions have been proposed with a great deal of interest directed at finding out its consequences or implications in an organisation. CG is the process of directing and managing business affairs towards enhancing business prosperity and corporate accountability with the ultimate goal of realizing organisational objectives and long-term stakeholder value. Generally, CG provides the structures through which the

objectives of organisations are set, and the means of attaining those objectives and monitoring performance. In effect, CG specifies the distribution of rights and responsibilities among different participants in the corporation and spells out the rules and procedures for making decisions on corporate affairs. According to the Organization for Economic Co-Operation and Development's (OECD) (2004) CG involves a set of relationships between a company's management, its board, its shareholders and other stakeholders. The OECD's definition indicates that CG is more than the way a company is controlled, but also the way in which it is supervised, so that it meets the needs of all stakeholders. To Aboakye-Otchere *et al.* (2012) CG includes process intended to increase the accountability of a company and to avoid massive disasters before they occur. Aboakye-Otchere *et al.*'s (2012) definition confirms Willis (2005) indication of the purpose of CG which includes: enhancement of ethical behaviour, compliance with stated laws, fostering efficiency and effectiveness and prevention of failures and disasters.

Records management

Compliance regulations and records-related mishaps have increased some corporations' interest in RM. Nevertheless, Tale and Alefaio (2011) have observed that RM in developing countries such as Ghana is yet to attain the level of attention and support that it receives in countries of the developed world. Although the need to have a good filing system is understood, RM practices are not considered as priority areas in organisations, and invariably records are manned by staffs who have very limited experience or skills in managing records (Tale and Alefaio, 2011). In particular, the act of keeping records in Africa has often been perceived as a needless or less significant administrative task that can be performed by any member of staff within an organisation.

Corporate governance and records management

The relationship between CG and RM can be compared to the relationship between a vehicle and its brakes. In this regard, CG can be viewed as the vehicle and RM as the brake. Brakes can be argued as the pivot of a vehicle. Even though a vehicle can move with faulty brakes; a faulty brake becomes an impediment to the safety of the said moving vehicle. Consequently, this vehicle will encounter difficulties in "landing" safely and can even end up colliding with a forthcoming vehicle or pedestrian leading to uncalculated casualties. Based on this illustration, RM enables CG. This implies that, the management of information and the keeping of accurate and complete records is one of the cornerstones of effective CG. In sum, governance basically means to supervise and account for what has been supervised, but organisations can only do this effectively when there is documented information relating to the activity being supervised, because it is only the records that can give a clear picture of what has taken place. So when records are not available, then the one in charge of supervision might be termed as incompetent, because he or she cannot identify who did what or what was done at a particular time. Thus, sound RM underpins in a direct way many of the vital elements of CG. This is because authentic and trustworthy business records and convenient access to them provide the fundamental means by which CG values can be accomplished, demonstrated and measured. In other words, records are inextricably

entwined with transparency, accountability, security and all other elements of good CG.

The Australian National Audit Office (ANAO) (2003-2004) states in its summary that “RM is a key component of any organisation’s CG and critical to its accountability and performance”. Similarly, Willis (2005) has observed that, in today’s public and private sectors, CG is a key focus, and the management of information and records is an increasingly important preoccupation. The Australian Standards AS8000 (2003) also states that issues concerning information and management of records are essential for effective CG. It explained that without a RM infrastructure, organisations cannot either manage effectively their daily operations or use knowledge and experience of the past for guidance. This according to the Australian standard is because RM serves as a benchmark for measurement of future organisational and government activities. This assertion by the Australian Standards AS8000 (2003) is supported by Chibambo (2003) who asserts that all the ingredients of good governance and sustainable development depend on effective RM. He explained that without records and a RM infrastructure, governments and organisations are incapable of effectively managing their current operations, because records enable the use of experience of the past for guidance. As such, RM serves as a benchmark by which organisational activities and decisions are taken and measured.

Akotia (2003) put forward that effective management of records is a crucial factor for an effective and efficient governance system. This contention by Akotia has been reinforced by a study conducted by the World Bank and IRMT in, 2011. In the World Bank and IRMT study, RM has been acknowledged as a fundamental activity in the administration of all organisations.

Dikopoulou and Mihiotis (2012) have argued that proper RM is increasingly becoming the only weapon through which managements of organisations fulfill the requirements of good governance. They posit that lack of well-structured records systems in an organisation’s management process is an indication of poor accountability and transparency and the non-existence of good governance in the organisation. They went further to explain that RM as a process of managing records from their inception to disposal exists as a key enabler for organisations to account for their actions and to achieve their CG objectives. They indicated that when planned and implemented properly, correct information and good records’ management can satisfy the following requirements of good governance: effective management, easy access to accurate and complete information, proper decision making, transparency, accountability and security. The OECD (2004) states that, for organisations to remain competitive in a constantly changing world they have to adopt their CG practices so that they can meet new demands and seize new opportunities. This according to the OECD (2004) will be difficult to achieve without the right to timely and accurate material matters in the form of records concerning the corporation’s financial situation, performance, ownership, and governance, because records provide evidence of compliance to regulations, and RM rules provide the guarantees that the evidence is reliable.

Overview of the selected hospitals for the study

The study was limited to hospitals in one of the regions in Ghana (Greater Accra Region (GAR)). The choice of GAR as the study area was informed by the fact that the

region has the largest number of well-resourced hospitals in the country (GHS, 2011), and as such the researchers presumed that selecting the GAR would grant them the opportunity to select hospitals from which data required could be obtained to answer the study's research questions. At the time when this research began in September 2012, there were 77 hospitals consisting of 58 private and 19 public hospitals in the GAR. Four hospitals in the GAR consisting of two public and two private hospitals were selected as the cases for this study. The selected hospitals agreed to participate in the study only if their names would not be mentioned in the study. Thus, for anonymity and confidentiality, the names of the hospitals will not be mentioned but denoted with the letters of the alphabet. The public hospitals are referred to here as AA and BB, while CC and DD are used to represent the private hospitals.

Objectives of the study

The study's objectives were to:

- (1) Examine the authority, standards and practices for the management of records in the selected hospitals, including records staff and their competencies.
- (2) Assess the culture of attitudes, behaviour and relationships through which CG is often perceived and accomplished.
- (3) Identify the relationship between CG and RM in the selected hospitals.
- (4) Make appropriate recommendations based on findings of the study.

Theoretical framework

The study was informed by a triangulation of Upward's (1980) records continuum theory, records continuum theory and Freeman's (1984) stakeholders theory. These theories, records continuum theory, were employed as the frameworks for RM and CG respectively.

Stakeholders theory

The stakeholders theory is a fundamental theory that underlines CG, and was proposed by Edward Freeman in the 1950s and 1960s (Friedman and Miles, 2001). It is a conceptual framework of business ethics and organisational management which addresses moral and ethical values in the management of a business or an organisation (Abdullah and Valentine, 2009). The traditional definition of a stakeholder is any group or individuals who can affect or be affected by the achievement of the organisation's objectives (Fontaine *et al.*, 2006). Wagner *et al.* (2012) have indicated that the stakeholders theory identifies and models the groups which are stakeholders of a corporation and recommends methods by which management can give due regard to the interests of those groups. The theory's presentation is in such a way that it requires managers of an organisation on one hand to manage the organisation for the benefit of its stakeholders by making strategic decisions that contribute to the achievement of the organisation's overall corporate objective, and on the other hand to act as the stockholder's agent to ensure the survival of the firm to safeguard the long-term stakes of each group. Freeman (2004) points out that the stakeholders theory proposes that managers in an organisation have a network of relationships to serve by making decisions that can enable the organisation to attain its CG objectives. This indicates that the theory focuses on managerial decision making geared towards creating wealth for

stakeholders through the achievement of the goals of CG. Researchers such as Maigan *et al.* (2005), Abdullah and Valentine (2009) and Miles (2012) have outlined corporate accountability, ethical behaviour, compliance with laws, information security, and appropriate disclosure of information as elements of the stakeholders theory. These researchers opine that when duly practiced and achieved by an organisation, these elements will enhance its effectiveness and efficiency in the corporate decision making process, and as a result enable the organisation attain its CG objectives.

Records continuum theory

The records continuum theory was developed in the 1980s and 1990s by Australian archival theorist, Frank Upward. Records continuum theory refers to the consistent and coherent process of managing records throughout their lifecycle from the development of record keeping systems through the creation and preservation of records, to their retention and use as archives (IRMT, 2009). According to McKemmish (2001) this theory provides a graphical tool for framing issues about the relationship between records managers and archivists, past, present, and future and for thinking strategically about working collaboratively and building partnerships with other stakeholders. McKemmish (2001) contends that in partnership with other stakeholders, the records continuum theory helps in identifying records of organisational activities that need to be retained, implementing business systems designed with built-in recordkeeping capability and ensuring the capturing of records of evidential quality as they are created. Marshall (2000) maintains that the records continuum's primary focus is the multiple purposes of records which aims at the development of recordkeeping systems that capture, manage, and maintain records with sound evidential characteristics for as long as the records are of value to the organisation, any successor, or society. An (2001) concurred with Marshall (2000) and Flynn (2001) when she emphasised that the records continuum promotes the integration of recordkeeping into the organisation's business systems and processes and provides common understanding, consistent standards, unified best-practice criteria, interdisciplinary approaches and collaborations in recordkeeping and archiving processes for both paper and digital worlds. Dikopoulou and Mihiotis (2012), Kemoni *et al.* (2007) and McKemmish (2001), have stated categorically that the records continuum facilitates transparency, underpins accountability, constitutes memory, enhances compliance, constructs identity, and enhances security.

Relationship between the two theories

The stakeholders theory addresses an organisation as a system where there are stakeholders who require management to create worth through corporate accountability, transparency, security, and compliance to laws among others. This implies that, to achieve CG objectives through strategic decision making, management of organisations must be accountable, transparent, ensure security of information and be able to comply with laws governing the organisation. The elements of the records continuum theory according to McKemmish (2001), Kemoni *et al.* (2007) etc. can be achieved through the effective creation, organisation, storage, maintenance and disposition of the records of the organisation which arises as a result of its daily activities. In other words, the records continuum theory, which underpins how records should be managed effectively and efficiently, facilitates the elements of the

stakeholders theory which enables an organisation to satisfy its stakeholders and consequently attain its CG objectives. Thus, in the context of this study, the researchers presumed that the management of the records of the selected hospitals would have an impact on the hospitals' governance. Based on this assumption the variables accountability, transparency and security were adopted and used as the variables under the dependent variable (CG). As a result the relationships between these variables and RM in the hospitals were sought for by the researchers, and compared with the literature available on these relationships.

Methodology

Four hospitals consisting of two public and two private hospitals were drawn from a total of 77 hospitals using the multi-stage sampling technique, comprising the purposive, convenience and simple random techniques. The study sample consisted of 90 respondents drawn from the four hospitals. They included 76 members of management and 14 heads and assistant heads of the records units. Questionnaires were the main data collection instrument complemented with personal observations and examinations. The instruments used (see Appendix 1) were pre-tested in a public and private hospital which performed similar functions to the hospitals selected. Out of the 90 copies of questionnaires administered, 82 comprising 68 from management and 14 from records staff were returned completed and used for the analysis. SPSS (Statistical Package for Social Sciences) was used to analyse the data obtained. Linear regressions were also used to establish the relationship between CG and RM.

Ethical approvals were obtained from both the Ghana Health Service and the University of Ghana before the study was conducted. Respondents also received an introductory letter explaining the purpose of the study and informing them that participation was voluntary.

Findings and discussions

For easy collation of the research findings, data obtained from both private and public hospitals have been presented together. After carefully reading through responses obtained from all the hospitals, the researchers observed that most responses to questions addressing a particular research objective were comparable. Consequently, the data were analysed together to avoid repetition of the same response to a particular question. The findings and discussions of this study are presented under the themes as follows:

- Records management authority, standards and practices which includes records management policy, staffing, records access, records control, records retrieval, preservation and records retention and disposition.
- Corporate governance which includes governance policy, how governance is perceived, corporate accountability, transparency and corporate information security.
- Records management and corporate governance.

Records management authority, standards and practices

Records management policy. RM theory and practices underline the need to develop a records and information framework or environment that complies with RM standards.

Records management policies provide the mandate and overall authority for the creation, use and preservation of records, and are vital to the effective management of records in all organisations. The findings on approved RM policies in both public and private hospitals revealed that, even though the public hospitals had procedure manuals which were given to them by the Ghana Health Service on how hospitals records should be created, none of them had written and approved policies which directed them on how to manage the hospitals records. This finding is supported by Ngulube (2001) and Dikopoulou and Mihiotis (2012) who assert that most organisations do not have written and approved policies for the management of their records.

Staffing. For effective and efficient management of hospital records, there is the need for hospitals to have records personnel who have the requisite skills to manage the records that have been created in the course of their business (Mensah, 2011). Records staff claimed that the hospitals had records staff who had been trained in RM, whereas responses from management revealed the opposite. The contradictory nature of the responses suggests further investigation is required to be able to draw an accurate understanding of the situation. The researchers presume that the heads of the records units misunderstood the question because the highest educational level of the records staff was degree 3 (21 per cent), and the majority of staff 12 (88 per cent) had not had any training either in RM in general or in the management of hospital records. These findings are in agreement with the studies of Mensah (2011), Adams (2010), Hammond (2008) and Abioye (2007) which found that there are a great number of RM practitioners but few RM qualifications. In Nigeria for example, Abioye (2007) found out that usually, people designated to manage the records of organisations do not have appropriate education in records and information management or archival techniques to perform their task in a more efficient manner.

Records control and access. The researcher sought to find out if there were any control mechanisms to manage records from the point of their creation for easy identification, retrieval and use. Responses from the records staff revealed that the records units had both classification and tracking systems to ensure that records were easily accessed, maintained and retrieved. The common classification method in all the hospitals was the date 14 (100 per cent), followed by name 11 (78.6 per cent), and then subject six (42.6 per cent). Tracking tools used in the hospitals included tracer cards, withdrawal books and file management sheets. The study revealed that there were some measures in place to ensure some restrictions on access to the records of the hospitals. The records staff 13 (93 per cent) for instance indicated the filling of forms by users, and presentation of some special cards provided to users as some measures used to ensure that records were only made available to authorized users. However, observations made by the researchers revealed that these restrictive measures were only effective in the private hospitals.

Records retrieval. On the issue of how fast the records of the hospitals were retrieved on request, respondents did not have the same opinion. While responses from records staff 12 (85.7 per cent) revealed that records were retrieved on time, responses from management 67 (98.5 per cent), revealed that this was not the case. The medical director in private hospital DD indicated that records were always retrieved on time (30 seconds). A possible reason was that, the records units in that hospital were partially automated enabling the hospital to create and use more electronic documents than paper. Another explanation for quick retrieval of records in the hospital could also be

the age of the hospital. DD was only 11 years old in comparison to AA (50 years), BB (63 years) and CC (34 years), and as result would not have produced more records than the other three hospitals and, would have fewer documents to retrieve from. To confirm the retrieval time, the researchers sought for permission to go to the medical records and administrative units of the hospitals to request a folder and a file with letters from the medical superintendent/directors. After the processes of request and retrieval, the researchers noted that on the average, it took the medical records units about 33 minutes and the administrative units about 17 minutes respectively to retrieve the records requested for. This exercise confirmed that on average records were not retrieved as quickly as suggested.

Preservation. From the findings on storage, protection, retention and disposition of the records of the hospitals, data from the respondents revealed that overall preservation of records was given very little attention by the hospitals. In other words, the hospitals did very little in instituting measures to preserve their records. On storage for instance, the findings disclosed that all the hospitals except DD did not have adequate storage facilities. The researchers also observed that some records were kept on the floor and others kept in metal containers which were sited far from the records units in the public hospitals. Furthermore, both private and public hospitals did not have separate storage facilities for records in the various phases of their life cycle. This means that all the records, whether used frequently or not were kept together. This could have given rise to the delay in retrieval or loss of records and lack of space for keeping records. Additionally, the responses on records protection revealed that even though all four hospitals did not have disaster management plans, they had some measures and equipment in place to help them in case of disasters. All the hospitals for instance had fire extinguishers, smoke detectors and fire detectors. However, after some careful examinations, the researchers found out that unlike the private hospitals, the disaster management equipment's available in the public hospitals was not in good condition.

Retention and disposal of records. Data obtained from records staff 10 (71 per cent) and management 61 (90 per cent) on retention and disposal of records indicated the absence of retention and disposal policies in both public and private hospitals. The private hospitals had never destroyed nor transferred any records to records centre storage. The public hospitals on the other hand, had transferred some of their records to the national archives when there was the need to do so. This is somehow disturbing, because disposal plans of the hospitals must be governed by the disposal schedules which must apply to all types of records and media and their absence was an indictment on the records programmes of the hospitals.

Corporate governance

Questions and statements used to measure governance issues were only posed to the 68 management staff. This is because it was expected that they would be in a better position to provide required answers.

The researchers sought to find out from management if they had policies that specified how the hospitals should be governed. In response to this question, 96 per cent of them indicated that their hospitals had governance policies and 3 (4 per cent) from the public hospitals indicated that there were no such policies. Of the three who indicated that there were no governance policies, two were from hospital AA and the

third from BB. However, personal examinations and observations by the researchers corroborated the claim by the 96 per cent of management of the hospitals on availability of governance policies. These assertions were confirmed by the researchers when the hospitals in question provided well written policy documents on the governance of the hospitals when requested. The researchers even observed that, unlike the guidelines used for managing records in the hospitals, the governance policies were well structured, and indicated and spelt out all requirements as far as the governance of the hospitals were concerned. Thus it was concluded that three members of management did not know their hospitals had well-written governance policies.

Governance problems

In response to a question about any problems as far as the governance of the hospitals were concerned, all of the management staff responded positively, and outlined some of these problems or limitations. They included issues of accountability and information disclosure 60 (88 per cent), delegation of authority to other subordinates 14 (20 per cent), long retrieval time of records resulting in delay in management decision making and client dissatisfaction 65 (96 per cent).

Statements were used to measure corporate accountability, transparency and information security. These were adapted from the OECD (2004) CG assessment instrument and questions from some studies on CG. These statements were self-rated on a six point Likert Scale ranging from: agree, moderately agree, disagree, moderately disagree and strongly disagree.

Table I depicts the responses on corporate accountability. The first statement sought to find out whether management always identified and held subordinates accountable for their actions and the analysis of the responses shows that 97 per cent of the managers in the hospitals were able to identify or hold subordinates accountable for their actions. The second statement aimed at finding out whether management members were able to provide an accurate account of events in their respective departments. In total, 88 per cent said that provision of accurate account of events was unsatisfactory. The third statement sought to find out whether management always provided an accurate account of resources used. A total of 90 per cent concurred while 10 per cent were in disagreement with the statement. The conclusion drawn from the responses was that respondents believed that they were able to provide accurate account of resources allocated to their departments. The last statement on accountability sought to find out whether those who had a stake in the hospitals were also content with issues of accountability. The responses indicate that the

Scale:	A		MA		SA		SD		MD		D	
	n	%	n	%	n	%	n	%	n	%	n	%
<i>Statements:</i>												
Accountability of subordinates	37	54.4			25	36.8	4	5.9	1	1.5	1	1.5
Accurate accounts of events	2	2.9	1	1.5	5	7.5	28	41.2	31	45.6	1	1.5
Accurate account of resources	31	45.6	28	41.2	2	2.9	1	1.5	1	1.5	5	7.5
Stakeholder satisfaction	20	29.4	31	45.6	0	0.0	2	2.9	7	10.3	8	11.8

Notes: A = Agree, MA = Moderately agree, SA = Strongly agree, D = Disagree, SD = Strongly disagree; n = total number of responses

Table I.
Responses to statements
on corporate
accountability

majority of the respondents 51 (75 per cent) believed that stakeholders were not always satisfied with the way management accounted for resources used or actions taken in the hospitals.

Table II depicts the responses on corporate transparency. The first statement sought to find out whether information requested from the hospitals was always made available. A total of 43 (63 per cent) disagreed and 25 (37 per cent) agreed that information requested was always made available. The second statement was to find out whether information retrieved on request was always accurate, consistent and complete. The responses from 45 (66 per cent) members of management indicate that information retrieved on request for business decision making in the hospitals was not always consistent and complete. Furthermore, 57 (83 per cent) of the hospitals' management stated they always informed stakeholders on issues concerning the hospitals' activities. Responses to the statement on management enhancing stakeholders' confidence through proper disclosure of information suggest that the hospitals' way of disclosing information was unsatisfactory.

Table III shows the responses on information security. All respondents agreed that the hospitals' information was only made available and accessible to authorized users. Furthermore, the responses to whether management conformed to the rules and regulations of the hospitals' regulatory frameworks suggest that management of the hospitals do conform explored whether the hospitals had won all litigations they had ever been involved in, if there had been any, and a summary of the responses from those who agreed 6 (9 per cent) and disagreed 62 (91 per cent) shows that the hospitals do not usually win lawsuits against them.

Table II.
Responses to statements
on corporate
transparency

Scale:	A		MA		SA		SD		MD		D	
	n	%	n	%	n	%	n	%	n	%	n	%
<i>Statements:</i>												
Availability of information	11	16.2	12	17.6	2	2.9	22	32.4	16	23.5	5	7.5
Coherent information	1	1.5	19	27.9	3	4.4	22	32.4	21	30.9	2	2.9
Informing stakeholders	31	45.6	20	29.4	7	10.3	2	2.9	8	11.8	0	0.0
Proper disclosure of information	9	13.2	6	8.8	0	0.0	35	51.5	18	26.5	0	0.0
Notes: A = Agree, MA = Moderately agree, SA = Strongly agree, D = Disagree, SD = Strongly disagree; n = total number of responses												

Table III.
Responses to statements
on corporate information
security

Scale:	A		MA		SA		SD		MD		D	
	n	%	n	%	n	%	n	%	n	%	n	%
<i>Statements:</i>												
Records accessible by authorized users	54	79.4	9	13.2	5	7.4	0	0.0	0	0.0	0	0.0
Compliance with rules and regulations	49	72.1	11	16.2	4	5.9	2	2.9	0	0.0	0	0.0
Success in litigations	1	1.5	3	4.4	2	2.9	30	44.1	29	42.6	3	4.4
Notes: A = Agree, MA = Moderately agree, SA = Strongly agree, D = Disagree, SD = Strongly disagree; n = total number of response												

Corporate governance and records management

The main purpose of this study was to find out if RM has any impact on the governance of the selected hospitals. This relationship was measured by using the responses to questions and statements relating to RM and CG variables. Table IV shows the *R*-square coefficient of determination which determines how much of the variability in the dependent variable (CG) is explained by the independent variable (RM). It shows that 73.3 per cent of the variability in the dependent variable is explained by the independent variable. This indicates that there is some form of relationship between CG and RM. To find out the form of relationship that exists between the two variables, the ANOVA results illustrated in Table V indicate that for the independent variable to have an effect on the dependent variable, then the *F*-value should be significant with “*p*” less than zero point zero five at a Confidence Interval of 95 per cent ($p < 0.05$ at 95 per cent CI). From the ANOVA analysis, it was observed that, at $f = 180.798$, a p -value of 0.000^a was recorded. Since p is < 0.05 , it means that the RM positively and significantly affects CG.

Finally, the results of the *T* test presented in Table VI indicate that, a unit change in RM caused an increase of 2.706 in CG which was also significant with a p -value of 0.000^a . The linear regression implies that a change in RM authority, standards and practices causes a change in CG. In other words the findings from the linear regression reveal that, statistically, CG and RM had positive and significant relationships. This implies that on the whole effective and efficient RM practices in healthcare organisations

Model	<i>R</i>	<i>R</i> -square	Adjusted <i>R</i> -square	Std error of the estimate
1	0.856	0.733	0.729	0.26384

a. Predictors: (constant), records management
b. Dependent variable: corporate governance

Table IV.
Regression among corporate governance and records management

Model		Sum of squares	df	Mean square	<i>F</i>	<i>p</i>
1	Regression	12.586	2	12.586	180.798	0.000 ^a
	Residual	4.595	66	0.070		
	Total	17.181	68			

a. Predictors: (constant), records management
b. Dependent variable: corporate governance

Table V.
ANOVA among dependent and independent variables

Note: Significant level is at $p < 0.05$

Model		Unstandardized coefficients		Standardized coefficients		
		<i>B</i>	Std error	Beta	<i>t</i>	<i>p</i>
1	(Constant)	-1.342	0.247		-5.438	0.000 ^a
	Records Management	2.706	0.201	0.856	13.446	0.000 ^a

a. Dependent variable: corporate governance

Table VI.
Coefficients among dependent and independent variables

Note: Significant level is at $p < 0.05$

have an impact on governance. Chibambo (2003) and the Australian Standards AS8000 (2003) declare that all the ingredients of good governance and sustainable development depend on effective RM. Willis (2005) affirmed this position when he emphatically indicated that RM and CG have a mutual and direct relationship. Consequently, proper RM is increasingly becoming the only weapon by which management of organisations fulfil the requirements of good governance (Dikopoulou and Mihiotis, 2012) because good governance requires effective record keeping (Adams, 2010).

Management. Although the relationship between CG and RM was positive and significant, the researchers also sought to find out which of the dependent variables used had positive and significant relationship with RM. Table VII shows that 11.7 per cent of the variability in the dependent variables is explained by RM. Additionally, with reference to the ANOVA analysis in Table VIII, for the independent variable to have an effect on at least one of the dependent variables, then the *F*-value should be significant with $p < 0.05$ (for 95 per cent CI). At $f = 2.837$, a *p*-value of 0.045 was recorded. Since $p = 0.045$ (significance level), it means that RM significantly affects at least one of the variables used under the dependent variable.

From Table IX it can be observed that a unit change in RM caused an increase of 0.604 in corporate accountability which was significant with a *p*-value of 0.040. The table also shows that a unit change in RM also caused an increase of 1.082 in corporate transparency which was significant with a *p*-value of 0.044. These imply that RM has

Table VII.

Model summary among corporate accountability, transparency, information security and RM

Model	<i>R</i>	<i>R</i> -square	Adjusted <i>R</i> -square	Std error of the estimate
1	0.343 ^a	0.117	0.076	0.48677

a. Predictors: (constant), records management

Table VIII.

ANOVA among corporate accountability, transparency, information security and RM

Model		Sum of squares	df	Mean square	<i>F</i>	<i>p</i>
1	Regression	2.016	4	0.672	2.837	0.045 ^a
	Residual	15.164	64	0.237		
	Total	17.181	68			

a. Predictors: (constant), records management
Note: Significant level is at $p < 0.05$

Table IX.

Coefficients among corporate accountability, transparency, information security and RM

Model	Unstandardized coefficients Std error	Standardized coefficients Beta	<i>t</i>	Records management	
Corporate accountability	0.604	0.288	0.247	2.097	0.040
Corporate transparency	1.082	0.544	0.259	1.989	0.044
Information security	1.082	0.544	0.259	1.989	0.051

Note: Significant Level is $p < 0.05$

positive and significant effect on corporate accountability and transparency. On the contrary, the p value recorded for the relationship between RM and corporate information security (0.51) revealed that even though RM has an effect (positive relationship) on corporate information security, the effect was not significant with $p > 0.05$.

Discussion

The findings on RM and corporate accountability were consistent with a number of previous studies which discovered that efficient and effective RM practices promote accountability. This implies that organisations that adhere to the standards and practices of good RM are able to fulfil the requirements of corporate accountability and vice versa. Willis (2005) has indicated that effective maintenance of and appropriate access to accurate and complete records enable organisations to hold to account those charged with the management of organisations, the conduct of processes and the delivery of outcomes. In the same vein, Barrett (2005) declared that record keeping practices are vital accountability elements of sound CG frameworks. Findings on the relationship between RM and corporate transparency is in conformity with studies of Uwaifa (2004), WHO (2009), AS8000 (2003), Iwhiwhu (2005), NDI (2008), and Barrett(2005) who found out that effective and efficient RM in organisations has an impact on disclosure of the organisation's information.

As indicated earlier, whereas this study revealed a positive relationship between corporate information security and RM, the relationship found was not statistically significant at $p = 0.51$. Due to the nature of healthcare information, a possible explanation of this finding can be traced to respondents "fear" of disclosing that information in the hospitals was not secured or made available to anyone who requested for it. This fear could have resulted from the way the statements on information security were presented by the researchers. Nevertheless, the positive effect (0.51) of managing hospital records in the context of information security is in agreement with previous researchers, who found out that organisations which managed their records properly, kept them secured (for example, Wade and Wallace, 2007; Dikopoulou and Mihiotis, 2012, etc.).

A number of recommendations arise from the study. First, there is the need for management of the hospitals to develop comprehensive records management policies to provide mandate and direction to records management practices in their respective hospitals. Second, records staff already on the job should be given adequate on-the-job training in records management. The hospitals could consult records management experts and agencies in Ghana to develop short-term programmes to train the records staff. The hospitals should undertake records inventories in an attempt at preparing agency specific disposal schedules to control the records under a continuum of care and provide "continuing" or "ongoing" authority that will govern records disposition until revoked. It is necessary for the hospitals to draw up disaster management plans which address the protection of vital records and are based on risk assessment exercises. Based on the findings it is believed that introducing automated systems could enable the hospitals improve on their retrieval procedures. In fact, automation could change the speed, convenience and the form of health service delivery. Finally, the findings of this study revealed the need to strengthen RM as a vital instrument in the governance of hospitals. As such, management of the hospitals should consider RM as one of the issues addressed in their governance policies.

Conclusion

This research endeavored to determine the relationship between corporate governance and records management in selected private and public hospitals in the Greater Accra Region of Ghana, with the aim of finding out how the effective and efficient management of a hospital's records can facilitate its governance obligations, which include but were not limited to accountability, transparency and information security. The study argued that the content, structure and context of hospital records are critical in providing the evidence base of the hospitals. For the hospital to capture, maintain and provide access to evidence, the hospital's record keeping system must be in place to ensure records are created, used and preserved for evidential purposes. For a variety of medical, legal and administrative purposes, hospital records must be properly maintained and the personal and confidential information in them must be protected from unauthorized access and disclosure. A failure to keep good records is likely to result in serious risks to healthcare programmes and the well-being of patients and communities. As in the other areas of our natural life, management of records is considered so low and therefore denied attention and resources with which to run even its limited programmes. The lack of attention to records management, the study argued has implications not only for the way hospitals' resources were managed but also for the conduct of hospitals' core business, which is saving lives. The fundamental contribution of this study is its recognition of the essential but often ignored conditions necessary for an effective and efficient governance system for hospitals. The study has demonstrated that the effective management of hospital records is a critical factor in providing capacity for hospitals' efficiency, accountability, transparency, information security and indeed good governance.

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SECTION ONE: BACKGROUND INFORMATION

Name of Hospital:

Department:

- a. Administration []
- b. Medical []
- c. Other, please specify.....

Current Job Position:

- a. Head []
- b. Deputy []
- c. Others, please specify.....

What types of records are in your care?

- a. Medical/Patient Records []
- b. Policy Files []
- c. Operational Records []
- e. Employee/ Personnel Records []
- f. Others, please specify.....

How many records staffs are in your unit?.....

SECTION TWO: RECORDS MANAGEMENT

Records Management Policy

Does the hospital have a records management policy?

- a. Yes [] b. No []

If yes, is the policy approved by management?

- a. Yes [] b. No []

Staffing

Are there records staff with requisite skills to manage the records of the hospital?

- a. Yes [] b. No []

Highest level of education:

- a. S.S.C.E []
- b. Diploma []
- d. HND []
- e. Degree []
- f. Others Please Specify.....

Is your educational qualification in the area of records management?

- a. Yes [] b. No []

If yes, in which area?

- a. Diploma in Archives Administration []
- b. First Degree in Information Studies []
- c. Post Graduate Diploma in Archives Administration []
- d. Others Please Specify.....

Figure A1.
Questions for records staff

(continued)

If no, please indicate area in which qualification was obtained.....

Have you had any training in the management of hospital records?

a. Yes [] b. No []

Have you had any training in records management in general?

a. Yes [] b. No []

Access to Records

Are there restrictions on the access to the records of the hospital?

a. Yes [] b. No []

If yes, please indicate the nature of restriction.....

Who constitute users of the hospital's records?

- a. Researchers []
- b. Medical Practitioners []
- c. Regulatory Bodies []
- d. Management []
- e. Others, Please specify.....

Records Control

What system of classification is used in your records unit?

- a. Name []
- b. Date []
- c. Subject []
- d. Others, Please specify.....

Is there any tracking system to ensure that records issued out are returned to the records unit?

a. Yes [] b. No []

If yes, which of the following records movement measures is/are in place?

- a. Tracer Cards []
- b. Withdrawal Books []
- c. File Movement Sheets []
- d. File Census []
- e. Others, Please specify.....

Records Retrieval

Are records retrieved on time when requested for?

a. Yes [] b. No []

How many minutes does it take to get a record at the time of request?

- a. 1-5mins []
- b. 6-7mins []
- c. 8-9mins []
- d. 10+mins []
- e. Others, Please specify.....

(continued)

Has there ever been an instant when a record at the time of request was not made available?

- a. Yes [] b. No []

Preservation

Does the hospital have different records offices for the different records created?

- a. Yes [] b. No []

Does the hospital have adequate accommodation for keeping its records?

- a. Yes [] b. No []

Is there a place a place for keeping records which are not frequently requested for but are still important and useful to the hospital?

- a. Yes [] b. No []

Does the hospital have an archive?

- a. Yes [] b. No []

If yes, are there approved policies specifying how records should be transferred from the records unit to the archives?

- a. Yes [] b. No []

Does the hospital have an information disaster plan to protect the records of the hospital?

- a. Yes [] b. No []

Which of the following equipment's do you have in your records unit?

- a. Smoke Detectors []
- b. Fire Detectors []
- c. Fire Extinguishers []
- d. Others, Please Specify.....

Does your unit have a retention or disposal schedule for the records you manage?

- a. Yes [] b. No []

Are there approved regulations specifying methods of destroying records?

- a. Yes [] b. No []

Please, use this space if you wish to make any additional comments about any section of the questionnaire

.....
.....
.....
.....
.....

Figure A1.

SECTION ONE: BACKGROUND INFORMATION

1. Name of Hospital:

2. Position.....

SECTION TWO: RECORDS MANAGEMENT

Does the hospital have a records management policy?

a. Yes [] b. No []

If yes, is the policy approved by management?

a. Yes [] b. No []

Are records retrieved on time when requested for?

a. Yes [] b. No []

How many minutes does it take to get a record at the time of request?

- a. 1-5mins []
- b. 6-7mins []
- c. 8-9mins []
- d. 10+mins []
- e. Others, Please specify.....

Does the hospital have adequate accommodation for keeping its records?

a. Yes [] b. No []

SECTION THREE: CORPORATE GOVERNANCE

Is there a policy on the governance of the hospital?

a. Yes [] b. No []

If yes, what issues does it address?

- a. constituent of the governance structure []
- b. board size []
- c. CEO durability []
- d. ownership structure []
- e. information management []
- f. others, please specify.....

If no, who directs issues concerning the governance of the hospital?

- a. medical superintendent/medical director []
- b. regulatory bodies (e.g. GHS) []
- c. stakeholders []
- d. other, please specify.....

(continued)

Figure A2.
Questions for members of
management

Figure A2.

Please indicate by **ticking** the appropriate response that reflects your level of agreement or disagreement with the following statements in relation to the Hospital's Corporate Accountability, Transparency and Information Security

Corporate Accountability	<i>Agree</i>	<i>Moderately Agree</i>	<i>Strongly Agree</i>	<i>Disagree</i>	<i>Moderately Disagree</i>	<i>Strongly Disagree</i>
Subordinates are always identified and held accountable for their actions						
I am able to provide accurate account of events in my department						
Management always provide accurate account of resources/funds used						
Stakeholders are always satisfied with the information presented by management on accountability of resources used and actions taken						
Corporate Transparency						
Information requested from the records units are always made available						
Information retrieved on request is always accurate, consistent and complete						
28. Stakeholders are always kept informed about the hospital's activities						
Management always enhances stakeholders' confidence through proper disclosure of information						
Corporate Information Security						
Records of the hospital are only made available to authorized users						
Stakeholders are always satisfied with the way management conforms to the rules and regulations of the hospital's regulatory bodies						
The hospital has always won all litigations it is involved in						

Please, use this space if you wish to make any additional comments about any section of the questionnaire

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