

UNIVERSITY OF GHANA

**HEALTHCARE GOVERNANCE AND PERFORMANCE OF HOSPITALS IN GHANA:
(A CASE STUDY OF VOLTA REGIONAL HOSPITAL, HO)**

BY

VICTOR KWASHIE AHEDOR

(10600196)

**A THESIS SUBMITTED TO THE DEPARTMENT OF PUBLIC ADMINISTRATION
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DEGREE OF MASTERS IN BUSINESS ADMINISTRATION (MBA).**

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DECLARATION

I do hereby declare that this MBA thesis is entirely my own and that, it is the representation of the study carried out under the supervision of Dr. Francis Adzei of the Department of Public Administration and Health Services Management University of Ghana Business School Legon Accra, Ghana.

I further declare that to the best of my knowledge, this work contains no material previously published by any other person or material presented for the award of any other degree of the University, except where works of other researchers have been cited and due acknowledgment made.

I solely bear full responsibility for any shortcomings.

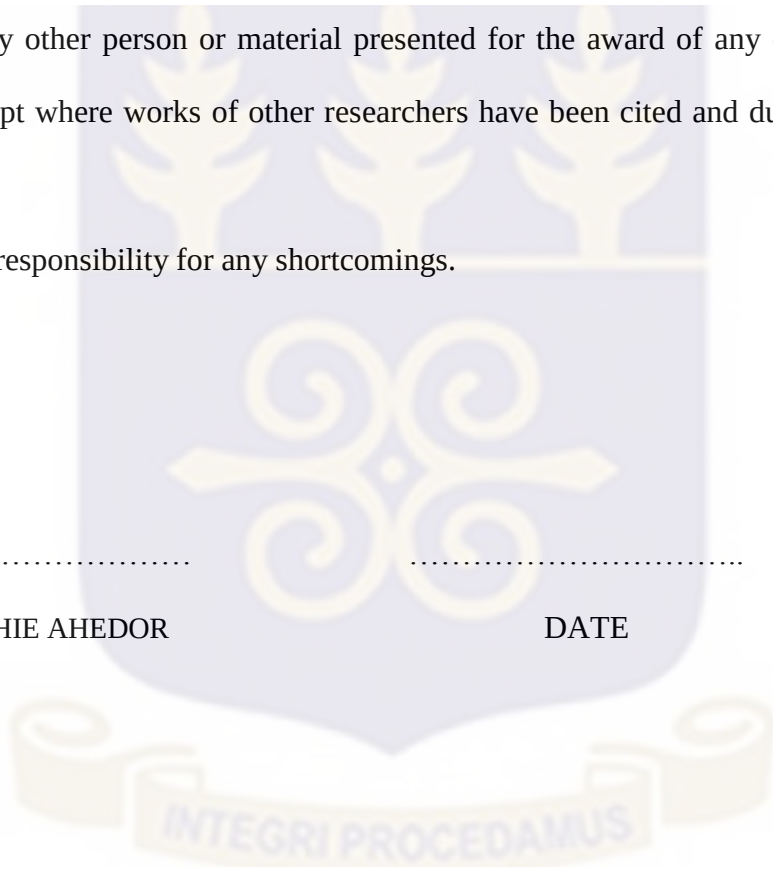
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VICTOR KWASHIE AHEDOR

(10600196)

.....

DATE



CERTIFICATION

I hereby certify that this thesis was supervised in accordance with procedures laid down by the University of Ghana.

DR. FRANCIS ADZEI

(SUPERVISOR)

SIGNATURE

DATE



DEDICATION

This thesis is dedicated to Justice Edzesim Ahedor and Wisdom Edzenefia Ahedor and my two study mates on the programme; Noah and Emmanuel.



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I deem it a great deal to thank these individuals who have contributed in diverse ways in making my dream of pursuing Masters in Business Administration (MBA) programme in Health Services Management a reality.

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ABSTRACT

Healthcare Governance has now become a big issue these days due to management inefficiencies in many hospital facilities in Ghana, which led to a drop in trust and value attached to hospitals by clients and sometimes leading to total collapse of the financial standing of hospitals, (Klapper and Love, 2004).

Effective healthcare management is very essential in maintaining a performance health management practices such as openness, accountability and nondiscriminatory on the side of healthcare managers. (Murphy and O'Donohoe, 2006).

The objectives of this study are to examine the characteristics of hospital boards adopted by the Ghana health service, ascertain whether the existence of hospital board in the management and oversight role affects performance and also investigating effects of hospital boards' characteristics as well as assense of care on the performance of hospitals.

The study found out that, the hospital has medical staff both from outside the facility and within the facility serving on the management board, which equipped the board with administrative information and medical expertise that enhances board's decision-making. Also, the study found that the quality of the governing boards of hospitals influences the performance of the hospital since the board makes strategic decisions that serve as a sense of direction for the thorough running of the hospital. Research data were obtained from key personnel in the management team of the Volta Regional Hospital as well as the board of directors of the hospital through an interview which was transcribed and analyzed accordingly.

KEYWORDS: Healthcare Governance, Hospital Board, Clinical Governance, Board Composition and Characteristics, Hospital Performance.

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CHAPTER ONE

Introduction

Healthcare as an essential commodity needs an effective and efficient management practices to produce an outcome which is related to inputs made by government towards the achievement of a total population health in order to increase productivity that will help in economic development as well as better standard of living for our people.

1.1 Background to the Study

Healthcare Governance has now become a big issue these days due to management inefficiencies in many hospital facilities in Ghana, which led to a drop in trust and value attached to hospitals by their clients and sometimes leading to total collapse of the financial standing of hospitals. (Klapper and Love, 2004). Effective healthcare management is very essential in maintaining a performance health management practices such as openness, accountability and nondiscriminatory on the side of healthcare managers. (Murphy and O'Donohoe, 2006).

Issues have also emerged regarding leadership processes of healthcare systems and it's actually as a result of growing demand for facility usage and policy reviews. These events are projected to have an impact on the management and performance of hospitals. Thus, the increasing call for more effective healthcare management practices such as openness, accountability and nondiscriminatory by hospital management and management board members, as they have been given formal and legal mandate to uphold hospital facility capability and effectiveness (Delbecq and Gill, 2008).

Indeed, it is the appropriate thing to do. Hospital boards suppose to play a more responsible part in planning, operational area adaptation, and internal hospital management strategies (Weng *et al.*, 2011; Büchner, 2012). The growing interest is the fact that effective healthcare governance system can increase the performance of hospitals.

Healthcare governance is, of course, a distributed process of top-level hospital leadership, policy making and effective decision-making. The main pillar in healthcare governance is the governing board since they hold the legal mandate to establishing objectives as well as assessing management's performance to make sure that health facilities are well operated. Every health facility has its management board and a team of managers. Together, form the axis of hospital governance, in which they direct the day to day operations and performance of the hospital by formulating the hospital's mission, its objectives and advocate for their achievement at the operational level (Flynn, 2002; Eeckloo *et al.*, 2004).

Efficient management of hospitals needs the proper and efficient use of funds, standard management practices as well as adequate governing structures (Ditzel *et al.*, 2006). One relevant element of healthcare governance is presiding over the entire functioning of the facility, which is the fundamental fiduciary duty of hospital boards making sure that the hospital achieves its core mandate (Alexander and Lee, 2006).

Again, governing boards need to help provide standard quality care, responsive service, and ready available care access to all citizens, as well as better remuneration for service providers

(Quigley and Scott, 2004). It is very relevant to understand that healthcare facilities need to maintain public trust to survive and achieve their objectives. The process of governance is completely different from management or supervision. Governance includes setting targets and designing strategies to achieve them using the standard structure of the board of trustees whom the chief executive officer reports to (Smith *et al.*, 2012).

In addition, good healthcare governance can actually not be understood and how it should be structured due to difficulties faced by hospitals today. Not long ago, hospital management members were under serious criticism in relation to the performance of the whole hospital facility. Healthcare policies have made it necessary for hospital management boards and service providers to understand the concept of good governance and how it works in the various hospitals in order to upgrade them with emerging policy trends in the health sector (Eeckloo *et al.*, 2004).

Considerably, effectiveness in management and hospital performance are closely related and are very essential for management of hospitals. The study examines how management board's efficiency and effectiveness impact on the performance of the hospital as a whole. The performance of hospitals is very important because of its relevant position in the healthcare context.

1.2 Statement of Research Problem

Hospital performance which usually comes as a result of holding on to these strategies such as

clinical governance which involves expert ideas for performance, logistics distribution, emergency handling and management, as well as client satisfaction according to the World Health Organization (WHO, 2010), is often criticized bitterly by patients who are one of the major stakeholders of a hospital. Thus, poor performance is often blamed on medical staffs only; forgetting governing board and management has a big role in this regard and if not played will result in poor clinical performance (Smith *et al.*, 2012).

The governing board and management as the decision-making body have the mandate to employ effective health governance components to achieve quality clinical performance to avoid this sought of criticism from patients which sometimes deter them from seeking medical services. The governing body indeed has the responsibility of providing the necessary environment for medical staffs to achieve higher clinical performance by providing logistics on time and all the necessary motivational mechanisms as well as infrastructure.

Meanwhile, the strength of any government to ensure quality healthcare is regarded as a crucial element contributing to a country's living standards in which hospitals are very instrumental in maintaining these standards. Many situations faced by healthcare facilities these days include the crisis in service delivery and resources to combat difficulties faced by most hospital facilities (Troyer *et al.*, 2004).

Healthcare quality improvement with scarce resource and rising expenses, increasing service demand due to limited logistics and mismanagement practices, a rising uninsured population, an

aging population assessing more healthcare resources, make the issues of healthcare divergent and confusing. The level of some of these issues have resulted in massive public concern and leads to loss of public and stakeholder trust in Ghanaian hospitals (Health Research and Educational Trust, 2007).

Relatively, growth in the healthcare sector compared with other sectors is slow and mistakes continue to occur, (Storey and Buchanan, 2008). The governing board has to maintain public trust in the healthcare facility. Hospital boards, management, and clinical leadership have the duty to communicate accurately, to reinforce the connection between hospitals and their clients (Suchman, 2005). This is in order to maintain standard performance and efficiency to make service delivery effective and trustworthy so as to combat difficulties faced by hospitals within the healthcare setting.

This study focused on one important hospital facility which is the Volta Regional Hospital, as it gives a true representation of what the research seems to investigate with respect to the issues of governance and performance level of the facility. Quality healthcare provision in this hospital facility has received much assistance from government and nongovernmental organizations, leading to the hospital's performance being projected as the leading performing health facilities in the country (Abekah- Nkrumah *et al.*, 2009).

Meanwhile, clients within the region criticise the facility in relation to their performance aside from the massive inflow of resources from both government and donors.

In addition, poor management practices and inefficiencies lead to waste of resources in most of the facilities because policies adopted were not effective (WHO, 2012). Many reports arising from the media on the difficulties faced by the healthcare sector in Ghana made it necessary to find out how our public hospitals are managed by governing boards. Hospital performance issues may be due to governance problems hence the need for the study. The study verifies the effect of health service leadership and sense of care on hospital performance.

Also, the research examines the characteristics of the hospital board. This facilitates easy matching of the board structure to the standard features of a hospital board, ignored in earlier research works. The study looked at only hospitals with management board in order to ascertain the board's fiduciary duty in the performance of the hospital.

The study also assesses the performance of the hospital from the views of patients and management which was not critically looked at in the previous studies. Patients have to be consulted on performance issues since they use the services provided by the facility and can best testify on the availability of drugs and hospital equipment.

1.3 Research Objectives

The main objective of the study is to examine the effect of healthcare governance on the performance of hospitals in Ghana.

The specific objectives of the study are to:

1. To examine board structures and characteristics adopted by Ghana health service.
2. Ascertain if the existence of management board in the management and oversight role affects hospital performance.
3. Investigate the effect of hospital boards' characteristics and sense of care on the performance of hospitals.

1.4 Research Questions

In relation to research objectives, some research questions were raised. The following research questions were asked.

1. What are the characteristics of the hospital's board?
2. How can the existence of hospital board impact on the performance of the Volta Regional Hospital?
3. How can hospital board's characteristics and sense of care affect the performance of hospitals?

1.5 Significance of the Study

The research would outline the importance of healthcare leadership and its relative effect on hospital performance as well as the standard characteristics of governing boards and its impact on hospital performance. The suggestions and recommendations relating to the use of appropriate healthcare governance systems and internal controls would ensure effectiveness and improve efficiency in managing financial resources available in the facility to pave way for the higher performance of the hospital in order to win public trust. The research report would also

make available to management and staff of the hospital a reference material on how to establish and apply standard hospital governance practices.

The research findings would bring to light the impact of hospital leadership on the performance of the facility. This study would serve as a guide for health organizations on how to formulate, develop, implement, monitor and evaluate effective and efficient healthcare governance systems to ensure a higher attainment of their mandatory services.

This research among other things increased the needed knowledge on how hospital governance and sense of care affects the efficiency in service delivery of hospitals. This research holds the view that, hospital governing boards are very important in leading operational direction of hospitals.

Actually, this indicates the importance of hospital governing boards which makes it valid to constitute one in every facility operating in the region. Healthcare management boards are said to form a very crucial component of healthcare governance and they actually perform a very essential task in the healthcare delivery process.

1.6 Organization of the Study

The remaining aspect of the study structure is: The next chapter clearly explainearlier submissions on the subject matter. The chapter made available an overview of the idea of healthcare leadership, clinical leadership, and the principles of effective hospital governance, the

importance of healthcare governing boards and healthcare quality. It also looked at the existing submissions on the effects of hospital board structures on hospital performance.

Chapter three present the methodology used for the study which is very important to every research work. The issues dealt with under the study methodology are the description of the study area, study design, study population, sampling procedures, sampling techniques, sources and instruments of data collection, fieldwork, presentation and analysis of data.

Chapter four explain findings on the structures and or characteristics of hospital leadership within the hospital, explore if the existence of hospital board impact on the performance of the facility and the findings with respect to the impact of hospital board structures and or characteristics with a sense of care on hospital performance.

Chapter five summarizes key findings and then gave conclusions with regards to the findings. The findings are presented according to the objectives of this study which is to examine the effect of hospital governance on performance of hospitals in Ghana as the general objective, examine board structures and characteristics adopted by Ghana health service, ascertain if the existence of governing board in the management and oversight role affects hospital performance and to investigate the effect of hospital boards' characteristics and sense of care on performance of hospitals as the specific objectives. With this, the Volta Regional Hospital (VRH) was used as a case study. Also, it listed some recommendations relative to the findings based on the objectives of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter looked at literature review which is very important for the study; it then brings to bear the conceptual and theoretical framework on which the research is based. It considered the concept of hospital management, and clinical governance, good organizational governance practices as applied in hospitals. The importance of hospital boards, as well as healthcare quality, was also explained. Again it reviewed the literature on what quality in healthcare is and the duties of healthcare managers in quality healthcare delivery. Literature relating to board characteristics impacts, considering board size, board composition and board participation by medical staff, board leadership structure, board diversity, and frequency of board meetings impact on performance were also reviewed. Discussions in relation to the literature on the relationship between hospital governance and its relative performance were as well considered in the review of the literature. Lastly, a summary of issues discussed in the literature review was provided.

2.1 Governance in the Health Sector

What governance entails with regards to the health sector project efficiency in governance principle. Bohen (2005), explains hospital leadership as the act of directing the total operation of the hospital. All categories of hospital governors are mandated to perforating management evaluation role within the organization and accountability to all shareholders, directly or indirectly. To achieve this they design standard and formal mission statements with defined

objectives, procedures that made available required governance mandates and activities (Ditzel *et al.*, 2006). Healthcare managers have the mandate to adopt corporate plans and policies that make it possible to increase in performance level which can be measured against target plans and policies (Taylor, 2006).

Meanwhile, executing target plans as well as policies is mandatory to the chief executive officer (CEO). Hospital managers are also mandated to establishing strategic relationships with the purpose of providing effective governance with its resulting high performance. These relationships are basically how board and CEO relate, medical staff and management relationship, community relationship with the board, their missions, targets, and board members relationship (Taylor, 2006).

Hospital management is a distributed process among top-level organizational leadership, formulation of policies as well as decision making, (Bader 2013). The CEO, and top-level managers and clinical leaders, engage in top-level functions while the board has the overall task of assessing managers. Thus, hospital leadership is not solely the mandate of board members but rather a collective mandate between the two entities.

2.2 Healthcare Governance

According to Flynn (2002), Hospital governance has to do with the practice that involves directing the entire operation and performance of a hospital through the definition of hospital's mission, objectives setting and then supporting and monitoring its attainment at the operational level. It involves being responsible and accountable in the running of the hospital. It has to do

with the cooperation of management members although the governing board is the overall body accountable for the running of the facility, the CEO, and allied managers are charged with top-level functions (Bennington, 2010). He projects the need to include all heads of departments of the hospital in management since it makes governance effective.

In the research works of Eeckloo *et al.*, (2004), all hospitals have their respective board of governors made up of experts and professional that direct operations of the hospital with respect to a standard integrated approach that sustains all hospital activities, especially clinical performance. This corresponds with the position of Taylor, (2010) in which he established that the most important features needed in order to get quality in hospital management are to formulate standard and clear mission as well as achievement-orientated conditions to attain it.

At this stage, it has been made clear that hospital governance deals with the regulation, supervision, directing as well as efficient resource utilization for clinical performance. Thus ensuring needed quality of healthcare is well explained by clinical governance, which is a very crucial element of healthcare governance.

The research also looked at the quality of service as a means of evaluating the performance of hospitals. Therefore, the concept of clinical governance as an essential factor in healthcare management is important from the perspective of the research.

2.3 Clinical Governance

Concerns in relation to quality of healthcare delivery currently contain the concerns of zero death

and ways to reduce error. A strong notion of hospital management has resulted by means of strategizing to ever-increasing watchfulness and spreading responsibility for performance.

Relative to the research work done by McSherry and Pearce (2011), directing clinicians is viewed as a central characteristic of the hospital leadership process, which existed due to the complication of the environment of service provided in the facility. The term clinical governance, according to (W.H.O.), came as a means of shortening the major element prerequisite of quality healthcare. Its development was not seen to be growing and was implemented on an official basis by few facilities in the 1990's (Murphy and O'Donohoe, 2006).

Established in the works of VanuSom (2014), clinical governance is a governing process that hospitals use to make way for an integrated approach towards management of available resources, structures, and processes to get better clinical quality.

In the view of Freedman (2002), it's viewed to be the overall system of enlightening change, which project the means of growing an organizational capability to deliver continuous, responsible, patient-centered and quality assured healthcare. Also suggested that it provide the framework on which every element of quality can be established and regularly watched.

Freedman (2002), approved of it stressing on it that, its implementation officially means hospitals need to account for issues of quality instead of financial accountability as adopted earlier. It attempts to sustain the quality of healthcare provided through the blend of finance, performance and clinical quality stance of hospitals. The much important mandate performed by

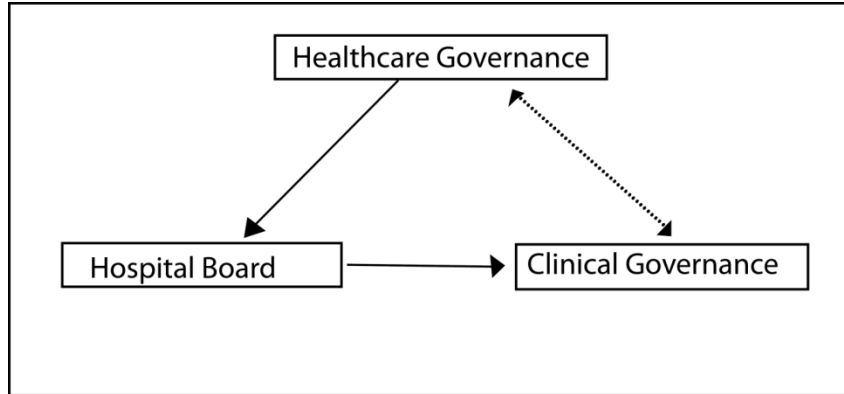
clinicians was seen to be delivering quality service in the hospital (Murphy and O'Donohoe, 2006).

2.4 Hospital Board

In the words of Eeckloo et al., (2004) hospital board are group of experts or professional team that come together to provide the axis of hospital management, which is mandated to steering the overall operations as well as performance of our hospitals, as they provide the facility's mission, objectives as well as supporting and monitoring its attainment at the operational level.

Relatively, hospital boards, a group of top-level managers have a fundamental fiduciary duty of ensuring that the hospital operates towards its fundamental mission (Alexander and Lee, 2006). Governing boards that give the needed attention to sound governance structures and principles have the task of ensuring quality care, efficiency, ready access, fairness, and conditions necessary for efficient and effective service provision (Quigly and Scott, 2004).

Smith et al., (2012) ascertain that the process of hospital governance is totally different from that of management. Hospital governance entails both settings of the facility's goals and formulation of strategies for its attainment using standard features of governing board of trustees whom the chief executive officer of the hospital report to.

Figure 2.1: Healthcare Governance, Hospital Board and Clinical Governance

Source: Abor, (2015)

Figure 2.1 indicates that link between hospital governance, governing board and clinical governance. To appreciate the importance of hospital governance, the existing principles that define healthcare leadership should be well understood.

2.5 Principles of Good Hospital Governance

It is very essential to take into account the principles necessary for good governance in the various public hospitals. Relative to Taylor (2010), all management members may have individual perspective with respect to principles of good governance staged around an observation-based theory. He then suggested that the combination of these principles relative to existing literature which comprise of nine good governance principles by using them in a healthcare facility.

Relatively Ditzel *et al.*, (2006) used these nine principles in managing a healthcare facility and it worked perfectly. He suggested that, when governance function is given the needed attention in managing hospital facilities, it will help policy-elites in weighing their current models of hospital

governance to see whether it meets the specified ‘good governance’ criteria, for it to impact on their healthcare environments. This study provides analysis on good governance principles as used in healthcare facilities.

Indeed Taylor (2010), proposed governance principles which have to do with knowing what governance is, the relationship between the chief executive officer and the governing board, the unity of command, direction, accountability or responsibility, achievement of strategic ends, self-improvement as well as understanding the cost of governance.

2.6 Board-CEO Relationship

According to Gillies (2012), the efficiency and effective performance of hospitals basically rest on trust and assurance in the entire hospital, especially between governing board and the executive officer of the hospital.

Carver (2010) ascertain with evidence that, a clear connection which exists among board members and facility managers especially the CEO which is very vital for the facility to combat misled and associated dreadful political outcome. In his words, governance is never the duty of only governing boards, neither the sole duty of the CEO. Relatively, it’s a joint venture of the management team that needs to be preserved by each member with a commitment to the hospital at large. Board members and the CEO are said to be on the same level with the colleagues but becomes a conflict of interest when the CEO takes part in the voting processes of the board, even to the extent of assuming the position of a chairperson of the governing board (Gillies, 2012).

The board has the mandate to recruit, assess, and terminate the appointment of the CEO. He made it clear that monitoring the CEO is as essential as engaging him.

The CEO is responsible for the entire day to day operations of the hospital, helping the board to govern the entire hospital, alongside the CEO on individual grounds. The CEO seeks the board's approval whenever he or she wants to move away from board's policy objectives.

In relation to this, the board is accountable for championing the hospital's policy objectives and the CEO is liable for the execution and attainment of the objectives on time and within budget (Pointer, 2012).

2.7 Unity of Command

Relative to the works of Ditzel et al., (2006) unity of command is as well a component of the governance principles and it deserves that policy-making power that must go along with a straight line management strategy of the hospital. Every employee including the CEO should take instructions from only one leadership. A departure from this order can cause confusion, threaten steadiness, breed inconsistency if not checked, and can cause disorder (Fayol, 2008)

2.8 Unity of Direction

Within this principle; unity of command, accountability and responsibility are again considered. These principles have to do with the management of the hospital facility and the role of the governing boards. The unity of direction, command, accountability and responsibility principles

are reflected in the effective governance principle of management structure meaning the chain of command assumes a straight line in the facility (i.e. from the board to CEO down to the various departments in the hospital, and that people in positions of power within the hospital should be answerable for their actions and directly accountable to their superiors (Ditzel *et al.*, 2006).

2.9 Unity of Accountability or Responsibility

According to (Ditzel *et al.*, 2006), in a hospital environment, the authority must always be in line with responsibility. If it does not exist like that, decision-making delays or are not made at all. Also, it could be problematic for the hospital if the CEO's mandated authority from the board of governors does not relate to his duties. This normally happens when trust does not exist between the governing board and CEO. Authority, therefore, is obtained from responsibility.

For hospitals, there are four main types of accountability which are very crucial and these are political, commercial, clinical, and community accountability. Political accountability deals with the hospital's attainment of all external mandates that lies in the confines of set targets. Commercial accountability refers to net values formed in the services provided at the hospital while clinical accountability stands for patient satisfaction. Community accountability refers to the mandate of hospitals which is improving the health status of members of the community in which they operate (Taylor, 2010).

2.10 Self-Improvement

This principle is linked to hospitals and health systems which are not just economic, but relatively social entities (Ditzel *et al.*, 2006). Relative to Taylor (2010), there should be a

continuous improvement in all sectors of the hospital from up to the lowest organizational structure to guarantee effective governance. Thus, the board of governors must be chosen according to their expert skills and track records in business leadership, financial analysis and strategic planning. Taylor (2010) made it clear that hospital boards are the apparent starting points for constant self-improvement.

2.11 Understanding the Cost of Governance

Relatively, this principle refers to issues such as remuneration to board members, direct expenditure on meetings, staff assistance in board activities, and payment of damages associated with mistakes made by the board (Ditzel *et al.*, 2006)

Taylor (2010) identified five fundamental cost of governance, which includes board members' personal opportunity cost, direct expenses on board meetings, cost of staff assisted activities, the cost associated with mistakes made by the board, and costs of inefficiently structured governance-management-hospital cooperation. All these costs are either reduced or avoided by effective and efficient governing board.

2.12 Achievement of Strategic Ends

Actually, there is a big demand for health services to be provided at the right time, right place and at a reasonable cost so as to maintain efficiency and effectiveness in the health sector. It is mandatory on every public hospital management board to adopt a strategic end, which entails effective services as well as financial performance objectives that ensure the achievement of this ends. The operations of the hospital need to correspond with the goals and objectives of the

facility. (Ditzel *et al.*, 2006), established that bigger hospitals have to formulate policies that will help deal effectively with the numerous behaviors of individuals so as to achieve its stated goals and objectives. Again he suggested that all personnel working in the facility need to take up specified positions which go with specific duty schedules known as bureaucracy. Not only bureaucracy but strategic planning can actually ensure the attainment of these strategic ends.

2.13 Importance of Hospital Boards

Healthcare management members are very relevant components of hospital leadership. They are very instrumental in the health service delivery system. They are actually responsible for the entire operations of the hospital facility as well as performance issues. They indeed play a vital role shaping the hospital they govern by heavily influencing the entire healthcare system.

We have diverse submissions in the literature relating to the duties of management boards. Prior studies established it that the board knowing their mandate as fundraisers, formulators of operation procedures, budgeting and fiscal control advisors as well as matching hospital with conflicting views are very important in managing hospital facilities of the public. Griesinger (1996), recommended that governing boards had 10 major areas of tasks, this including mission and policy, strategic planning, program evaluation, board selection and tenure, board development, selection and evaluation of executive director, resource mobilization, financial management, community interaction, and the resolution of conflicts. The essential duties identified by governing board members include strategic planning, financial oversight role, fundraising, operational oversight, and relationship with the community in which they operate (Hevesi and Millstein, 2011).

It was also revealed that healthcare management deals with the process of establishing the hospital's mission, formulating and monitoring targeted goals, as well as strategy development Alexander *et al.*, (2006).

2.14 Healthcare Governance and Healthcare Quality

Healthcare quality was recognized to be a crucial phenomenon in healthcare systems both advanced and underdeveloped jurisdictions. Issues relating to quality in healthcare provision are now given much priority in policy decisions because it has been seen as a way of delivering effective and efficient results to clients (Dagger and Sweeney, 2006).

Patient trust, expectations of quality of care and the efficiency of healthcare institutions is actually important to be considered in serious decisions making stance within the hospital setting. Many calls for effectiveness and efficiency in service delivery in the various public hospitals brought a change of full participation of governors and management members in the review processes of improvement and security measures.

2.15 The Role of Hospital Boards in Healthcare Quality

Board of governors' duty is to respond to clinical, functional and objectives related to the quality of care. Relative to Healthcare Improvement Institute (2008), governor's mandate is to ensure that effective and efficient care is provided without harming patients in the process. It was established that board members (quality committee members) need to work hard with respect to positioning these activities to match with the goals and objectives of the hospital.

There are a number of essential policy issues, which are serious to the operation of the healthcare facility and hospital boards are expected to pay attention and provide oversight. This oversight duty is based on the use of the fiduciary role healthcare board members owe the hospital. Board members are obliged to provide a duty of care and duty of obedience to the hospital's purpose and mission (Callender *et al.*, 2007).

2.16 Healthcare Governance and Performance

Existing literature established that, characteristics of hospital governing board and sense of care heavily impact on effectiveness and efficiency hospitals facilities. Projections have been made concerning the structuring of efficient and effective governing board which normally impact on hospital performance. The efficiency of hospital governing board relies on the way the board is structured with respect to its characteristics. With this, results from the various board characteristics as well as a sense of care can have several effects on hospital performance.

In the words of Eeckloo *et al.*, (2004), performance in public hospital is affected by hospital board characteristics which are made up of board size, composition, medical staff participation on board, leadership structure of the board, diversity of the board, and frequency of meetings.

2.17 Board Size

According to Zahra and Pearce (2009), board size refers to the number of experts both outside and inside the hospital who are serving on the board and their impact on decision-making. Research established that bigger governing boards by standard has a wide range of experts with

respect to shareholder representation and can improve corporate status and image, as well as performance enhancement since decision-making is fast and easier.

2.18 Board Composition

This considers an actual number of directors who are not working in the facility but serving on the board and it is connected with the degree of authority the governor's posses. The maximum membership of directors who are not working in the facility but serving on the management board can be considered a management strategy, and with other means can do away with unexpected expenditure among management and stakeholders (Chizema and Kim, 2010).

The crucial element of high performing leadership explained on expert platforms was the selection methods employed in appointing board members.

2.19 Board Participation by Medical Staff

Available literature establishes that inside board members normally include the CEO and medical staff members. Normally, the CEO should be part of the board in order to give an administrative report on the hospital, while the medical staff members who are participating on the board provide an update on the hospital's service delivery issues (Medical Leadership Forum, 2012). Managerialism, as well as resource dependency theories, provide reasons why hospitals benefit from inside or outside medical officers involved in the management board. Apart from that, outside medical officer board members assist in keeping hospital boards informed about patient care issues and practices.

2.20 Board Leadership Structure

Leadership structure with respect to hospital board is a very crucial determinant of hospital performance. Board leadership structure can indeed have a board system in which the CEO alongside his supervisory role holds the position of a board chair or a system where the CEO is different from the board's chairman.

The CEO's involvement in board activities may vary from hospital to hospital depending on the structure they are using. Being a full member of the board or just being in attendance when needed for information. CEO's are crucial when it comes to operations of the board and the entire hospital since they provide relevant information which the boards need in its decision-making process which they are mandated to do. (Weiner 1993).

2.21 Board Diversity

Broadly, board diversity deals with the various elements that might be in the board members who can impact heavily on decision-making (Van der Walt and Ingley, 2013). Characteristics associated with board diversity include gender, ethnicity, and age which are visible. Religion, occupation and education are the invisible ones (Mahadeo *et al.*, 2012).

According to Carter *et al.*, (2013), diversity of boards is very important with respect to hospital governance for two main reasons. It allows for better understanding of the marketplace, increases creativity, and makes way for problem-solving effectiveness. It then makes room for wider and exclusive relations and increases board independence since people with different gender, ethnicity or cultural background may probe with questions that would not come from directors with extra traditional backgrounds.

2.22 Frequency of Board Meetings

Utilizing the board to often evaluate procedures and processes involved in healthcare delivery to ensure efficiency, board meetings are very essential in this regard. Board meetings actually help the board to receive its important non-financial information to allow them to assess the performance of the hospital. Time spent together by board members is the hospitals' most valuable asset. At this stage, the board is essentially empowered to take decisions with action when it is meeting to discuss relevant issues confronting the hospital.

Actually what identifies good boards from bigger boards, was established that outstanding boards gives priority to meetings. The number of meetings can show the authority the board possesses. Governing boards that meet few times annually is likely to act as general assembly than a real governing board Eeckloo *et al.*, (2004).

2.23 Chapter Summary

The chapter shared literature relating to healthcare governance and performance of hospitals. It then reviews the literature on the concepts of hospital governance as well as clinical leadership. Healthcare governance deals with the processes involved in leading the overall operations and performance of the facility usually by clearly stating the mission and objectives as well as supporting and monitoring their attainment at the operational level (Flynn, 2002).

Principles relating to good hospital governance were also provided and were identified to be what we need to know about governance, strategic ends attainment, relationship board and the CEO, the unity of direction, command, accountability, self-improvement, and knowing the

concept of cost of governance. He anticipated that if hospitals operate using these principles of good governance the result will actually be better performance. Also, literature was reviewed on hospital governance models. Both not-for-profit and public hospitals operate on not-for-profit making motives. Eeckloo *et al.*, (2004), established that hospital management boards and a team of executive managers hold the axis of hospital governance.

The chapter then explains the necessity of hospital governing boards as well as their mandate in healthcare quality. Generally, hospital governance entails more integrated approach to leading and supervising day to day operation activities, especially clinical performance. Management board's existence is the special means to target intervention for policymakers looking forward to who want to improve their care for clients in the hospitals. Hospitals that are performing and those not performing can be identified through their level of management board's activities.

Also, the chapter discusses literature on the impact of the management board's characteristics, talking about board size, composition, and participation by medical staff in board activities, leadership structure of governing boards and duality, board diversity as well as the frequency of meetings and its impact on hospital performance. Actually, it is good to know how hospital governance structures vary across countries.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

Issues dealt with under this section of the study are the description of the study area, the design with respect to the study, the population considered in the study, sampling procedures, sampling techniques, avenues and instruments of data collection, fieldwork, presentation and analysis of data.

3.2 Background of the Case Study Organization

The Volta Regional Hospital, Ho is the study area of this research. It is the biggest referral hospital in the region that provides the entire region's healthcare needs when it comes to referral cases. Its mandate as a public facility is to provide or respond to referral cases from all the district hospitals as well as clinics across the region. As a healthcare facility, they operate on these units; pharmacy, laboratory. X-ray, theatre services, dental unit, eye unit as well as nephrology care.

3.3 Research Design

Design in relation to research work deals with the plan, structure and strategies used in investigating the conceived phenomenon and then providing answers to research questions or problems. It is a detailed scheme or draft of the research which looked at the content of exactly

what the researcher will deduce out of the research questions raised and their functioning implications in the final analysis of data (Kerlinger 2006); cited by (Kumar 2005).

In their opinion a case study is extremely simple in design- you direct your research towards your objectives to find out what you want to find out, know your study population, chose sample (if you need to), get to your respondents to get the needed information. This study adopts qualitative designs. Rymanand Bell (2008), stated that qualitative research essentially concentrates on words rather than measurements in collecting and analyzing data.

3.4 Study Strategy

Research strategy typically outlines the general approach in carrying out a social research. Also, Bryman (2008) points out that study strategy is the overall plan towards a research work. Bryman (2008) further suggested that there are three principal research strategies namely experiment, case study and survey. This was also pointed out earlier by Robson (2013), who suggested that there are three traditional research strategies such as experiment, case study and survey. However, out of the three strategies, the case study strategy was adopted in carrying out this study.

3.5 The Study Population

The study population is made up of management staff and patients. The management staff which comprises the administrator of the facility, the accountant, medical director and the principal

nursing officer were interviewed. The patients include 10 patients from the outpatient's department (OPD) and 20 patients from the wards who were also interviewed

3.6 Sampling Procedure and Techniques

Based on reliability and internal validity of the research, the sample size included management members who gave their opinions on the topic under study which is very useful. As a result purposive sampling procedure was employed. According to Saunders et al., (2007), non-probability sampling refers to a process in which selected sample is actually not the representation of the population. It is usually the individual units represented in the population don't get an equal chance of being selected in the sample.

According to Kumar (2005); non-probability sampling models are used when the researcher cannot determine the various elements in the population or cannot individually identified and/or select elements but rather dependent upon other factors. Thus in their opinion, refers to sampling techniques in which the chance of each item being selected is not clear. The researcher used purposive techniques in his sampling process. The sampling technique was used since the researcher is committed to ensuring different characteristics of the elements chosen in the sample takes similar proportion within the population.

Also, this sampling technique was used since the researcher believes that elements selected are key individuals from whom he can get the required information for the research.

In the words of Kumar (2005), sampling refers to the process of choosing some elements from a bigger group to be the basis for predicting the existence of a piece of information which is unknown regarding the bigger group. Thus a sample represents a subgroup of the entire population you are looking at.

However, sampling based on probability and sampling based on non-probability are the sampling techniques that exist. In relation to probability sampling, each individual element in the population has an equal chance of being chosen.

The research, however, utilise non-probability sampling option in which quota and purposive sampling were adopted in carrying out the study. With the quota sampling, the researcher selected elements that have different characteristics relative to the considered population are represented in the sample in the same proportion of the population. This was done because the researcher knows the major characteristics of the population to be sampled as well as the characteristics that are most relevant to the study.

On the other hand, a purposive sampling was utilised since the researcher's judgment as in those chosen are the relevant individuals who can give the needed opinions for the research.

3.7 Sources and Instruments of Data Collection

Information with respect to data for the study was collected from both secondary and primary sources whiles data collection instrument used was interviews.

Secondary Data: this deals with data items that were gathered by someone other than the user. Normally this data can be adopted from data owned by government departments, institutional records and data collected for other research works.

Primary data: Interview was the major data tool used in collecting data. The study used open-ended questions to get information from the respondents to guide analysis of data. Open-ended questions allowed respondents to freely give their opinions on the subject which is being researched.

3.8 The Fieldwork

After designing of the interview guide, the researcher conducted a test run; and where questions seem not bringing out expected answers was restructured to fine tune the final interview. The interviews were conducted by the researcher himself without any involvement of a research assistant. This happened because of financial constraints since involving research assistant will bring a cost as the research assistant needs to be paid for the services rendered.

3.9 Presentation and Data Analysis

The retrieved information from respondents was discussed from the qualitative point of view. Detailed analysis was done alongside principles made available by experts in the field in order to establish authentic conclusions as well as recommendations that can be made available to policy regulators within the Ghana Health Service. Some of these principles include having standard characteristics of governing boards in place which looked at the size of the board, board composition, board diversity, board participation by medical staff, the frequency of board

meetings and leadership structure of the board. The mandates of hospital governing boards were also considered by looking at their mandate of developing a strategic end, resolving issues relating to diverse behaviours of people and directing the facility to achieve its goals and objectives. The researcher also considered the principle of hospital board efficiency which depends on board characteristics and sense of care. Also, the researcher discussed confirmations of validity and reliability of data as well as issues relating to ethics.



CHAPTER FOUR

DISCUSSION AND ANALYSIS OF DATA

4.1 Introduction

This section dealt with the presentation as well as discussion of findings relative to the objectives of the study, both main and specific derived from the problem statement.

4.2 Biographic Data of Respondents

Table 4.1 Respondents gender frequencies

	Management	Patients
Gender	Frequency	Frequency
Male	3	9
Female	1	21
Total	4	30

Source: Field Data, April 2018

The sample size of the study is 34 of which 12% (4) constituted management staff while 88% (30) constitute patients who are in the right position to determine the performance level of the hospital since they are the users of the services provided in the facility. The findings are discussed with respect to best practices in hospital governance and analysis is basically descriptive analysis.

4.3 Examining the Characteristics of the Hospital's Board

The results indicate that the Volta Regional Hospital has governing board structures required by standards. Clearly, hospital board characteristics contain all the very important features for its effective governance practices. It has been revealed that, the efficiency of a hospital is influenced by its hospital board characteristic features which involve board size, composition of the board, participation by medical staff on governing board, leadership structure of the board, diversity of the board, and board meeting frequency (Eeckloo *et al.*, 2004). The governing board of the Volta regional hospital has all these features in place which made the board standard.

According to Zahra and Pearce (2009), board size is connected with a wide range of professionals on the board and their instrumental involvement in making decisions. It is an ordinary view that big board's motive of vast professionals exposure possessed in terms of shareholder involvement can improve facility status and trust, and is essential for the hospital's service delivery improvement because decisions are easy to make. Relative to this, the Volta regional hospital has nine (9) members constituting the governing board making it a large board which enhances easy and effective decision-making.

The composition of the board is referred to as a percentage of directors who comes from outside the facility but serving on the board is linked to the degree of the sovereignty of governing board. With high quantity of outside directors, it is considered as a governing strategy and with other factors can alleviate agency costs between management and stakeholders (Chizema and Kim, 2010).

Governing board's independence has a negative effect on the relationship between innovative efforts and performance. This is true and practical with the managerialism theory, which stated that board directors who work in the facility are in a better position than outside directors to inspire hospital leaders to invest in profitable projects since they possess superior and specific hospital information.

In relation to this, the hospitals governing board is made up of both outside directors and inside directors which directly are enhancing easy and effective decision making at the management level of the hospital.

With Participation by Medical Staff on governing board, the CEO and medical staff members are considered. Generally, CEO usually serves on the board to give operational details relating to the hospital, while the clinical staff members update members of the board on hospital's service delivery cases (Medical Leadership Forum, 2012).

In relation to this, the hospital has medical staff both from outside the facility and within the facility serving on the management board. Thus, making the board equipped with administrative information and medical expertise to enhance the board's decision-making. Managerialism and resource dependency theories gave reasons why health facilities benefit from engaging clinicians from inside or outside the facility in their governing team. On the other hand, outside clinician board members assist in providing hospital board with information concerning patient care issues and practices.

The governing board's structure of leadership is an instrumental determinant of hospital performance. The role of CEO on governing board may be different from one facility to the other. They can be full members of the board or just being in attendance when needed for information. Being a full member, the CEO can either be the chairman of the board or just a member. The CEO is seen as integral to operations of the board since he will bring vital information to the decision-making process (Weiner 2013).

As a result, the hospital followed this standard practice to make CEO full member of the governing board but not serving as the chairman of the board. Thus, decision-making by the board is easier and effective.

Relatively, diversity of the board refers to the features that may be within the board members that can affect decision-making (Van der Walt and Ingley, 2013). These board characteristics regarding board diversity comprise those that can be seen, such as gender, ethnicity, age and those that cannot be seen is religion, occupation and education (Mahadeo *et al.*, 2012). The diversity of boards provides exclusive resources otherwise difficult, if not impossible to reach, supported by the resource dependency theory.

In the case of the Volta Regional Hospital, all the standard features for board diversity exist according to the data gathered. Women are represented on the board, both young and old age groups are represented, people of different religion as well as different occupation and educational backgrounds.

With examining what makes efficient boards from great boards, literature established that effective boards take meetings seriously. Also, literature proposes that the number of meetings can reveal the power possessed by the board (Eeckloo et al., 2004). Boards that meet few times in a year are likely not going to make an effective decision that impacts on performance. In line with this, the Volta Regional Hospital has taken board meetings seriously where board meetings are held five times yearly. This is in respect with the general prescription of four meetings annually, making the board authoritative and effective as evidenced in the data gathered. The board's meetings are relevant in occupying the board for regular review processes and procedures that are needed to ensure the effectiveness of its internal controls.

4.4 Ascertaining Whether the Existence of Hospital Boards Impact on Performance of Hospitals

The second objective which is to ascertain whether the existence of hospital board in the management and oversight role affects hospital performance reveals that, truly, a bigger expectation which is mandatory on institutions providing health service to provide effective and efficient service regarding healthcare. To all sitting hospital governing board members, a strategic end, that is surrounding delivery of service and capital growth with objectives should be employed and guarantee their attainment with relative measurement. Every hospital activities must match with the targets of the hospital (Ditzel *et al.*, 2006).

Referral hospitals need to make an arrangement to efficiently resolve issues regarding diverse behaviours of people to help achieve goals and objectives of the facility.

Of course, the Volta Regional Hospital is categorized as a large hospital due to its numerous services provided. Relative to this, the existence of a governing board for the Volta Regional Hospital is very crucial and according to respondents from management has helped in drawing strategic plans upon which the hospital is directed.

4.5 Effects of Board Characteristics and Sense of Care on Performance

According to Carver, (2010), it was established that governors of hospitals are like parents of the organization's in which they direct the facility towards its mission and vision. Hospitals can achieve this if health managers actually act as stewards and are always responsible for their core mandate which is related to the facilities mission and vision (Carver 2010). Literature made it clear that the board's efforts towards the attainment of the hospital's mission and vision normally translate into satisfying the needs of shareholders.

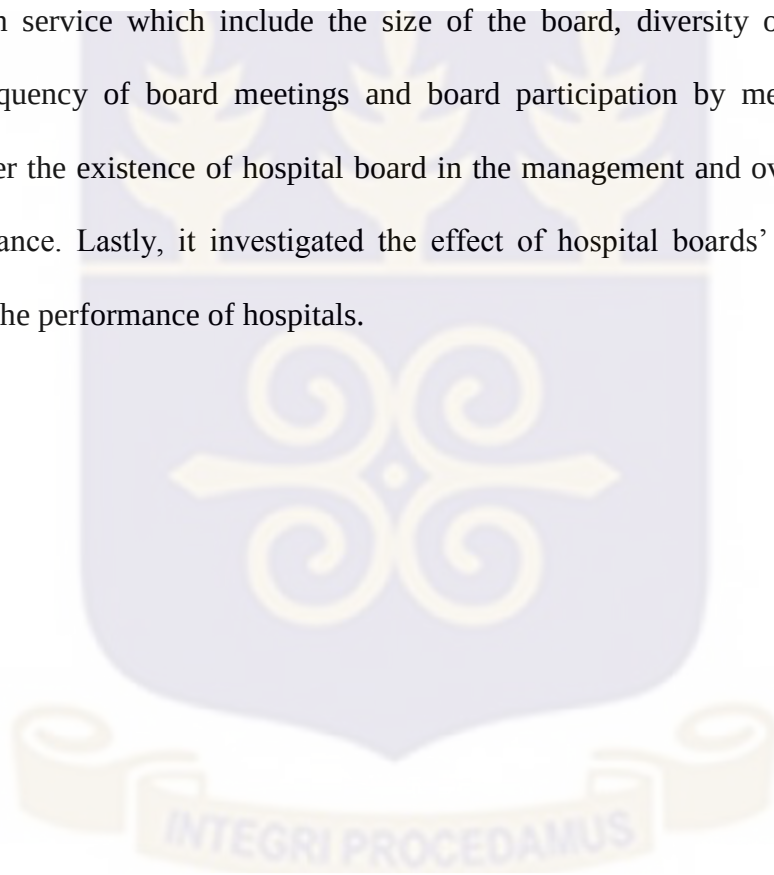
Literature again revealed that the efficiency of hospitals depends on the board characteristics such as board size, the composition of the board, participation by medical staff on the board, leadership structure and CEO duality, diversity of the board, and board meetings frequency (Eeckloo *et al.*, 2004).

The findings on the link existing between board characteristics and sense of care on performance reveal that, with larger board size, inside and outside director participation, board diversity existence, maximum number of board meetings, medical staff participation and an independent board leadership structure combined with adequate sense of care clearly exhibited patient satisfaction with respect to lower occupancy rate resulting in higher discharge of patients on

admission which shows an improvement inefficiency, and better service quality within the facility.

4.6 Chapter Summary

This chapter provides the biographic data of respondents in which twelve men, as well as twenty-two women, were interviewed. It then examines the characteristics of hospital boards adopted by the Ghana health service which include the size of the board, diversity of the board, board composition, frequency of board meetings and board participation by medical staff. It also ascertains whether the existence of hospital board in the management and oversight role affects hospital performance. Lastly, it investigated the effect of hospital boards' characteristics and sense of care on the performance of hospitals.



CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

The section deals with findings, conclusions drawn and recommendations made based on study findings.

According to Flynn (2002), Hospital governance has to do with the practice that involves directing the entire operation and performance of a hospital through the definition of hospital's mission, objectives setting and then supporting and monitoring its attainment at the operational level. It involves being responsible and accountable in the running of the hospital.

In the words of Eeckloo et al., (2004) hospital board are group of experts or professional team that come together to provide the axis of hospital management, which is mandated to steering the overall operation as well as performance of our hospitals, as they provide the facility's mission, objectives as well as supporting and monitoring its attainment at the operational level.

5.2 Summary of Findings

In examining hospital board characteristics, the findings of the study shows that this hospital has hospital board features in place. In this, the governing board has eight members (8) with two females representing on the board, medical director participating and as well doubling as the chairman of the board. The study also found that the hospital board has an inside director participation of all the key management members made up of the medical director, the

administrator, the nursing manager, the pharmacy manager as well as the finance officer. The hospital also have an outside director participation of a legal expert and an entrepreneur.

With the frequency of meetings, it reveals that the board meets quarterly and as well any time there is the need for emergency meetings. The composition of the board, medical staff participation on the board, leadership structure of the board, diversity of the board and board meetings frequency revealed in the findings of the study fall within the general recommendations.

With regards to ascertaining whether the existence of hospital board in the management and oversight role affects hospital performance revealed that, all hospital governing boards are mandated to set a strategic end, that is surrounding service and efficient expenditure with objectives, and also guarantee its achievement and relative measurement.

Hospital operations must match with the goals of the hospital (Ditzel *et al.*, 2006). Referral hospitals must strategise to resolve issues with the varied conducts of individuals to enable the achievement of its goals and objectives. Of course the Volta Regional Hospital as a large hospital due to its numerous services provided, the existence of a governing board for the hospital is very crucial and according to respondents from management has helped in drawing strategic plans upon which the hospital is directed.

The findings on investigating the effect of hospital boards' characteristics and sense of care on the performance of the hospital show that board characteristics with a sense of care impacted

significantly on the efficiency and effectiveness of the hospital's service delivery. The existence of governing boards with standard board characteristics generally suggest that effective governance actually impacted on the performance of the hospital as a response from patients proved that the services of the hospital are efficient, effective and satisfactory.

5.3 Limitations of the Study

The research focused on how healthcare leadership structures affect the performance of hospitals in Ghana specifically the Volta Regional Hospital as a case study. Besides that, some limitations existed with respect to the study. Hospital leadership refers to a coordinated process among top-level hospital managers in policymaking and decision-making. In this, the board, CEO, senior management and clinical leaders are mandated to lead the process. This current study looked at only some aspect of healthcare leadership. This research work actually looked at the importance of hospital governing boards by ascertaining whether or not the existence of governing boards impacts on the performance of hospitals.

The research again looked at how the characteristics of governing boards and sense of care impact on the performance of hospitals. Actually, the study could have involved statistical measures of service quality.

Van der Walt and Ingley, (2013), explains the diversity of boards to entail age, ethnicity, gender, education, occupation, and religion. This research limited diversity of the board to gender diversity for lack of data for the rest of the diversity components. The study evaluates

performance with occupancy rate, discharge rate, efficiency, and quality of service. It would have been adequate if it involves other measures of performance.

5.4 Conclusion

The governance and effectiveness of the healthcare sector are very important due to its impact on human well-being and the size of this sector of the economy. In relation to this, the Volta Regional Hospital has hospital board features in place with an inside director participation of all the key management members. The hospital also have an outside director participation of a legal expert and an entrepreneur which indeed are all enhancing performance due to effective and efficient expert decisions that are being made in the decision making process.

With the frequency of meetings, it reveals that the board meets quarterly and as well any time there is the need for emergency meetings. The composition of the board, medical staff participation on the board, leadership structure of the board and diversity of the board revealed in the findings of the study is in line with the general recommendation which is actually impacting heavily on the performance of the hospital.

With regards to ascertaining whether the existence of hospital board in the management and oversight role affects hospital performance, it revealed that the Volta Regional Hospital as a large hospital due to its numerous services provided, the existence of a governing board for the hospital is very crucial and according to respondents from management has helped in drawing strategic plans upon which the hospital is directed.

Also, the effect of hospital boards' characteristics and sense of care on the performance of the hospital shows that the board characteristics with a sense of care impacted significantly on the efficiency and effectiveness of the hospital's service delivery as a response from patients proved that the services of the hospital are efficient, effective and satisfactory.

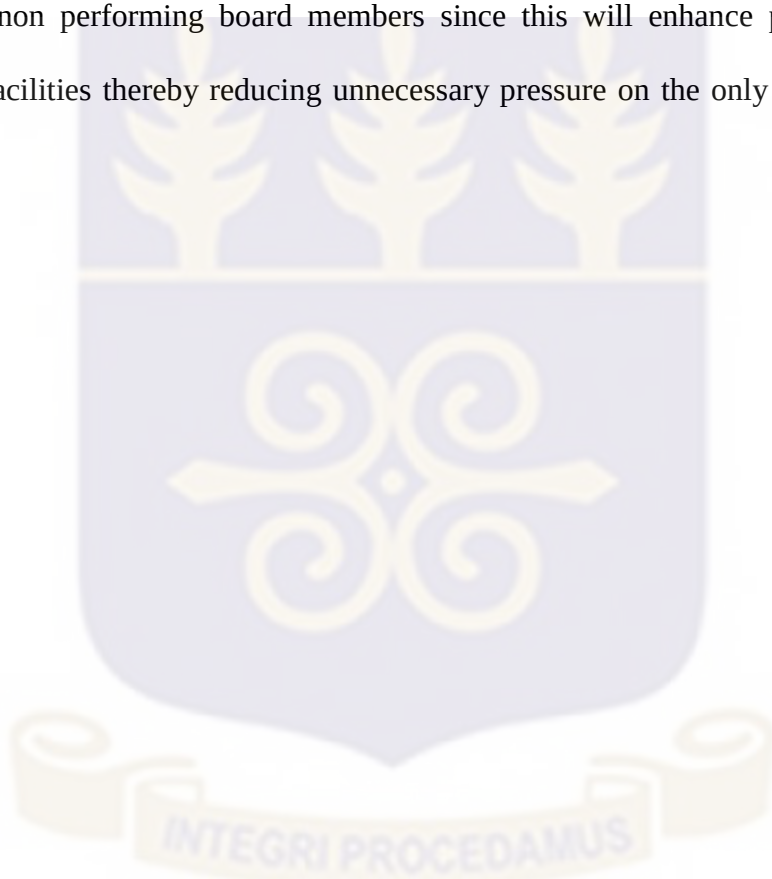
5.5 Recommendations

Based on the conclusions made above that hospitals with governing boards perform better in terms of delivering quality healthcare. The existence of governing boards is very crucial since they make decisions that normally improve the quality of service provided by the hospital. Also depending on the structured in terms of the board's characteristics, this indeed impacted significantly on the performance of the hospitals. It is, therefore, recommended that:-

1. The Volta Regional Hospital should encourage all the district hospitals operating in the region to constitute a well-functioning governing board considering standards required. This will help the various hospitals in the region to outline strategic hospital's mission, formulating and monitoring targeted goals as well as strategy development in healthcare delivery.
2. It would also be constructive if the Volta Regional Hospital helps all the district hospitals operating in the region to establish a strategic end which is surrounding service quality and financial efficiency with achievable objectives.
3. Also, the Volta Regional Hospital should help all the district hospitals to select their board of

directors to constitute the hospital's board since even the characteristics of board members influence the performance of the hospital.

4. Lastly, the Volta Regional Hospital should establish a permanent unit within the facility which should be mounted by top level managers to oversee the activities of the boards that will be constituted in the various district facilities in which they should be made to hire and fire performing and non performing board members since this will enhance performance at the various district facilities thereby reducing unnecessary pressure on the only referral hospital of the region.



References

- Abekah-Nkrumah, G., Dinklo, T. and Abor, J. (2010), Financing the Health Sector in Ghana: A Review of the Budgetary Process, *European Journal of Economics, Finance and Administrative Sciences*, 17, 45-59.
- Abor P. A. (2015), Healthcare governance, ownership structure and performance of hospitals in Ghana. The effects of healthcare governance and ownership structure on the performance of hospitals in Ghana", *International Journal of Law and Management*, 2015.
- Alexander, J. A., Lee, S.-Y. D. (2006), Does Governance Matter? Board Configuration and Performance in Not-for-profit Hospitals, *The Milbank Q*, 84, 733-758.
- Bader, B. S. (1993), CQI Progress Reports, *Healthcare Executive*, 8(5), 8-11.
- Bennington, L. (2010), Review of the Corporate and Healthcare Governance Literature, *Journal of Management and Organization* 16(2), 314-333.
- Bryman, A. (2012), Social Research Methods, 4th Edition, Oxford University Press.
- Büchner, V. A. (2012), *The Impact of Board Characteristics on Hospital Performance*, ECHE 2012 Conference, Zurich, Switzerland.
- Campbell, S. M., Roland, M.O. and Buetow, S.A. (2000), Defining Quality of Care, *Social Science and Medicine*, 51(11), 1611-25.
- Carter, D. A., B. J. Simkins and Simpson, W. G. (2003), Corporate Governance, Board Diversity, and Firm Value, *The Financial Review*, 38, 33-53.
- Carver, J. (2010), *Boards That Make a Difference*, Jossey-Bass, San Francisco, CA.
- Chizema, A. and Kim, J. (2010), Outside Directors on Korean Boards: Governance and Institutions, *Journal of Management Studies*, 47, 109–129.

- Dagger, T. S., Sweeney, J. C., Johnson, L. W. (2007), A Hierarchical Model of Health Service Quality: Scale Development and Investigation of an Integrated Model, *Journal of Service Research* 10(2), 123-142.
- Delbecq, A. L. and Gill, S. L. (2008), Developing Strategic Direction for Governing Boards, *Hospital and Health Services Administration*, 33(1), 25-35.
- Ditzel, E., Štrach, P. and Pirozek, P. (2006), An Inquiry into Good Hospital Governance: A New Zealand-Czech Comparison, *Health Research Policy and Systems*, 4(2), 1-10.
- Eeckloo, K., Van Herck, G., Van Hulle, C. and Vleugels, A. (2004), From Corporate Governance to Hospital Governance: Authority, Transparency and Accountability of Belgian Non-profit Hospitals' Board and Management, *Health Policy*, 68, 1-15.
- Fayol, H. (2008), *General and Industrial Management*, Pitman Books, London
- Flynn, R. (2002), Clinical Governance and Governmentality, *Health, Risk and Society*, 4(2), 155–173.
- Freedman, D. B. (2002), Clinical Governance – Bridging Management and Clinical Approaches to Quality in the UK, *Clinical Chimica Acta*, 319(2), 133- 141.
- Gillies, J. (2012), *Boardroom Renaissance*, McGraw-Hill Ryerson, Whitby, Ontario.
- Health Research and Educational Trust (2007), *Building an Exceptional Board: Effective Practices for Health Care Governance*, Report of the Blue Ribbon Panel on Health Care Governance, Center for Healthcare Governance, Chicago.
- Hevesi, A. G. and Millstein I. (2011), *Nonprofit Governance in New York City*. New York: The Comptroller of the City of New York.

Institute for Healthcare Improvement (2008), 5 Million Lives Campaign. *Getting Started Kit: Governance Leadership “Boards on Board” How-to Guide*. Cambridge, MA: Institute for Healthcare Improvement; 2008. (Available at www.ihl.org).

Institute of Medicine (2011), *Committee on Health Care in America, Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press; 2011.

Kerlinger, F. N. (1986) *Foundations of Behavioural Research*, 3rd Edition, Holt, Rinehart and Winston, New York.

Klapper, L. and Love, I. (2004), Corporate Governance, Investor Protection, and Performance in Emerging Markets, *Journal of Corporate Finance*, 10, 703–728.

Kumar, R. (2005) *Research Methodology: A Step-by-Step Guide for Beginners*, SAGE Publications Ltd, London.

Mahadeo, J. D., Soobaroyen, T. and Hanuman, V. O. (2012), Board Composition and Financial Performance: Uncovering the Effects of Diversity in an Emerging Economy, *Journal of Business Ethics*, 105, 375-388.

McSherry, R. and Pearce, P. (2011), *Clinical Governance: A Guide to Implementation for Healthcare Professionals*. Wiley.

Medical Leadership Forum (2012), *Challenges for Medical Leaders: A Series on Key Issues*, La Jolla, CA: Medical Leadership Forum of the Governance Institute.

Mitchell, P. and Lang, N. (2004), Framing the Problem of Measuring and Improving Healthcare Quality: Has The Quality Health Outcomes Model Been Useful? *Medical Care*, 42, 4-11.

Murphy, C, and O’Donohoe, S. (2006), *Hospital Governance: An Insight from the South East of Ireland*, IAFA Annual Conference, May, Ireland.

- Pointer, D.D. (2012), Really Governing: What Type of Work Should Boards be doing?, *Hospital and Health Service Administration*, 40(3), 315-331.
- Quigley, M.A. and Scott, G.W.S. (2004), *Hospital Governance and Accountability in Ontario*, A Report for the Ontario Hospital Association, Toronto.
- Saunders, M. Lewis, P. and Thornhill, A. (2007), *Research Methods for Business*, 4th Edition, FT Press Ed, Harlow, England, Pearson Education Inc.
- Smith, P., Anell, A., Busse, R., Crivelli, L., Healy, J., and Lindahl, A.K. (2012), Leadership and Governance in Seven Developed Health Systems, *Health Policy*, 106 (2012), pp. 37 – 49.
- Storey, J. and Buchanan, B. (2008), Healthcare Governance and Organizational Barriers to Learning from Mistakes, *Journal of Health Organization and Management*, 22(6), 642-651.
- Suchman, M. (2005), Managing Legitimacy: Strategic and Institutional Approaches. *Academy of Management Review*, 20(3): 571-610.
- Taylor, W. D. (2010), Facts, Myths and Monsters: Understanding the Principles of Good Governance, *The International Journal of Public Sector Management*, 13(2), 108-124.
- Troyer, G. T., Jose, D. E. and Brashear, A. D. (2004), *Governance Issues for Non Profit Healthcare Organizations and the Implications of the Sarbannes- Oxley Act*, Indiana Health Law, vol. 179.
- Van der Walt, N. and Ingley, C., (2013), Board Dynamics and the Influence of Professional Background, Gender and Ethnic Diversity of Directors, *Corporate Governance*, 11(3), 218-234.
- VanuSom, C. (2004), Clinical Governance: A Fresh Look at its Definition, *Clinical Governance: Bradford*, 9(2), 87-90.
- Weiner, B. J. and Alexander, J. A. (2013), Hospital Governance and Quality of Care: A Critical Review of Transitional Roles, *Medical Care Review*, 50(4), 375- 410.

Weng, R., Huang, J., Kuo, Y., Huang, C., and Huang, Y. (2011), Determinants of Technological Innovation and its Effect on Hospital Performance, *African Journal of Business Management*, 5(11), 4314-4327.

World Health Organization (2008), Traditional Medicine, Fact Sheet No. 134, Revised December 2008, www.who.int/traditionalmedicine.

Zahra, S. and Pearce, J. (1989), Board of Directors and Corporate Financial Performance: A Review and Integrative Model, *Journal of Management*, 15, 291–324.



INTERVIEW GUIDE FOR THE CEO/MANAGEMENT TEAM

Interview guide on “Healthcare Governance and Performance of Hospitals in Ghana” (A case study of Volta regional hospital, Ho)

The purpose of this interview is to find out whether healthcare governance affects performance of hospitals in Ghana. Your vivid opinions and/or views on the subject under discussion would be very imperative and useful for the study. However, you are assured that any information collected would be treated with utmost confidentiality and tactfulness.

- 1, Please tell me about the hospital and the services you provide?
2. May you please educate me on the management structure of the hospital?
3. Can you please tell me about the governing board and its relative characteristics?
4. How is the presence of the governing board impacting on the operations of the hospital as well as performance?
5. What can you say about the governing board’s sense of care when it comes to issues of service delivery?
6. How does the governing board’s characteristics and sense of care affect the operations and performance of the hospital?
7. In general, will you recommend that every public hospital should have a governing board and why?

Thank you for the time you have spent in completing this questionnaire.

INTERVIEW GUIDE FOR PATIENTS

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Service Quality and Performance Issues

1. For how long have you been accessing health services from this facility?
2. How do you see service delivery in this facility?
3. How will you rate the hospital when it comes to modern equipment needed for service delivery in the hospital and why?
4. How are the physical structures within the facility visually appealing to you?
5. How is the conduct of personnel in the hospital like?
6. What will you say about the authorities of the hospital when it comes to order and sense of care?
7. What will you say when it comes to meeting patients’ preferences by the authorities of the facility?
8. In general, how will you rate the performance of the hospital and why?

Thank you for the time you have spent in completing this questionnaire.