

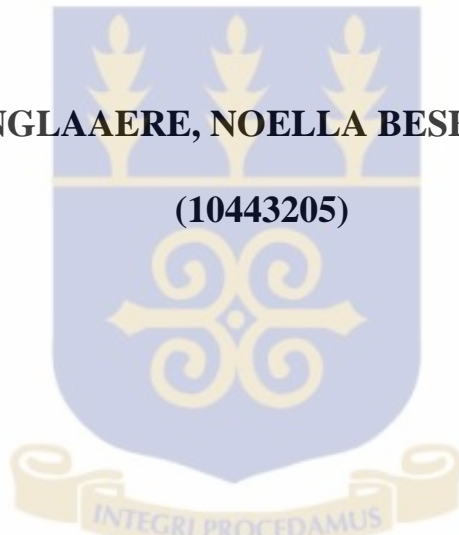
# **UNIVERSITY OF GHANA**

## **RELATIONSHIP BETWEEN HOSPITAL GOVERNANCE AND HEALTH RECORDS MANAGEMENT: A STUDY OF THE SHAI- OSUDOKU AND KUMAWU DISTRICTS HOSPITALS.**

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**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA BUSINESS  
SCHOOL, UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILMENT OF  
THE REQUIREMENT FOR THE AWARD OF MPhil IN HEALTH SERVICES  
MANAGEMENT DEGREE**

**MAY, 2015**

## DECLARATION

I hereby declare that this work is the result of my own research and has not been presented by anyone for any academic award in this or any other university. All references used in the work have been fully acknowledged.

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## **CERTIFICATION**

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

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**DATE**



## DEDICATION

This thesis is dedicated to my parents – Dr. Luke C. N. Anglaaere and Mrs. Paulina Y. Anglaaere, who gave their all in making sure I get the best throughout my education, and also to my brother – Desmond-Luke M. Anglaaere for his unending love and support. I thank God for their presence in my life.



## ACKNOWLEDGEMENTS

I am most grateful to the Almighty God for all His provisions for me throughout my studies.

I wish to express my profound gratitude to Dr. Albert Ahenkan, my academic supervisor for his irreplaceable guidance and constructive comments throughout the study.

Again, my special thanks to the lecturers and staff of the Department of Public Administration and Health Services Management of the University of Ghana Business School, who guided me throughout my stay in the school with their knowledge and advice. I am specifically grateful to Dr. Thomas Buabeng and Auntie Mary, whose advice and encouragement motivated me throughout my study.

I am highly indebted to my family, friends and the entire members of GRAFT foundation Ghana. Specifically, I am thankful for the support from Dr. and Mrs. Dakubo, who also contributed throughout my stay in the school, Dr. Paa Ekow Hoyte-Williams, for his support and encouragement throughout my study. To my friends, Angela Amankwah and Susanne Yeboa-Asuamah who motivated and encouraged me in my study.

Special thanks to Nana Kwasi Karikari who took time to go through my work and gave me continuous advice throughout my work, God richly bless you.

I give thanks to all of you for your prayer and encouragement throughout my stay in this school, God bless you all.

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## LIST OF ABBREVIATIONS

<b>OECD</b>	Organization for Economic Co-Operation and Development
<b>ARMA</b>	Association of Records Manager and Administration.
<b>RIM</b>	Records Information Management.
<b>RM</b>	Records Management.
<b>MOH</b>	Ministry Of Health.
<b>MDA</b>	Ministries, Departments and Agencies.
<b>NGO</b>	Non-Governmental Organization.
<b>GHS</b>	Ghana Health Service.
<b>THB</b>	Teaching Hospitals Board.
<b>QGIH</b>	Quasi-Government Institution Hospitals.
<b>PHMHB</b>	Private Hospitals and Maternity Home Board.
<b>MBP</b>	Mission-Based Providers.
<b>TMP</b>	Traditional Medical Providers.
<b>AM</b>	Alternative Medicine.
<b>FH</b>	Faith-based Healers.

<b>MIS</b>	Management Information System.
<b>IRMT</b>	International Records Management Trust.
<b>HG</b>	Hospital Governance.
<b>RMP</b>	Records Management Policy.
<b>RS</b>	Records Staffing.
<b>RCA</b>	Records Control and Access.
<b>RR</b>	Records Retrieval.
<b>RP</b>	Records Preservation.
<b>RRD</b>	Records Retention and Disposition.

## ABSTRACT

Health systems are built mainly upon specified building blocks. As effective as they individually are, these building blocks function together to provide the best of healthcare services in the world. Health leadership/governance and health information system (records) are some of the strongest components of the building blocks. The relationship that exists between these two building blocks helps in the management decision making towards the attainment of organizational goals. This study examined the relationship between hospital governance and health records management in public hospitals in Ghana using the Shai-Osudoku and Kumawu Districts hospitals as case study. The main purpose of the study was to find out how the effective and efficient management of the hospitals' records can facilitate their governance obligations, which include but not limited to accountability, transparency and information security. The combination of the Stakeholders' and Records Continuum Theories were adopted for the study. The study obtained data from 64 respondents by the use of structured questionnaires, with the use of personal observation to back up data obtained. In analyzing the data, multiple linear regression was performed to establish the relationship between hospital governance and records management. Results from the linear regression with a confidence level of 95% (P-value < 0.05) revealed a significant (0.003) relationship between hospital governance and records management. Furthermore, all predictors used under hospital governance (accountability, transparency and information security) had positive ( $R^2$  (11%, 10% & 20%) respectively) and significant (p-values (0.030, 0.039 & 0.003) respectively) relationships with records management and predictors of records management (records management policy, staffing, records control and access, records retrieval, records preservation and records retention and disposition) had positive relationships with hospital governance except staffing. The study revealed the important role of well managed hospital records in providing capacity for hospitals' efficiency, accountability, transparency, information security and good governance. For an effective and efficient hospital governance, major health agencies (MoH, GHS etc.) must

endeavor to create strong records management policies that will gear towards good governance in the health sectors.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 RESEARCH BACKGROUND**

Refining the quality of health care has developed a concern for patients, governments, managers, and professionals working in low-income countries, where many people do not have access to health care services. Patients with sufficient means of paying for health services, on the other hand, are paying more for their care, both for public and private services, but they often may not gain any progress in health or service quality. Patients progressively expect more from health care services and relate their experiences with those countries with higher quality in rendering health care services. The healthcare institution like any other organization, is regulated by strategic rules and principles laid down by a body that forms the governance system of the organization. The governance system of a health institution has some components that differ from the general governance system. In this segment of the chapter, the broader aspect of governance system was explained, and followed by the two major forms of governance structure in healthcare institutions. This section in addition to explaining the nature of governance, explained what record management is, as well as what it entails.

##### **1.1.1 Defining Governance**

As a concept, corporate governance which is a more broader aspect of a governance system in organizations, 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 organization. Corporate governance is the process of directing and managing business affairs towards enhancing business prosperity and corporate accountability with the ultimate goal of realizing organizational objectives and long-term stakeholder value. Generally, corporate governance provides the structures through which the objectives of organizations are set, and the means of attaining those objectives and monitoring performance. In effect, corporate governance 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) corporate governance involves a set of relationships between a company's management, its board, its shareholders and other stakeholders. The OECD's definition indicates that corporate governance is more than the way a company is controlled, but also involves the way in which it is supervised so that it meets the needs of all stakeholders. To Aboakye-Otchere et al. (2012), corporate governance 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 corporate governance which includes: enhancement of ethical behavior, compliance with stated laws, fostering efficiency and effectiveness and prevention of failures and disasters. One can conclude that corporate governance is the embodiment of other specific governance system, and as such, there are other governance systems with their unique definitions. For the purpose of this study, the definitions for clinical governance and hospital governance was explored.

### **1.1.2 Clinical Governance**

As a subdivision under governance, the concept of clinical governance has some equivalents with the more broadly known corporate governance, it addresses those structures, systems and processes that assure the quality, accountability and proper management of an organization's operation and delivery of service. However clinical governance applies only to health and social care organizations, and only those aspects of such organizations that relate to the delivery of care to patients and their care takers, it is not concerned with the other business processes of the organization except when they affect the delivery of care. The concept of "integrated governance" has emerged to refer jointly to the corporate governance and clinical governance duties of healthcare organizations (Sally & Donaldson, 1998). Clinical governance does not mandate any particular structure, system or process for maintaining and improving the quality of care, except that designated responsibility for clinical governance must exist at a Trust Board level, and that each Trust must prepare an annual review of clinical governance to report on quality of care and its maintenance (Sally & Donaldson, 1998). Beyond that, the Trust and its various clinical departments are obliged to interpret the principle of clinical governance into locally appropriate structures, processes, roles and responsibilities. This system of governance regulating the clinical aspect of healthcare actually falls under a broader system of governance in healthcare regulation termed as hospital governance.

### **1.1.3 Hospital Governance**

There has been an added complexity in governance in a hospital setting due to the fact that it concerns not only economic and financial dimensions, but also integrates societal aspects (Eeckloo, Van Herck, Van Hulle, & Vleugels, 2002). In addition, the challenges facing hospitals in today's environment is forcing the contemplation of the meaning of 'good governance' and how it should be implemented.

Bohen (1995) explained hospital governance as an organization's accountability and responsibility for its overall operation. To be precise, hospital governance has been regarded as a shared process of top-level organizational leadership, policy making and decision making in healthcare settings. According to Bader (1993) and Alexander, Lee & Bazzoli (2003), the governing board, which is a board established to govern the hospital, may be responsible for the ultimate accountability, but the CEO or head of the hospital, senior management and clinical leaders are involved in top-level functions. According to Abor, Abeka-Nkrumah & Abor (2008), most hospitals are governed by their own governing board and professional team of executive managers. They come together to constitute the axis of 'hospital governance', which is the process whereby the overall functioning and effective performance of a hospital are steered, by defining the hospital's mission, setting its objectives, supporting and monitoring their realization at the operational level (Flynn, 2002; Eeckloo, Van Herck, Van Hulle & Vleugels, 2004).

#### **1.1.4 Hospital Governance in Ghana**

The provision of healthcare in Ghana is one of strong rivalry between public and private service providers and this has positioned service quality steadfastly in the agenda of national policies on healthcare. As at the year 2007, Ghana had approximately 2,262 public and private health facilities. Among the 2,262, 1,108 facilities are owned by government, including ten regional hospitals, 75 district hospitals and 622 health centers (Ghana Health Service, 2007). Accordingly, the public sector alone is accountable for almost 50 per cent of service delivery and accounts for two-thirds of health workers in the health sector. This certainly entails public facilities to progress in quality of service in order to strive satisfactorily with their private counterparts.

Abor, Abeka-Nkrumah & Abor (2008), stated that the most important element of the overall governance structure of a hospital, is the hospital board. The composition of the hospital board is a critical component of the hospital governance system, with greater emphasis placed on external directors due to their ability to play a more crucial and independent role in decision making void of all influences that may hamper effective decisions. This is believed to shape the way and manner in which the performance of the hospital is monitored and accessed. The governance of a hospital must therefore go hand in hand with its records management system.

#### **1.1.5 Records Management**

According to the Association of Records Managers and Administrators (ARMA) International, (2012), records management (RM), also known as records information

management (RIM), is the professional practice or discipline of controlling and governing what are considered to be the most important records of an organization throughout the records life-cycle, which includes from the time such records are conceived through to their eventual disposal. This work includes identifying, classifying, prioritizing, storing, securing, archiving, preserving, retrieving, tracking and destroying of records.

Compliance regulations and records-related mishaps have increased some corporations' interest in records management. Nevertheless, Tale and Alefaio (2011) have observed that records management 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, records management practices are not considered as priority areas in organizations, and invariably records are manned by staffs who have very limited experience or skills in managing records (Tale & 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 organization.

Although studies have been done to investigate the system of governance in hospitals (Abor, Abeka-Nkrumah & Abor, 2008; Abeka-Nkrumah & Atinga, 2013; Zahirah, et al., 2014), there is little or no studies, though arguably, on connecting the relationship between hospital governance and record management in hospitals. This study however was conducted to explore this gap.

## 1.2 RESEARCH PROBLEM

In Ghana, hospital settings are majorly categorized in two, namely; public and private. The public hospital system in Ghana, are mainly owned and operated by the government of the country. Whereas the private hospitals, are constructed and operated by private individuals or corporations. Although private, they are also governed by acceptable regulations laid down by the government of the country. Extant research in health service delivery has examined a number of themes including the governing systems of hospitals (Abor et al., 2008; Abeka-Nkrumah & Atinga, 2013; Zahirah, et al., 2014), the managerial issues of hospitals (Sakyi, 2008; Sakyi, Atinga, & Adzei, 2012), as well as issues concernig healthcare professionals (Yeboah, Ansong, Antwi, Yiranbon, Anyan & Gyebil, 2014) and record management and good governance (Akotia, 2003; Dikopoulou & Mihiotis, 2012; Iwhiwu, 2005; Lorato & Mnjama, 2007)

Most of the researches, focused more on the various ways by which hospitals are governed in the country. For instance, in examining the governance systems between the private and public hospitals in Ghana, Abor et al. (2008), ascertained that; the way the private hospitals are governed, is entirely different from the way public hospitals are governed. They noted that in the Ghanaian public hospitals such as those under the Ghana Health Service, board members are appointed by Ghana Health Service Council whereas the private hospital's board are appointed by the owner of the hospital. They also went ahead and discussed the hospital's governance systems in line with Taylor's (2000) principles of good governance. However, although highly valuable, their research focused mainly on how hospitals are

governed, without an indication on whether or not the governance system is affected by the way records of the hospitals are managed.

Studies identified in hospital governance, emphasized on a big twist pertaining to governance structures and who constituted them, and not on how to effectively manage the tools, which is records or information used by the governing body in making strategic decisions towards the achievement of their governance objectives. Therefore, although the concept of hospital governance has been well researched, there is scantiness of literature on the relationship between hospital governance and records management, most especially in healthcare institutions. Hence, this study sought to examine the impact of records management practices on the governance of the Shai-Osudoku district hospital in Dodowa and the Kumawu district hospital in Kumawu, with the purpose of finding out how effective and efficient management of hospital records can facilitate its governance objectives, as well as adding to literature by exploring the gap.

### **1.3 GENERAL OBJECTIVE**

The main objective of the study was to investigate the relationship between hospital governance and records management in the Shai Osu-Doku and Kumawu Districts hospitals, by determining how records management affects the governance of the hospital.

#### **1.3.1 Specific Objectives**

To achieve this purpose, the study outlined the following related objectives;

1. To examine the health records management practices in the Shai-Osudoku and Kumawu Districts hospitals.
2. To evaluate the culture of attitudes, behavior and relationships through which hospital governance is often perceived and accomplished in the selected hospitals.
3. To identify the relationship between hospital governance and records management, and the influence of records management on hospital governance in the selected hospitals.
4. Make appropriate recommendations for improving hospital governance in the selected hospitals.

### **1.3.2 Research Questions**

1. What are the hospital records management practices of the two hospitals?
2. What are the culture of attitude, behavior and relationships through which HG is often perceived and accomplished in the selected hospitals?
3. What is the relationship between hospital governance and records management in the selected hospitals?
4. What recommendations can be derived from the study?

#### **1.4 SIGNIFICANCE OF THE STUDY**

The significance of this study was captured under three categories; research, practice and policy. Concerning research significance, this study went ahead of current research on hospital governance and records management by merging the two independent topic in one research and more specifically in a healthcare institution. Literature on records management in hospitals is debatably limited in Ghana.

Significance of the study pertaining to practice, the study was done to provide guidelines to other healthcare institutions on the influence of records management of hospital governance, to address challenges in the adoption and implementation of a strong records management system to maintain a good governance structure. It is also worth emphasizing that a good records management system is a key resource to the governance and performance of a hospital, and efforts to implement it will go a long way to facilitate progress in a health sector. Therefore, in practice, this research was conducted to contribute to the realization of creating a strong records management system for effective and efficient hospital governance, which may in turn improve on health service delivery.

In the area of policy making; this study was aimed at providing information into the various management practices under the governance system of health sector organizations in Ghana as well as the relevance records management in healthcare institutions. This was to done to provide policy makers with adequate insight into working management practices and its effect on the health sector of Ghana. Finally, as part of continuous effort in the area, this study was conducted to serve as a source of reference to other researchers and members in

the academic community. It was done to add to existing literature on hospital governance and hospital records management in Ghana.

### **1.5 SCOPE OF THE STUDY**

This research in particular did not study the process involved in the governance structure of the Shai-Osudoku and Kumawu Districts hospitals. The study mainly focused on how the governance of the hospitals is influenced by the nature of its records management. During this phase, it was anticipated that factors such as governance policy, how governance is perceived, hospital accountability, and hospital transparency and information security will facilitate the nature of governance in the hospitals, therefore the study of the governance of the hospitals was restricted to these aspects. On the aspect of records management, the study focused on records access, records control, records retrieval, records preservation and retention, as well as records disposition.

The study was also set to only the Shai-Osudoku and the Kumawu Districts hospitals, due to their inclusion in the Ghana Districts Hospitals Project, a project introduced by the government of Ghana to set up ultramodern district hospitals in various regions.

### **1.6 CHAPTER OUTLINE**

The study was presented in six chapters. Chapter one presents the research background, research problem, and research purpose, objectives of the study, research questions, research significance, scope and limitation of research and the chapter organizations of the study.

Chapter two presents a review of relevant literature on hospital governance and records management. The third chapter is the methodology. It covers the brief overview and profile

of the hospital under study, study population, sampling techniques, data collection instruments and method, data management and analysis, and ethical considerations.

Chapter four entails presentation of results, as well as discussion and analysis of findings.

Chapter five comprises the discussion of results obtained.

Finally, chapter six gives the summary of the research, implications and recommendations to research, practice and policy and the future research directions. The references and appendices follow this chapter.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 INTRODUCTION**

The Healthcare service, as well known is one of utmost importance to a country's development and it consists of various aspects and themes that further its effectiveness. Empirically, different scholars have researched into various aspects of health care delivery. These distinct aspects of the healthcare system come together to contribute to the success of healthcare delivery in a country. This part of the study, looks at some empirical evidence of the different types of research on healthcare delivery system.

#### **2.1 EMPIRICAL EVIDENCE**

Having health services as one of the most essential part of every country's economic growth, it is very crucial to pay utmost attention to the way the system is governed, with respect to its records management system. In view of this, many scholars have researched into how the health system is managed or governed. Certain scholars have also studied records management in various institutions. Studies by Willis (2005), Adams (2010), Stanberry (2011) and Dikopoulou and Mihiotis (2012) identified that the manner in which organizations manage their records or documents may be one of the main reasons preventing these organizations from accomplishing their governance objectives.

In view of empirical evidence about healthcare systems, a number of studies have examined hospital governance (Abor, Abekah-Nkrumah & Abor, 2008; Saltman, Durán, & Dubois,

2011; Ford-Eickhoff, Plowman, & McDaniel, 2011; Vian & Bicknell, 2013; McNatt, et al., 2014). It was established in these studies that the governance structure of public hospitals are entirely different from private hospitals. Related literature have noted that, in a hospital governance system, the main body that governs the hospital, is the governing board. However, governing boards of public hospitals and private hospital differ. Whereas the governing board of a public hospital is selected by the government, and more specifically the Ministry of Health for teaching hospitals and Ghana Health Service for non-teaching hospitals, that of the private hospitals is usually set up by the owner of the hospital, who in turn becomes the head of the board as well as the director of the hospital. Evidently, the room for decisions of the governing board of the public hospitals is more limited than that of the private hospitals, due to the interference of the government in the governance of public hospitals. Public hospitals have strict principles that must be followed and applied in decision making, including the management of their records or information.

For hospital governance to be effective, Saltman et al., (2011) indicated that it must incorporate two powerful and well-developed lines of health sector logic; the first of these being, national health policy and objectives; on the other, operational hospital management. Although they stipulate that these two strategies are powerful enough to make hospital governance more effective, their research has only been done in European countries. Whether these strategies also work in African countries, is a different line of research yet to be seen.

Another research by Ford-Eickhoff et al., (2011) focused on the scope and size of hospital governing boards and argued that hospitals with broader expertise in their boards also have an external focus. For some of their externally-oriented goals, hospitals also reported that their boards were involved earlier in the stages of decision making. All these researchers give clear indications that the governing of public hospital entails a whole lot of different scopes; be it from the formation of the governing board, its decision making, its governing strategies as well as the size and functions of the governing board. Evidently, the formation of a public hospital's governing board has a wide impact on the vision and mission of the hospital.

Other researchers also focused on the way hospitals are managed ( Sakyi, 2008; Sakyi, Atinga, & Adzei, 2012). Managing a hospital, be it public or private, forms the core of the hospital's governance structure. The hospital boards are mainly focused on managing the hospital's activities in order to attain its goals by guiding stakeholders through the vision and mission of the hospital. Sakyi (2008) focused mainly on the decentralization of health administration as a management tool in the health sector. His study focused mainly on the barriers faced by management in the implementation of decentralization in the health sector. The study found that transfer of authority for management decision making and planning was rarely operational at district levels; and control over financial and personnel decisions remained centralized. Some of the key components identified as factors obstructing the implementation of management decentralization in the district level were; lack of staff capacity, lack of commitment and inter-organizational conflict between health managers and local government officials. With these obstructions, it may be safe to establish the fact that

the role of different offices in the management of health institutions is of utmost importance. Therefore key players in the delivery of healthcare in a country must come together to govern the activities of the institution for the attainment of their short-term and long-term goals.

Again, on hospital management, a study was conducted on managerial problems faced by hospitals under the national health insurance scheme, which is one of the key factors for governing a hospital (Sakyi et al, 2012). Their study focused on identifying some of the key problems the hospital management faced in terms of reimbursement of funds, as well as claims management under the national health insurance scheme. They identified, cash flow delays from the health insurance authority, lack of capacity to procure essential drug and non-drug consumables; and the inability to take initiatives and carry on effective administrative work, as some of the major problems facing hospitals under the national health insurance scheme. This in turn affects the decision making of the hospital's governing body, and impedes the attainment of established goals. The two studies about hospital management back other researchers' findings about the fact that government influence on public hospital's governance structure limits some operations and decision making by the governing board (Abor et al, 2008).

Unlike private hospitals who can decide whether or not to continue certain aspects of healthcare delivery, such as being on the national health insurance scheme, as well as managing the records or information flow of the hospital, the governing board of public hospitals cannot make these decisions without the interference of the government, which in

turn limits the power of the public hospital's governing board over certain devastating situations.

Another aspect of healthcare systems probed into by researchers, is hospital and health system performance (Chang, Hsu, Li, & Chang, 2011; Abekah-Nkrumah & Atinga, 2013; Yeboah, et al., 2014; Marchal, et al., 2014). Chang et al., (2011) investigated the perception of knowledge management among hospital employees in a regional hospital in Taiwan and the relationship between knowledge management and the knowledge management enabler activities, which are; finance, clients, internal business processes, learning and growth. Knowledge management is seen as one of the most essential tools in organizational performance. The way in which employees behave towards their duties give a clear indication of how the said organization performs in the society. In this respect, knowledge management in hospitals plays an essential role in how hospital governing boards can impact on the hospitals' performance through the management of information. Their findings indicated that the perception and demand for knowledge management of subordinates are close to the expectations of policy-makers or the governing board of the hospital. The governing board expects subordinates working in the hospital to be ready and willing to take on new responsibilities and to comply with hospital operation norms. Knowledge management is emphasized as a powerful and positive asset. Moreover, understanding knowledge management predicts good performance in hospitals as an organization. This is due to the fact that when employees are well vexed in the role of the hospital and the importance of keeping records, their performance and ability to achieve objectives will improve.

A different study on performance, Abekah-Nkrumah & Atinga (2013), sought to know whether organizational justice predicts job satisfaction and performance of health professionals. They also sought to find out whether the demographic characteristics of hospital employees facilitate the relationship between workplace justice and job satisfaction and performance. They found that, organizational justice predicts job satisfaction and performance of health professionals. However, their demographic characteristics partially facilitate the relationship between organizational justice and job satisfaction but not their performance. This makes organizational justice an effective tool for organizational performance. Although this study does not necessarily contribute to hospital governance and records management, it gives a fair idea of one aspect of hospital governance, which is the organizational justice, specifically how fairly employees are treated in case of conflicts, and how that can affect performance as a whole.

A performance study by Marchal, et al. (2014) used a performance framework to assess the complexity of performance in a health care organization. They used the multipolar performance framework, which provides four performance indicators, namely goal attainment, production, adaptation to the environment, and values and culture. they discovered that this framework does not only help managers to identify the bottlenecks that hamper performance, it also helps them to know the unintended effects and feedback loops that emerge. Similarly, it helps policymakers and program managers at the central level of management to better anticipate the potential results and side effects of and required conditions for health policies and programs and to steer their implementation accordingly.

These studies on hospital performance indicate that the governance structure of a hospital is not just responsible for the management of the hospital, but also for the performance of the workers in the hospital, which will in turn help in achieving the hospital's stipulated goals. It also indicates that the governance structure of a hospital actually has an impact on the hospital's performance. Therefore, the management of records or information, which has an impact on the hospital's governance, also indirectly affects the hospital's performance.

Leadership is also one of the most essential tool in every organization. The manner in which a hospital's leadership operates, may give an idea of how the objectives of the hospital may be achieved. The governing board of a hospital forms the leadership head of the hospital, and steers the affairs of the hospital, therefore whether or not a hospital succeeds in its vision and mission, depends on the hospital's governance structure. In view of this, Poku & Lamptey (2014) conducted an extensive study on the relationship between leadership style and organizational performance, which gave a clear indication that the way and manner in which an organization is governed determines how its employees' performance attains their objectives.

These empirical evidence give a clear indication that there is a strong relationship between hospital governance and hospital performance. However, the question still remains as to whether or not the manner in which hospitals manage their information or records, has any impact on the governance system of the hospital, which in turn impacts on its performance.

## **2.2 GOVERNANCE**

There have been various studies conducted under the governance of both health and non-health organizations, (Bohen, 1995; Susanto, Almunaawar & Tuan, 2011; Ferry & Eckersley, 2015).

One of the studies conducted on hospital governance, is that of Bohem (1995), where hospital governance was defined to comprise the responsibility and accountability for the overall process of an organization. Hospital governance has been regarded as a shared process of top-level organizational leadership, policy making and decision making. Although the governing board has the ultimate accountability, the hospital director, senior management and clinical leaders are involved in top-level functions (Bader, 1993; Alexander et al., 2003, cited in Abor et al, 2008).

Another study was conducted on non-health organizations, is that of Susanto et al (2011), where their focus was on information security in the governance system of organizations. According to their study, information as an important aspect of any organization must be given the utmost security available. They indicated that securing information in general is a very complicated venture, and therefore organizations must endeavor to establish or acquire standards and laid down principles to follow in order to ensure the security of their information. In their study, they identified some information security standards which were recommended for organizations which are yet to develop their principles and standards for information security. That said and done, it was evident that there is no single way of

ensuring information security in organizations, and therefore, it is essential for organizations to keep changing their ways of securing their information as time goes on, to ensure a strong information security system.

Another non-health organization governance study that focused on accountability and transparency of organizational governance, is that of Ferry and Eckersley (2015). According to them, in today's world of good governance and anticorruption issues, accountability and transparency the governance system of every organization or institution is of utmost importance. In their study, they indicated that when an organization is accountable in all their actions and dealings, it gives rise to transparency, therefore indicating that accountability and transparency are highly interlinked in the governance system of organizations. It is therefore safe to say that there is no governance transparency without governance accountability. In other words, no organization's governance system can claim to be transparent when they are not seen as being adequately accountable in their dealings.

With these studies, it is evident that some of the most important aspect of the governance system of every organization or institution includes but not limited to accountability, transparency and information security.

### **2.2.1 Hospital Governance in Ghana**

Various studies on firm governance have emphasized that the governance of firms is an important determinant of their performance (Abor & Adjasi, 2007; Abor & Biekpe, 2007; Abor, Abekah-Nkrumah & Abor, 2008). According to literature, little is known about the governance structures of hospitals, and there are concerns of whether existing governance

models will be applicable to hospitals. As such, Abor et al (2008) stipulate that there is a need for current governance models to be designed specifically for the smooth operation of hospitals. Early studies have identified the need for ‘hospital governance’, which according to Flynn (2002) and Eeckloo et al. (2004) involves the “process of steering the overall functioning and effective performance of a hospital, by defining the hospital’s mission, setting its objectives, supporting and monitoring their realization at the operational level” (cited in Abor et al., 2008). Ditzel et al. (2006) note that if hospital governance is to be effective, it requires the effective and efficient use of funds, professional management and competent governing structures. According to Eeckloo et al. (2004) major improvements in health care policies are a reflection of hospital boards and managers and the entire governance structure of hospitals and other health centers. Therefore Abor et al. (2008) explain that the governance structure of private hospitals are different from that of public hospitals. Thus the study examines the governance structure of the Shai-Osudoku and Kumawu districts hospitals which are public hospitals and considered to be very appropriate in this research.

### **2.2.2 Governance Structure of the Hospital Administration in Ghana**

Literature notes that there are four main categories of health care delivery systems in Ghana – the public, private-for-profit, private-not-for-profit, and traditional systems (MOH, 1997; cited in Abor et al., 2008). Thus, the methodologies of these categories influence their governance structure. For the purpose of this study, the governance structure of public health care delivery systems is studied.

Abor et al. (2008) notes that the governance structure of health care delivery systems in Ghana revolves around the Ministry of Health. Health Service delivery in Ghana is administratively arranged from the capital city (central headquarters in Accra), to the regions, districts, and sub-districts. The Ghana Health Service and Teaching Hospitals Act (1996), Act 525; stipulates that district health centers report to the regions and the regions report to the national level. In terms of service delivery, health centers and district hospitals provide primary health care services to patients, regional hospitals provide secondary health care, and two teaching hospitals (Korle-bu, and Komfo Anokye) constitute the apex providing tertiary services (Ghana Medium-Term Health Strategy, 1995). There has now been an additional teaching hospital (Tamale teaching hospital) to aid in the provision of tertiary services in Ghana.

In terms of structure, the Ministry of Health (MoH) is the main regulator and supervisory body of the health sector in Ghana. The MoH is tasked with the responsibility of formulating policies, coordinating and regulating activities and stakeholders of health services sector. The formulation of policies or guidelines for regulating the health sector by the MoH is not done independently. The ministry works in partnership with other various Ministries, Departments and Agencies (MDAs) as well as other partners and stakeholders in the health sector. The implementation and enforcement of these policies are carried out directly and indirectly by the MDA's and other institutions working with the ministry (Ackon, 2003; Abekah-Nkrumah, 2005). The MDAs that work in partnership with the MoH in formulating regulatory policies and guidelines are the Ministries of Education, Environment, Science and Technology, Works and Housing, and Local Government and Rural Development. The

collaborating partners of the MoH in the formulation of regulatory policies or guidelines are mainly made up of bilateral and multi-lateral donors, NGO's and civil society organizations.

Regulatory policies and guidelines of the MoH and its supporting institutions are implemented through public, private and traditional institutions.

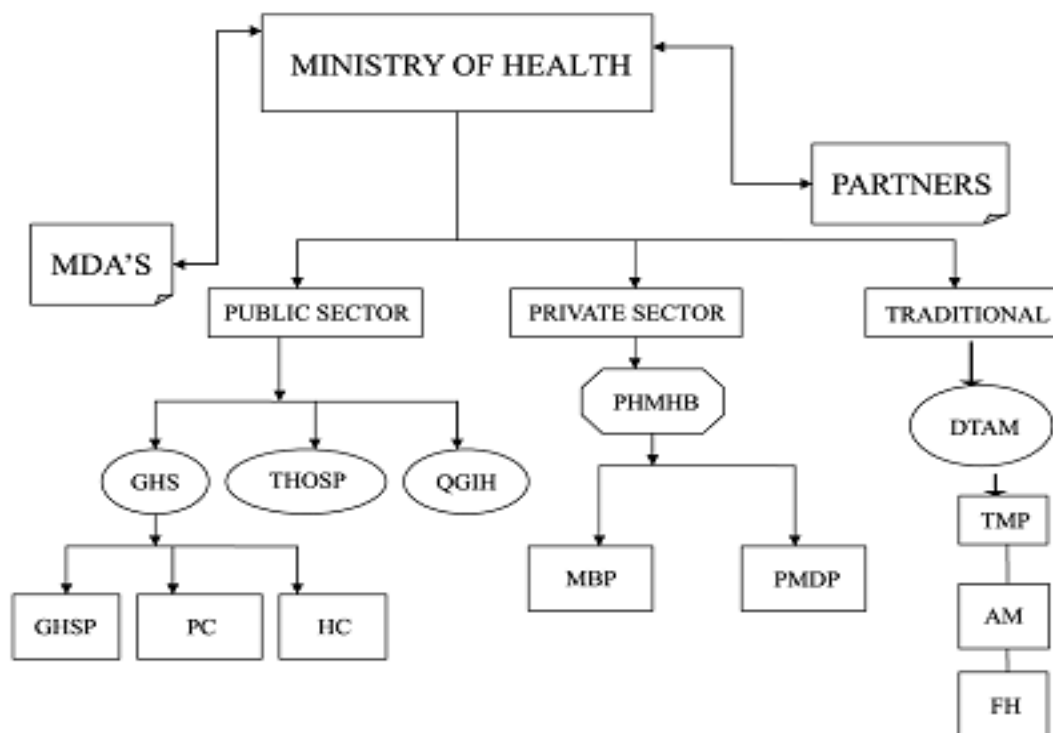
Implementing institutions in the public sector include, Ghana Health Service (GHS), Teaching Hospitals Board (THB) and the Quasi-Government Institution Hospitals (QGIH). The Ghana Health Service is responsible for the implementation of the government's health policy and regulation of state-run health institutions, government hospitals, poly clinic and other health centers. In order for the GHS to effectively carry out its functions, literature notes that it has decentralized secretariat offices at all levels of the country, namely the national secretariat, the regional secretariat and the district secretariat. These secretariats have their own management teams that ensure effective implementation of government policies (Ackon, 2003). The Teaching Hospitals Act (1996), Act 525, stipulates that the Teaching Hospital Board (THB) as an institution is responsible for the implementation of government's health policies and regulatory policies at the teaching hospital level. The Quasi-Government Institution hospitals (QGIH) are an association backed by relevant legislation for the implementation and regulation of hospitals owned by quasi government institutions (Ackon, 2003; Abekah-Nkrumah, 2005).

Concerning government regulatory policies and rules in the private sector, the Private Hospitals and Maternity Homes Board (PHMHB) is the main institutional body, backed by legislation to supervise private hospitals and health centers in Ghana (Abekah-Nkrumah,

2006). The majority of service providers in the private sector are mission-based providers; such as the Christian and Muslim hospitals (MBP); and private medical and dental practitioners.

The traditional sector of health service delivery is regulated by a directorate (Traditional and Alternative Medicines) in the Ministry of Health (MoH). Abor et al., (2008) note that the institutional framework for the supervision of this sector is currently non-existent. The main healthcare providers in this sector are the Traditional Medical Providers (TMP), Alternative Medicine (AM) and Faith-based Healers (FH) (Ackon, 2003; Abekah-Nkrumah, 2005).

The diagram which gives the governance structure of Ghana's health sector is adapted from Abor et al. (2008).



**Key:**

MDA's – Ministries Departments and Agencies  
 GHS – Ghana Health Service  
 THOSP – Teaching Hospitals  
 QGIH – Quasi Government Institution Hospitals  
 PHMHB – Private Hospitals and Maternity Homes Board  
 DTAM – Department of Traditional and Alternate Medicine  
 GHSP – Government Hospitals  
 PC – Poly Clinics  
 HC – Health Centres  
 MBP – Mission Based Providers  
 PMDP – Private Medical and Dental Practitioners  
 TMP – Traditional Medical Providers  
 AM – Alternative Medicine  
 FH – Faith Healers

**Source:** Second Five Year Programme of Work (2002-2006, p. 48)

Figure 2.1: Governance Structure of the Health Sector in Ghana.

## 2.3 RECORDS MANAGEMENT

Scholars have conducted various studies on records management (Lundu & Mbewe, 1998; Millar & Roper, 1999; Mandl, Szolovits & Kohane, 2001; Moody, Slocumb, Berg, & Jackson, 2004; Alhaqbani & Fidge, 2007; Singh, Klobas, & Anderson, 2007; Huvila, 2008; Jha et al., 2009; Akor & Udensi, 2013; Sindhi & Prajapati, 2014). Studies on records management mainly focus on other organizations, and where the study involves a healthcare setting, it is mainly focused on electronic records management with particular attention to patients records management.

In looking at what scholars have written on records management, we first establish what a record is. A record is something that signifies proof of existence and that can be used to reconstruct or verify the state of existence, regardless of the medium or the features. A record is either created or received by an organization in fulfilment of or compliance with legal obligations, or in the transaction of business (ARMA, 2012). Records can be either physical objects, such as paper documents like birth certificates, driver's licenses, and physical medical x-rays, or digital information, such as electronic office documents, data in application databases, website content, and electronic mail (email).

Pertaining to studies in non-health institutions, a study by Akor & Udensi (2013), found that there was great influence of records management on decision making. Their study was undertaken in two universities in Nigeria. According to their findings, even though departmental staff of the universities knew exactly how and where to store the various kinds

of records they generate, they preferred keeping them in their various offices. Upon further investigation, it was revealed that the universities did not have adequate and well equipped facilities for keeping its records, therefore staff deemed it convenient to keep records in their various departments. It was also realized in their findings that most of the staff who handled the universities' records did not have the required qualification to do so. Another aspect that was found was the fact that all respondents in their study agreed that the proper management of records had an impact on the administration of the universities as well as its decision making. In all, their findings revealed ineffectiveness in records management practices, incompetent personnel, inadequate infrastructural facilities and constant power failure. This study gives evidence that there is indeed some kind of relationship between the way an organization manages its records and its governance and decision management system.

Today, our world is moving from the use of manual equipment and strategies to electronic softwares, making records management in various facilities migrate from the usual manual or paper-based to electronic-based, termed as the electronic records management. Most of these researchers investigate the transformation of records management from manual to electronic, and how it impacts on the goals of various organizations. In view of this, Moody et al (2004) examined the attitudes of nurses towards electronic health records, as well as their perception on how it affects patient care in the hospital. The study yielded important information about barriers, frustrations, needs, and preferences of nursing staff. Using an attitude scale, nurses' attitudes were found to be very positive about using electronic health records to improve clinical documentation. It was therefore evident in this study that keeping records and managing it efficiently, whether manual or electronic, contributes

immensely to the development of an organization. This can be explained by the fact that proper past and present documentation can help organizations to have adequate knowledge of their performance and how to improve existing features.

In the same regard, studies by Mandl, Szolovits & Kohane (2001) and Alhaqbani & Fidge (2007) focused mainly on the control and access of electronic health records. They established that even though it is technologically convenient to maintain records electronically, its accessibility must be of utmost importance, since accessibility is the medium that drives the security of the records. Although their studies focused on patients medical records, the focus of the studies gives a firm idea of how the enormous medical database can end up serious jeopardy if control and accessibility issues are not properly dealt with. Alhaqbani & Fidge (2007) for instance, indicated the need to properly fragment medical records so as to ensure that not only will sensitive information be accessible by authorized persons only, but will also be available when life-critical situations arise. At the end, not only does the control and access of records are of great importance, but its retrieval is also as important to the development of health facilities.

Moving from health records to the records of other organizations, studies by, Lundu & Mbewe (1998), Millar & Roper (1999), Akor & Udensi (2013), as well as Sindhi & Prajapati (2014) have given great revelation in the fields of records retrieval, records preservation and staff capacity. The study by Lundu & Mbewe (1998), for instance, indicated that, for a competent management information security (MIS) in an organization, one of the crucial components must be a records retrieval system. Management information

system deals with the creation of records through its preservation, processing and retrieval, therefore the kind of retrieval system defines how effective an organization's management information is. Also, studies by Millar & Roper (1999) and Sindhi & Prajapati (2014), indicate that preservations of records form a key part of records management. According to their studies, preserving records helps prevent records destruction and deterioration. When records are properly preserved, its retrieval becomes smooth and adequate, especially in a time when the records are critically needed, in a law suit for instance. Therefore preservation of records which forms a critical aspect of records management leads to an uncomplicated retrieval system.

Although moving from the manual records management to electronic records management can be more productive, the cost involved and the transition makes it difficult for organizations to adopt. Moreover, studies on electronic records management are mostly focused on western countries, with little focus on African countries. It is highly essential for researchers to investigate the records management of various organizations mostly in Africa. Connecting the investigation of records with the governance of the organizations is also a major important aspect of research which has arguably had less than enough focus.

### **2.3.1 Records Management in Health**

In 2009, the Department of Health/Digital Information Policy, established a 2<sup>nd</sup> edition of code of practice for health records management. The guide, provides the minimum periods for which the various records created within the health setting or by other health bodies should be retained, either due to their ongoing administrative value or as a result of statutory

requirement (DH, 2009). The guideline also provides direction on dealing with records, which have ongoing research as well as historical value as to how they should be selected for permanent preservation as archives, and transferred to a place of deposit approved by the National Archives. Following the guidelines given by the Department of Health (2009), it may be safe to state that every country needs to have national archives as well as transfer policies defining how facilities transfer records to the national archives. With the kind of records kept in health facilities, it may be highly essential to transfer very old records to available national archives for preservations and future reference.

### **2.3.2 Responsibilities and Decision Making in Health Record Management**

Requirements for records management are set out in more detail in the guide. *“If overall responsibility has not already been allocated, it is recommended that responsibility should be placed with the healthcare organization’s Information Governance Committee”* (DH, 2009).

The Guide given by the Department of Health (2009) makes specific notation on who should be responsible for managing records in health organizations, as well as who makes decisions.

According to the Department of Health (2009), records of the health organizations are subject to the Public Records Act 1958, which imposes a statutory duty of care directly upon all individuals who have direct responsibility for any such records. Wider records management responsibilities placed with the appropriate individuals and or committees, and adequate resource need to be considered for a healthcare organization to manage its records effectively. For example, organizations may require local records managers or a corporate

records manager; a health or medical records manager or committee; and possibly an archivist. This guide was made for the developed countries, and as such may be difficult to follow in developing countries due to the fact that developed countries may have more systems put in place to ensure a more accurate records management practices as compared to developing countries.

## 2.4 Relationship between Hospital Governance and Records Management

When talking about the relationship between hospital governance and records management, it is very convenient to consider the building blocks of the health system. The figure below provides the building blocks upon which the health system strives, as well as its impacts and outcomes.

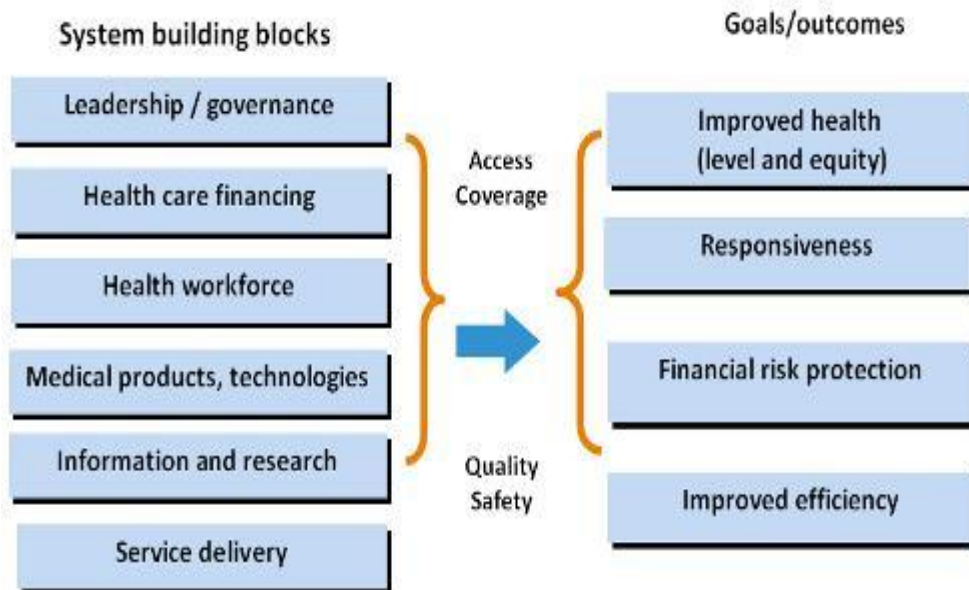


Figure 2.2: Building Blocks of the Health System.

*Source: WHO's Framework for action, 2007.*

As indicated in the diagram above, the six main system building blocks which are, Governance, Health care financing, Health workforce, Medical products, technologies, Information and research, and Service delivery, have a major impact on attaining healthcare goals or outcomes. This is to say that strengthening the link between the building blocks ensures health access coverage and quality safety, which will in turn ensure the effective and efficient attainment of healthcare goals or outcomes.

The diagram below also illustrates how intertwined the various building blocks are. This is to prove that healthcare institutions that aim to satisfy clients cannot attain their goals if even one of the building blocks is at fault. Therefore the way health information (records) are managed, has a great impact not only on governance, but also on the other four building blocks as well. This goes to reveal that there must be some sort of relationship between the way hospitals are governed and the way they manage their records (health information system) in order to ensure the efficient and effective delivery of services.



Figure 2.3: The Link between the Health System's Building Blocks.

*Source: WHO's Framework for action, 2007.*

There have been various studies stating the features that connect records management and organizational governance. One of such studies is the Australian National Audit Office (ANAO) (2003-2004) which states in its summary that the key component of any organization's governance is records management, and as such makes it critical to the organization's accountability and performance. Correspondingly, Willis (2005) also detected that, governance is a key focus in today's public and private sectors, which makes the management of information and records an increasingly important preoccupation. In 2003, The Australian Standards AS8000 also specified that matters regarding information and

management of records are vital for effective organizational governance. It went further to explain that, organizations cannot either manage effectively their daily operations or use knowledge and experience of the past for guidance without a records management infrastructure. To the Australian standards, this is because records management serves as a yardstick for measurement of future organizational and government activities.

This assertion by the Australian Standards AS8000 (2003) was buttressed by Chibambo (2003) who emphasizes that effective records management is the most essential ingredient of good governance and sustainable development. He explained that governments and organizations are incapable of effectively managing their current operations without records and a records management infrastructure, this he stated is because records enable the use of experience of the past for guidance. As such, the yardstick by which organizational activities and decisions are taken and measured is records management.

Another study undertaken by Akotia (2003) emphasized that a crucial factor for an effective and efficient governance system is the effective management of records. This argument by Akotia has been reinforced by a study conducted by the World Bank and the International Records Management Trust (IRMT) in, 2011. In the World Bank and IRMT study, records management has been acknowledged as a fundamental activity in the administration of all organizations. Furthermore, Dikopoulou and Mihiotis, (2012) argued that the only increasing defense through which managements of organizations fulfill the requirements of good governance is proper records management. They suggested that lack of well-structured records systems in an organization's management process is an indication of poor

accountability and transparency and the non-existence of good governance in the organization. They went further to explain that records management as a process of managing records from their inception to disposal exists as a key enabler for organizations to account for their actions and to achieve their governance objectives. They indicated that correct information and good records' management can satisfy the following requirements of good governance when planned and implemented properly: transparency, easy access to accurate and complete information, effective management proper decision making, accountability and security.

The OECD (2004) stated that, for organizations to remain competitive in a constantly changing world they have to adopt their governance practices so that they can meet new demands and seize new opportunities. According to the OECD (2004), because records provide evidence of compliance to regulations, and records management rules provide the guarantees that the evidence is reliable, it will be difficult to achieve organizational goals without the right to timely and accurate material matters in the form of records concerning the organization's financial situation, performance, ownership, and governance.

Evidently, one of the foundations of effective organizational governance is the management of information and the keeping of accurate and complete records. In totality, governance basically means to supervise and account for what has been supervised, but organizations 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 records management buttresses in a direct way many of the vital elements of organizational governance. This is because the fundamental means by which organizational governance values can be accomplished, demonstrated and measured is by authentic and trustworthy business records and convenient access. In other words, records are strongly linked with transparency, accountability, security and all other elements of good governance.

## **2.5 THEORIES AND FRAMEWORK FOR THE STUDY**

A triangulation of Upward's (2000) records continuum theory and Freeman's (1984) stakeholders' theory will be used in this study. The records continuum theory will be employed as the frameworks for records management (RM) and hospital governance respectively.

### **2.5.1 Stakeholders theory**

The stakeholders' theory is a fundamental theory that underlines governance, and was proposed by Edward Freeman in the 1950s and 1960s (Friedman and Miles, 2001). It is a conceptual framework of business ethics and organizational management which addresses moral and ethical values in the management of a business or an organization (Abdullah and Valentine, 2009). The traditional definition of a stakeholder is any group or individuals who can affect or is affected by the achievement of the organization'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 organization on one hand to manage the organization for the benefit of its stakeholders by making strategic decisions that contribute to the achievement of the organization'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 organizations have a network of relationships to serve by making decisions that can enable the organization attain its governance objectives. This indicates that the theory focuses on managerial decision making geared towards creating wealth for stakeholders through the achievement of the goals of governance. Researchers such as Maigan et al. (2005), Abdullah and Valentine (2009) and Miles (2012) have outlined corporate accountability, ethical behavior, 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 organization, these elements will enhance its effectiveness and efficiency in the corporate decision making process, and as a result enable the organization attain its governance objectives.

### **2.5.2 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 organizational 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 organization, any successor, or society. An (2001) concurred with Marshall (2000) and Flynn (2001) when she emphasized that the records continuum promotes the integration of recordkeeping into the organization'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.

## **2.6 RELATIONSHIP BETWEEN THE TWO THEORIES**

The stakeholders' theory addresses an organization as a system where there are stakeholders who require management to create wealth through corporate accountability, transparency, security, and compliance to laws among others. This implies that, to achieve governance objectives through strategic decision making, management of organizations must be accountable, transparent, ensure security of information and be able to comply with laws governing the organization. The elements of the records continuum theory according to McKemmish (2001), Kemoni et al. (2007) etc. can be achieved through the effective creation, organization, storage, maintenance and disposition of the records of the organization 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 stakeholder's theory which enables an organization to satisfy its stakeholders and consequently attain its governance objectives. Thus, in the context of this study, the researcher presumes that the management of the records of the Shai-Osudoku and Kumawu districts hospitals will have an impact on the hospitals' governance. Based on this assumption the variables accountability, transparency and security will be adopted and used for studying hospital governance. As a result the relationships between these variables and records management in the hospital will be sought for by the researcher, and appropriate deductions made at the end of the study.

Below is a conceptual framework created by the researcher merging some features of the records continuum theory and stakeholder theory adopted from (Upward, 2000) and (Freeman, 1984) respectively.

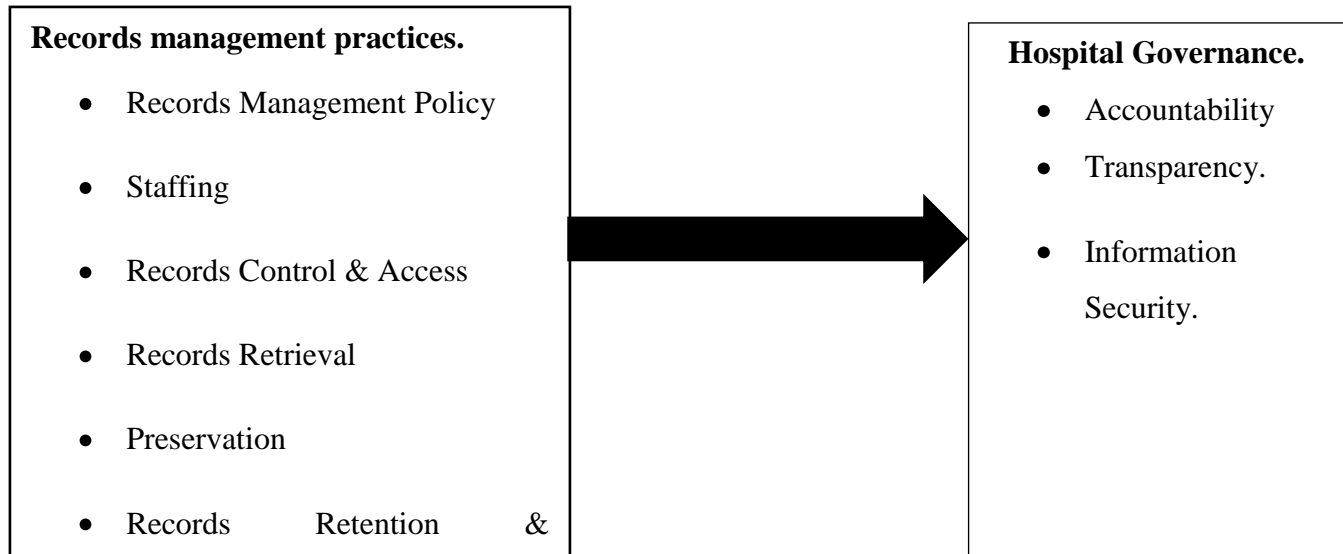


Figure 2.4: Conceptual Framework.

Source: Adapted from Upward (2000) and Freeman (1984)

### 2.6.1 The Framework

Based on the stakeholder's theory (Freeman, 1984) and the records continuum theory (Upward, 2000), the above conceptual framework has been created to aid in the attainment of the objectives of the study.

The records management policy, staffing, records control and access, records retrieval, records preservation and records retention and disposition, form the records management authority, standards and practices. In order to achieve the first objective of the study, the researcher examined the given components of the records management authority, standards and practices (also known as records management practices).

With respect to the second objective of the study, accountability, transparency, and information security were used to examine the governance of the hospitals under study.

The examination of various components helped to achieve the third objective of the study, which is the relationship between the two variables (records management practices and governance).

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 INTRODUCTION**

This section examined the methods and techniques employed in data collection and analysis. However, the section gave an overview of the research approach, design, the population for the study, the scope of the study. The sampling techniques used in sampling for the study was also presented. The sample size was also given and a brief description of the data sources also clearly highlighted. Finally, the methods of data collection, and the management of the data gathered was captured under this section.

#### **3.1 RESEARCH APPROACH**

The study adopted a quantitative method approach. A quantitative research design is about asking people for their opinions in a structured way so that researchers can produce hard facts and statistics to guide their study. According to Leedy and Ormrod (2001), quantitative researchers pursue clarifications and expectations that will lead to other persons and places. Establishing, confirming, or validating relationships as well as developing generalizations that add to theory is the main focus of a quantitative research. Therefore this study used a quantitative method approach to help determine the relationship between hospital governance and records management in the Shai-Osudoku and Kumawu districts hospitals so as to confirm or add to theory.

### **3.2 STUDY DESIGN**

The study employed a descriptive and correlational study designs to determine whether there was indeed a relationship between hospital governance and records management of the Shai-Osudoku and Kumawu Districts hospitals. A descriptive study design is ideally used to describe variables in a study, and not necessarily the relationship between them. In view of this, a descriptive design was used for both the first and second objectives of the study since they both had nothing to do with relationships, but rather raw facts or data were derived under them, and the data was described according to the descriptive study design. On the issue of correlational study design, generally, a correlational study is mostly used to examine relationships that exist between two or more variables (Neuman, 2006), it is also used in determining the extent to which a particular study variable relates to other variables within the study. Since the main purpose of this study was to examine the relationship between hospital governance and records management, a correlational study design was best suited for the attainment of this purpose.

### **3.3 THE STUDY SETTING**

The Shai-Osudoku district hospital as well as the Kumawu district hospital were purposefully chosen by the researcher for this study due to the fact that they have been chosen by the government of Ghana to benefit from the Ghana District Hospitals Project. This project is geared towards the building of ultramodern hospital facilities for selected districts. The Shai-Osudoku district hospital is the only hospital in the Greater Accra Region to benefit from this project, whereas the Kumawu district hospital is the only hospital in Ashanti Region also to benefit from the project. Therefore the researcher sought to find out

how these hospitals which will be turned into exclusive hospitals in the country, use their records management to govern their facility and services. In addition, the Shai-Osudoku district hospital was the first hospital to pilot the national health insurance, and the Kumawu district hospital was moved from a health center to a district hospital. These qualities, therefore made the researcher curious enough to delve into their service structure.

### **3.4 STUDY POPULATION AND SAMPLE SIZE**

A study population, refers to a unit or community that exhibits particular characteristics concerning a particular study. The study examined the relationship between the governance and records management of the Shai-Osudoku and Kumawu Districts Hospitals. Thus, the population for this study was the records and management staff of the hospitals. Upon enquiry, it was noted that there were 27 management staff in Shai-Osudoku District hospital and 15 in Kumawu District hospital, making a total of 42 management staff available for the study. In addition, there were 15 and 7 records staff in the Shai-Osudoku and Kumawu Districts hospitals respectively, giving a total of 22 records staff available for the study. Reasons obtained from Kumawu District hospital for its few staff population was, they were initially a health center and just recently given a district hospital position due to the building of the new district hospital in the district. Therefore even though they may now be a district hospital, their facility is still only to accommodate resources for a health center until the new district hospital is completed for them to move and recruit more personnel. The Shai-Osudoku District hospital also indicated that there will be additional staff upon completion of the new District hospital, since the current staff strength is enough for their current space.

To determine the sample size for the study, the researcher adopted the sample size table for research advisors (2006), where with a confidence level of 95% and a 5% error margin, which is the standard confidence level and margin of error, a minimum sample size of 63 must represent a population of 75 (Table shown in Appendix).

Since the total population of the study was 64, a sample size of sixty four (64) respondents were used for the study. Out of the 64 respondents, a total of 22 represented the records staff of the hospitals and the remaining 42 represented the management staff of the hospitals. In effect, all the records and management staff of the hospitals were included in the study, due to their number. This was done due to the nature of the study. Records staff manage the records of the hospitals, whereas the management staff deals with the governance of the hospitals.

### **3.4.1 Sampling Technique**

A stratified and simple random probability sampling techniques were used in selecting the respondents for the study. Staff profiles were taken from the hospitals' systems and grouped into departments (strata), which formed a sample frame. A sample frame can be defined as a list or material source from which a sample is drawn. Using the sample frame generated from the strata, a simple random sampling was used to select all records and management staff. Due to the overall size of the target population, all the staff of both departments were used for the study.

### **3.5 DATA COLLECTION INSTRUMENTS**

The data collection instrument for the study was a structured questionnaire and observation. A structured questionnaire was used in large surveys where specific answers were anticipated. They included the use of multiple choice and scale questions.

A structured questionnaire therefore, was used to obtain information about the records management and governance of the hospital. Questions on records management were divided into six main categories; records management policy, staffing, records retrieval, records control and access, records preservation and records retention and disposition. Questions on hospital governance were divided into three main categories; accountability, transparency and information security.

For the purpose of rating, a six-point Likert scale was used for questions pertaining to hospital governance, ranging from 1 = agree 2 = moderately agree, 3 = strongly agree, 4 = disagree, 5 = moderately disagree and 6 = strongly disagree. In effect, 1, 2 and 3 represent high score, 4, 5 and 6 represents low scores (See Appendix 2).

In addition to the structured questionnaire, the researcher used three months to work in the various hospitals (two months at the Shai-Osudoku district hospital and one month at the Kumawu district hospital) so as to observe their services under the research topic.

### **3.6 DATA SOURCES**

Data used for this study was acquired through primary and secondary sources. The primary source was acquired through structured questionnaires. The questions were prepared to cover the main purpose of the study so as to obtain as much information as possible. To

make the data collection easier, the researcher familiarized with the facilities by working with them during the period of the study, and also to aid in observation.

The secondary source was obtained through existing literature and theories pertaining to the study area, these literature and theories were reviewed and adopted for the study. The literature and theories were then used to aid in the analysis of the data obtained in the study.

### **3.7 QUESTIONNAIRE ADMINISTRATION**

To test the suitability and validity of the questionnaire for the study, a pilot test was conducted at the Shai-Osudoku district hospital. The questionnaires were administered to 10 staff of the pharmacy department of the hospital who were not included in the study. Respondents from the pilot test felt the questions were clear and the scale was also appropriate. The questionnaire was fine-tuned to address some recommendations given during the pilot test. The field data collection was conducted when the questionnaire was ready.

The researcher was assisted by two staff from each hospital, making four. These staff were trained on how to administer and recover questionnaires. The assistance of these staff were employed to gain access to some of the respondents who worked night shifts and could only be located by the research assistants.

### **3.8 ETHICAL CONSIDERATION**

Before issuing questionnaires, the researcher sought the permission of the medical superintendents of the two hospitals, and was later asked to go for a clearance letter from the regional health directorates (Greater Accra and Ashanti Regional Health Directorates). The researcher therefore obtained clearance from the health directorates after making the purpose of the study known. Participants of the study were made aware that participation was not compulsory and was for academic purposes only.

### **3.9 RESPONSE RATE**

The main challenge of the study was, recovering answered questionnaires from respondents who were on night shifts. Some respondents reported to have lost their questionnaires and therefore requested for new ones. Due to their commitment to the study and the request from the medical superintendents to participate in the research, the researcher had a 100% response rate with few of the questions on the questionnaire left unanswered. This was attributed to the fact that respondents may have mistakenly skipped the questions.

### **3.10 DATA ANALYSIS**

Questionnaires were analyzed using the SPSS 17.0 and Microsoft excel. Both descriptive analysis in the form of percentiles and univariate measures such as means, were used to analyze the data. Based on the value indicated in the Questionnaire, mean value were in the range of 1-6, that is, strongly agree to strongly disagree.

After giving a descriptive analysis of data obtained, the researcher used regression statistics, ANOVA and T-statistics to find out the kind of relationship that existed between hospital governance and records management of the hospitals.

The regression equation below was prescribed to establish the relationship between hospital governance (dependent variables) and records management (independent variable).

$$HG_t = \alpha + \beta_1 (RM) + \varepsilon_t \text{ (main variables for the study).}$$

$$HG_t = \alpha + \beta_1 RMP + \beta_2 RS + \beta_3 RCA + \beta_4 RR + \beta_5 RP + \beta_6 RRD + \varepsilon_t$$

Where:  $\alpha$  = the intercept of the equation.

t = time of observation of the studies.

$\varepsilon$  = error term.

HG = Hospital Governance.

RM = Records Management.

RMP = Records Management Policy.

RS = Records Staffing.

RCA = Records Control and Access.

RR = Records Retrieval.

RP = Records Preservation.

RRD = Records Retention and Disposition.

### **3.11 DEFINITION OF VARIABLES**

A variable can be defined as any unit that can take on different value, as long as an element can vary, it can be termed as a variable (example; age, gender, place of birth, employment, education etc.). There were two main variables used in the study; hospital governance and records management. In the study, hospital governance was used as the dependent variable – a variable whose value depends on another variable – and this variable was measured using accountability, transparency and information security, which were adopted from the stakeholder’s theory. The independent or predictor variable in the study was records management – a variable that has an impact on a different variable – and this variable was also measured using records management policy, staffing, records control and access, records retrieval, records preservation and records retention and disposition, which were also adopted from the records continuum theory.

## CHAPTER FOUR

### DATA ANALYSIS & PRESENTATION

#### 4.0 INTRODUCTION

To gain a clear and easy understanding of the research findings, data obtained from both hospitals have been presented together. After carefully reading through responses obtained from the hospitals, the researcher observed that most responses to questions addressing a particular research objective were comparable. Consequently, the data were analyzed together to avoid repetition of the same response to a particular question, and also because this study was not a comparative study between the two hospitals. The findings of this study were presented under the themes as follows:

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

## **4.1 DESCRIPTIVE STATISTICS**

This section of the chapter provides the results of the study, it presents the responses to various questions under the themes stated above. These results are presented in percentiles, with means given to back the percentages of responses given. The results are presented in the form of tables and pie charts.

### **4.1.1 Records management authority, standards and practices.**

As stated at the initial stage of the chapter, records management authority, standards and practices were analyzed under six sub themes, which are; records management policy, staffing, records control and access, records retrieval, records preservation and records retention and disposal. This theme is geared towards the attainment of the first objective of the study. Questions pertaining to this section were administered to the 22 records staff since they were the individuals who deal directly with the records of the hospital and as such were in the best position to provide adequate and appropriate answers for analysis.

### **4.1.2 Records management policy.**

The Figures 4.1.1 and 4.1.2 below are responses to questions answered by respondents pertaining to the availability of approved records management policy, which forms part of the records management authority, standards and practices.

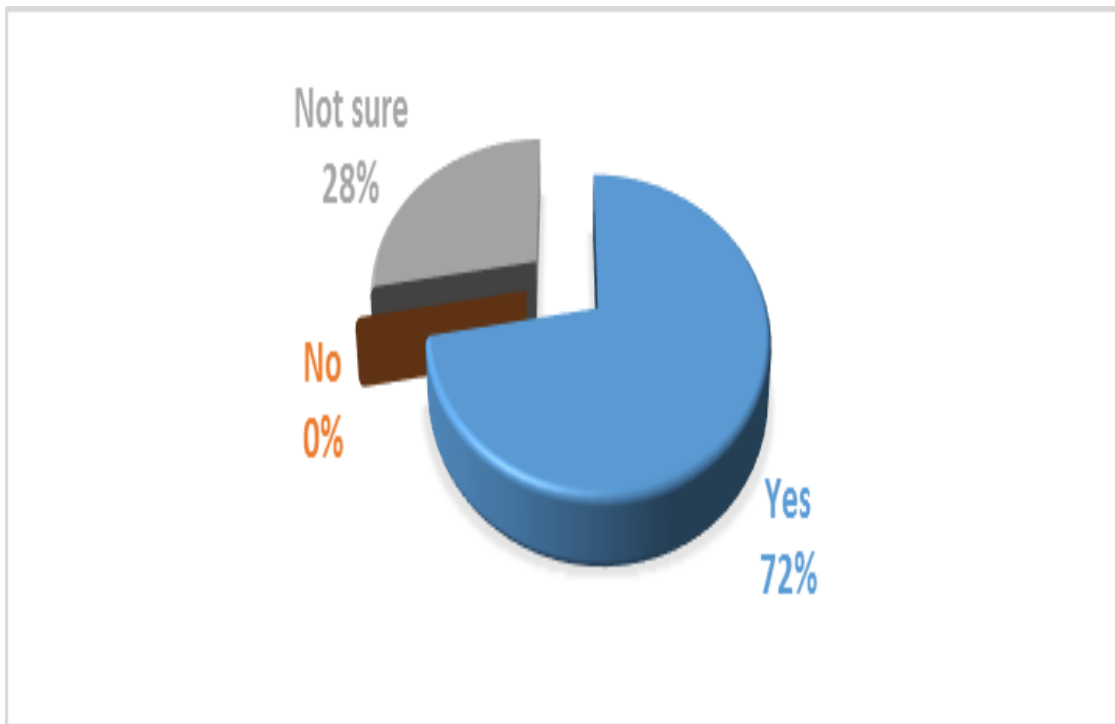


Figure 4.1: Availability of RM Policy.



Figure 4.2: Approval of RM policy.

To ensure accuracy and adequacy in the management of any records in an organization, it is safe to say that there must be laid down principles or policies on how various records should be managed. The researcher went ahead to inquire about the availability of records management policies in the two hospitals aside the general policies given by the Ghana Health Service (GHS), as well as whether the policies, if available were approved by management for implementation. The responses to the questions were obtained from the 22 records management staff of both hospitals. From figure 4.1, responses from 13 records staff constituting 72% of the whole population agreed that the hospitals had records management policies aside the ones given by the GHS to the hospitals as general policies. All these 13 respondents (100%), went ahead to state that the policies created by the hospitals were approved by the hospitals' management board, which has been illustrated in figure 4.2b. With a mean of 1.024, it was affirmed that the hospitals did indeed have an approved records management policy aside the GHS policy.

#### **4.1.3 Staffing.**

One essential element of records management, is the availability of qualified records management staff. Qualified records management staff can ensure accuracy and adequacy in the management of records, this is because they are being trained to do so. Table 4.1 below, show responses to the various components of staffing in records management as applied to this study.

Table 4.1: Staffing for Records Management.

<b>AVAILABILITY OF SKILLED RECORDS STAFF</b>	
Yes	82%
No	0%
Not sure	14%
No answer	4%
<b>EDUCATIONAL LEVEL</b>	
SSCE	5%
Degree	41%
Diploma	45%
HND	9%
<b>QUALIFICATION IN RECORDS MANAGEMENT</b>	
Yes	32%
No	68%
<b>TRAINING IN HOSPITAL RECORDS MANAGEMENT</b>	
Yes	100%
No	0%
<b>TRAINING IN GENERAL RECORDS MANAGEMENT</b>	
Yes	55%
No	45%

A total number of 18 out of 22 records staff stated that the hospitals had records staff who had been trained in records management (82%), whereas responses from 3 records staff (14%) revealed their uncertainty of the fact, with a mean response of 1.261 affirming the claim that the hospital has skilled records staff. Pertaining to the educational level of the respondents, the highest education taken by the records staff was diploma 10 (45%), followed by degree 9 (41%), with a mean of 2.714 which confirmed that indeed most of the records staff had a diploma qualification. With respect to training in the management records, all the respondents 22 (100%), with a mean of 0.976 claim to have had training in the management of hospital records, although only 11 of them (55%), with a mean of 1.357 which constitute more than half of the respondents, stated to have also had training in the

management of general records. Nonetheless, it was also revealed that although the staff had training in hospital records management, which was basically given by the hospitals, only 7 out of the 22 records staff (32%), had qualifications in records management, with a mean of 1.77 affirming the fact that most of the respondents had no qualification in records management.

#### 4.1.4 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.

Table 4.2: Responses for records control and access.

<b>NATURE OF RESTRICTION TO RECORDS ACCESS</b>	
Authorized persons only	94%
No answer	6%
<b>SYSTEM OF CLASSIFICATION FOR RECORDS</b>	
Name	55%
Date	0%
Subject	10%
Folder number	35%
<b>MOVEMENT MEASURES FOR RECORDS</b>	
Tracer Cards	13%
Withdrawal books	0%
File Movement Sheet	75%
File census	0%
No answer	13%

Responses from the records staff revealed that the hospitals had both classification and tracking systems to ensure that records were easily accessed, maintained and retrieved. The common classification method in both of the hospitals was the use of names 11 (55%),

followed by folder numbers 7 (35%), and then subject 2 (10%). Tracking tools claimed to be used in the hospitals included file movement sheets 16 (75%) and tracer cards 3 (13%). A question was asked as to whether the hospitals have any kind of restrictions to records access. Out of the 22 respondents, 15 (71%) stated that the hospitals indeed has a records access restriction measure put in place, whereas 4 of them (19%) were not sure of the existence of such measure. Out of the 15 (71%) records staff who stated that there were measures put in place for records access, 14 (94%) of them stated that the nature of records access restriction was, records in the various departments where not to be issued out unless to authorized persons only. Nonetheless, one of the staff did not give an answer to that question.

#### 4.1.5 Records Retrieval

Another theme under records management authority, standards and practices is records retrieval. This theme deals with the length of time it takes for a records staff to obtain requested records from other departments or even from their own department.

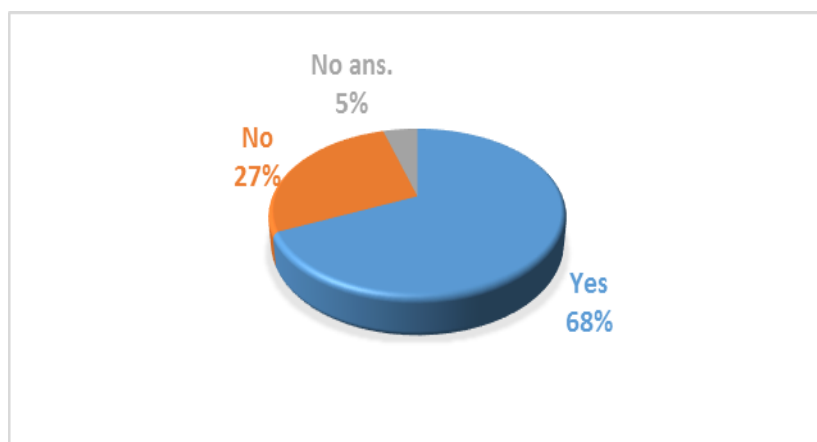


Figure 4.3: Responses on records retrieval.

Regarding how fast the records of the hospitals were retrieved on request, respondents did not have the same opinion. While responses from the majority of records staff 15 (68%) stated that records were retrieved on time, which was backed by a mean of 1.219. Responses from other records staff 6 (27%), revealed that this was not the case.

#### 4.1.6 Records Preservation

Once a record is created in an organization, there is the need to safe guard it for future use. The safe guarding of created records is known as preservation. Under this theme, the researcher sought to find out how the preservation system of the hospitals was in terms of their records management.

Table 4.3: Responses on records storage and protection.

<b>AVAILABILITY OF DIFFERENT RECORDS OFFICES</b>	
Yes	100%
No	0%
Not sure	0%
<b>ADEQUATE ACCOMMODATION FOR RECORDS KEEPING</b>	
Yes	23%
No	68%
Not sure	9%
<b>ACCOMMODATION FOR RARELY REQUESTED RECORDS</b>	
Yes	32%
No	41%
Not sure	27%
<b>AVAILABILITY OF ARCHIVE</b>	
Yes	0%
No	73%
Not sure	27%

<b>AVAILABILITY OF RECORDS TRANSFER POLICY</b>	
Yes	0%
No	0%
Not sure	100%
<b>AVAILABILITY OF DISASTER PLAN</b>	
Yes	27%
No	18%
Not sure	55%
<b>EMERGENCY EQUIPMENT FOR UNITS</b>	
Smoke detectors	0%
Fire detectors	0%
Fire extinguishers	64%
None	32%

In analyzing results for records preservation, records preservation was grouped into two main categories, the storage of records and the protection of records. Under the storage of records, the researcher dealt with accommodations pertaining to the various records managed in the hospitals. For the offices for categories of records created in the hospitals, all the respondents 22 (100%) stated that the hospitals have different offices for different records created. Although the hospitals had offices for categories of records, the question as to whether the offices had adequate accommodation for all records generated was another bone of contention. While 5 of the respondents (23%) agreed that there were adequate accommodation, 15 of them (68%) disagreed to it, with the remaining 2 (9%) of the respondents not sure of how adequate the accommodation provided was. With a confirming mean of 1.762, it was realized that indeed the hospitals did not have adequate accommodation for keeping all its records. Another aspect of storage dealt with accommodation for those records which are rarely requested for but are very vital to the management of hospitals. Upon enquiry, 7 of the records staff (32%) stated that they had

accommodation for rarely requested records, whereas 9 (41%) of them stated otherwise, but the remaining 6 of the staff (27%) also indicated that they were not sure of the availability of such accommodation. Nonetheless, a mean of 1.905 indicated that most records offices in the hospitals did not have accommodation for rarely requested records.

On the aspect of records protection, the researcher sought to find out the availability of an archive for the hospitals. Among the 22 respondents, 16 (73%) of them indicated that the hospitals do not have archives, whereas the remaining 6 (27%) stated that they were not sure about the availability of archives for the hospitals. With a confirming mean of 1.952, it was evident that the hospitals did not have archives. A second part of records protection is the availability of records transfer policy. With a mean of 3.00, all the records staff 22 (100%) indicated that they were not sure of the availability of a records transfer policy in the hospitals. Upon this revelation, the researcher went ahead to find out if the hospitals had disaster plans for their records management. 6 of the records staff (27%) stated that the hospitals had a disaster plan, 4 of them (18%) stated otherwise and the remaining 12 (55%) of the staff indicated that they were not sure about the availability of a disaster plan for records management. Given these results, a mean of 2.429 suggested that the hospitals do not have disaster plans for records management. The final part of the records protection, is the kind of emergency equipment present in records units or offices. Having inquired, most of the respondents 14 (64%) indicated fire extinguishers as their emergency equipment in their offices, whereas the remaining 7 of them (32%) stated that there was no emergency equipment in their offices. With a mean of 3.167, it was evident that the common emergency equipment in the hospitals were fire extinguishers.

#### 4.1.7 Retention and Disposal of Records

This part sought to inquire about the retention and disposal mechanisms for records in the two hospitals.

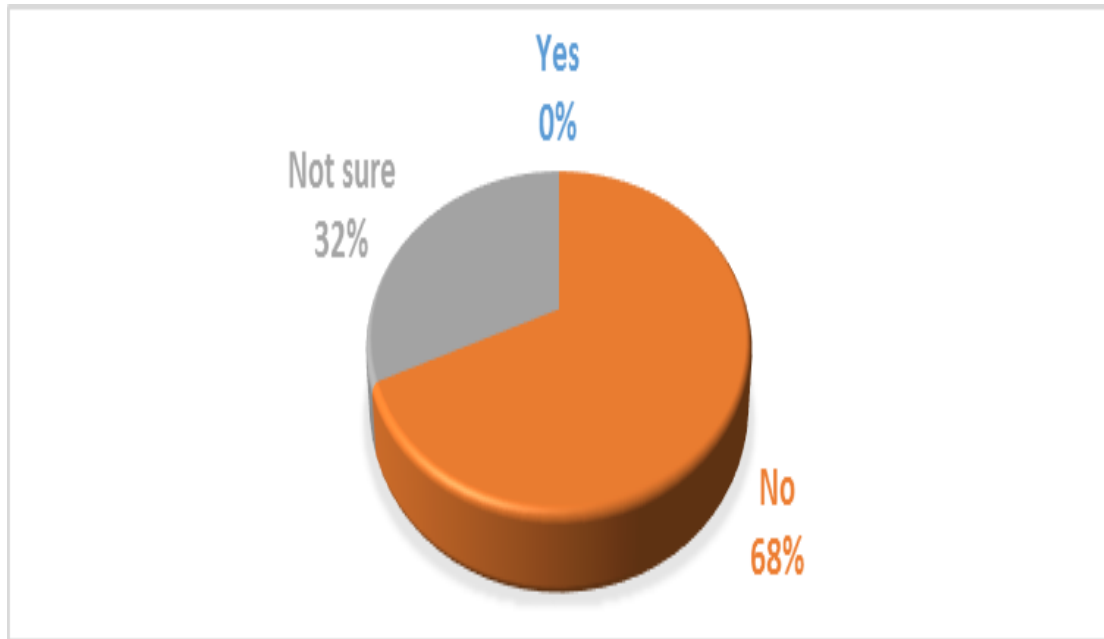


Figure 4.4: Availability of retention/disposal plans for records.

Obtained data from records staff 15 (68%) on retention and disposal policies for records indicated the absence of retention and disposal policies in both hospitals, while the remaining 7 (32%) admitted to not being sure of the existence of a retention and disposal policy for records. For affirmation, a mean of 2.318 indicated that the hospitals indeed did not have retention and disposal policies for records generated.

## 4.2 HOSPITAL GOVERNANCE

Questions and statements used to measure governance issues were only posed to the 42 management staff. This is because it was expected that they would be in a better position to provide required answers. The researcher sought to find out from management if they had policies that specified how the hospitals should be governed. In response to this question, 38 (90%) of them indicated that their hospitals had governance policies and 4 (10%) from the Kumawu hospital indicated that there were no such policies. Nonetheless, a mean of 1.095 suggested the availability of governance policies in the hospitals.

Table 4.4: Availability of Governance Policies.

CODE	RESPONSE ITEM	FREQUENCY	%
1	Yes	38	90%
2	No	4	10%
	TOTAL	42	

Source: *Field data 2014*

### 4.2.1 Measuring Governance Issues

Hospital accountability, transparency and information security were measured using statements. These statements were self-rated on a six point Likert Scale ranging from: 1=agree, 2=moderately agree, 3=strongly agree, 4=disagree, 5=moderately disagree and 6=strongly disagree.

#### **4.2.2 Hospital 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 69% (29) of the managers in the hospitals, with a mean of 2.707 were able to identify or hold subordinates accountable for their actions. The second statement aimed at finding out whether management was able to provide an accurate account of events in their respective departments. In total, 90% (38) of management said that provision of accurate account of events was highly upheld in the hospitals, which was backed by a mean of 1.952. The third statement sought to find out whether management always provided an accurate account of resources used. Again, a total of 90% (38), with a mean of 3.244 agreed that management was always able to give accurate account of resources and funds used in the hospitals, while 7% (4) were in disagreement with the statement. 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. With a mean of 2.786, the responses from 49% (21) of the respondents indicated that stakeholders were always satisfied with the way management accounted for resources used or actions taken in the hospitals, with an equally great number of the respondents 47% (20) indicating that stakeholders were not always satisfied with the way management accounted for resources used or actions taken in the hospitals. Table 4.1.5 therefore, depicts responses generated for statements on hospital accountability.

Table 4.5: Responses to statements on Hospital Accountability.

SCALE	A		MA		SA		D		MD		SD		NO ANS.	
	n	%	N	%	n	%	n	%	n	%	N	%	n	%
<b><u>STATEMENTS:</u></b>	9	21	7	17	13	31	8	19	1	2	2	5	2	5
Availability of subordinates														
Accurate account of events	19	45	6	14	13	31	3	7	0	0	0	0	1	2
Accurate account of resources	19	45	6	14	13	31	3	7	0	0	0	0	1	2
Stakeholders' satisfaction	11	26	9	21	1	2	17	40	1	2	2	5	1	2

**Note:**

A= Agree, MA= Moderately Agree, SA= Strongly Agree

D= Disagree, MD= Moderately Disagree, SD= Strongly Disagree

*Source: Field data, 2014***4.2.3 Hospital Transparency**

Concerning the transparency of governance in the hospitals, the first statement sought to find out whether information requested from the hospitals was always made available. A total of 28 (67%) respondents with a mean of 2.571 agreed with the fact that the hospitals always made requested information available, while the remaining 14 (34%) respondents stated otherwise. The second statement was to find out whether information retrieved on request was always accurate, consistent and complete. The responses from 36 (86%) members of management indicated that information retrieved on request for management decision making in the hospitals was always consistent and complete, which was backed by a mean of 2.143. Furthermore, 24 (57%) of the hospitals' management stated that they

always informed stakeholders on issues concerning the hospitals' activities, but a great number of the hospitals' management 17 (41%), reputed that fact. Nonetheless, a mean of 2.707 affirmed the responses given by the 24 management staff. Responses to the statement on management enhancing stakeholders' confidence through proper disclosure of information suggested with 30 (72%) respondents and a mean of 2.524 affirming that the hospitals' way of disclosing information was satisfactory.

Table 4.6 depicts the responses generated from statements on hospital transparency

Table 4.6: Responses to statements on Hospital Transparency.

SCALE	A		MA		SA		D		MD		SD		NO ANS.	
	n	%	N	%	n	%	n	%	n	%	n	%	n	%
<b><u>STATEMENTS:</u></b>														
Availability of information.	15	36	10	24	3	7	10	24	0	0	4	10		
Intelligible information.	15	36	17	40	4	10	2	5	3	7	1	2		
Informing Stakeholders.	18	43	5	12	1	2	7	17	8	19	2	5	1	2
Proper disclosure of information.	16	38	10	24	4	10	4	10	6	14	2	5		

**Note:**

A= Agree, MA= Moderately Agree, SA= Strongly Agree

D= Disagree, MD= Moderately Disagree, SD= Strongly Disagree

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Source: Field data, 2014

#### 4.2.4 Hospital Information Security

Giving the last theme for hospital governance, the first statement under information security sought to find out how the hospitals handle their information accessibility. With a mean of 2.333, almost all respondents 38 (90%) 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 suggested with a mean of 3.714 that management of the hospitals did not conform to laid down rules and regulations for governing the hospitals.

Table 4.7 shows the responses generated from statements on information security.

Table 4.7: Response to statements on Hospital Information Security.

SCALE	A		MA		SA		D		MD		SD	
	n	%	n	%	n	%	n	%	n	%	n	%
<b><u>STATEMENTS:</u></b>												
Records accessible by authorized users.	17	40	2	5	19	45	2	5	0	0	2	5
Compliance with rules and regulations.	7	17	6	14	1	2	16	38	2	5	10	24

*Source: Field data, 2014*

### 4.3 REGRESSION ANALYSIS

Regression analysis was used to determine the kind of relationship that existed between hospital governance and records management. With specified regression models given as:

$$HG_t = \alpha + \beta_1 (RM) + \varepsilon_t$$

$$HG = a + \beta_1 RMP + \beta_2 RS + \beta_3 RCA + \beta_4 RR + \beta_5 RP + \beta_6 RRD + \varepsilon_t$$

#### 4.3.1 Hospital Governance and Records Management

The main purpose of this study was to find out if records management had any association with the governance of the selected hospitals. This relationship was measured by using the responses to questions and statements relating to records management and hospital governance variables.

Table 4.8, shows the R-square coefficient of determination which determines how much of the variability in the dependent variable hospital governance is explained by the independent variable records management. It shows that 19% of the variability in the dependent variable (Hospital governance) is explained by the independent variable (Records management). This indicates that there is some form of relationship between hospital governance and records management.

Table 4.8: Regression Statistics.

<i>Regression Statistics</i>	
Multiple R	0.44047
R Square	0.194014
Adjusted R Square	0.173865
Observations	42

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

To find out the form of relationship that exists between the two variables, the ANOVA results illustrated in Table 4.9 indicate that for the independent variable to have an effect on the dependent variable, the F-value should be significant with “p-value” less than 0.05 at a Confidence Interval of 95% (p, 0.05 at 95% confidence interval). From the ANOVA analysis below, it was observed that, at f-value 9.629, a p-value of 0.004 was recorded. Since  $p < 0.05$ , it means that the Records Management of the hospitals positively and significantly affects their Governance system.

Table 4.9. ANOVA Table.

	<i>Df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>P-Value</i>
Regression	1	7.244993	7.244993	9.628666	0.003508
Residual	40	30.0976	0.75244		
Total	41	37.34259			

- a. Predictors: (constant), records management  
 b. Dependent variable: hospital governance  
 Note: Significant level is at p-value, 0.05

To conclude on the relationship between records management and hospital governance, results of the T' test presented in Table 4.10 indicate that, a unit change in records management caused an increase of 1.465 in hospital governance which was also significant with a p-value of 0.004.

As indicated, the specified regression model for this relationship was given as;

$$HG_t = \alpha + \beta_1 (RM) + \varepsilon_t$$

Therefore, the table below provides an estimated regression model as;

$$HG = 0.220592 + 1.465182RM$$

Table 4.10: T-Test Table.

	<b>Coefficients</b>	<b>Standard Error</b>	<b>t Stat</b>	<b>P-value</b>
Intercept	0.220592	0.79075	0.278965	0.781709
RM	1.465182	0.472181	3.103009	0.003508

#### **4.3.2. Relationship between HG Predictors and RM.**

Although the relationship between hospital governance and records management was positive and significant, the researcher also sought to find out which of the dependent variables used under hospital governance had positive and significant relationship with records management.

Table 4.11 shows that 11% of the variability in the hospital accountability, which was the first variable in hospital governance was explained by records management. Also, 10% of

the variability in hospital transparency, the second variable in hospital governance was explained by records management. The Third variable, hospital information security, had 20% of its variability explained by records management, making it the variable with the biggest explained variability.

Table 4.11: Regression Statistics on Hospital Governance Variables and RM.

<b>Dependent Variables.</b>	<b>Multiple R.</b>	<b>R Square.</b>	<b>Adjusted R Square.</b>	<b>Observations.</b>
<i>HA</i>	0.334582289	0.111945308	0.089743941	42
<i>HT</i>	0.318987294	0.101752894	0.079296716	42
<i>HIS</i>	0.44289287	0.196154095	0.176057947	42

a. Predictors: (constant), records management.

b. Dependent variables: hospital accountability, transparency, information security.

**NOTE:** HA= Hospital Accountability, HT= Hospital Transparency and HIS= Hospital Information Security.

Additionally, with reference to the ANOVA analysis in Table 4.2.5 below, for the independent variable to have an effect on the dependent variables, the F-value should be significant with p-value, 0.05 (for 95% confidence interval). At f-value 5.042, a p-value of 0.030 was recorded. Since the p-value  $0.30 < 0.05$  significance level, it means that records management significantly affects hospital accountability as a variable used under hospital governance. Also, at f-value 4.531, a p-value of 0.039 was recorded. This also means that records management significantly affects hospital transparency as well. Finally, with regards to the last variable under hospital governance, with f-value 9.761, a p-value of 0.003 was

recorded. This gave evidence that compared to the first two variables under hospital governance, records management significantly highly affects hospital information security.

Table 4.12: ANOVA on Hospital Governance Variables and RM.

	<i>DF</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>P-VALUE</i>
<b>Hospital Accountability</b>					
<i>Regression</i>	1	5.502145	5.502145	5.042271	0.03033
<i>Residual</i>	40	43.64815	1.091204		
<i>Total</i>	41	49.1503			
<b>Hospital Transparency</b>					
<i>Regression</i>	1	5.624421	5.624421	4.531176	0.039492
<i>Residual</i>	40	49.65088	1.241272		
<i>Total</i>	41	55.2753			
<b>Hospital Information Security</b>					
<i>Regression</i>	1	11.2741901	11.27419	9.760781	0.003311
<i>Residual</i>	40	46.20200038	1.15505		
<i>Total</i>	41	57.47619048			

a. Predictors: (constant), records management

b. Dependent variables: hospital accountability, transparency and information security.

Note: Significant level is at p-value < 0.05

With regards to the last table in this section being the t-statistics table, table 4.2.6 gives an observation that a unit change in records management caused an increase of 1.277 in hospital accountability which was significant with a p-value of 0.030. The table also shows that a unit change in records management also caused an increase of 1.291 in hospital

transparency which was significant with a p-value of 0.039. Finally, the table again shows that a unit change in records management caused an increase of 1.828 in hospital information security which was also significant with a p-value of 0.003, giving it the highest significance level over the others.

Table 4.13: T-Test on Hospital Governance Variables and RM.

	COEFFICIENTS	STANDARD ERROR	T. STAT	P-VALUE
<b>Hospital Accountability</b>				
<i>Intercept</i>	0.529457645	0.952261	0.556001	0.581308
<i>RM</i>	1.276845857	0.568624	2.2455	0.03033
<b>Hospital Transparency</b>				
<i>Intercept</i>	0.339502	1.015632	0.334277	0.739917
<i>RM</i>	1.290956	0.606465	2.128656	0.039492
<b>Hospital Information Security</b>				
<i>Intercept</i>	-0.207185	0.9797234	-0.21147	0.833592
<i>RM</i>	1.827743	0.5850229	3.124225	0.003311

**Dependent variables:** hospital accountability, transparency and information security.

**Note:** Significance Level at P-value < 0.05 RM=Records Management

#### 4.3.3 Relationship between HG and RM Predictors.

Since the researcher already established the relationship between the dependent variables of hospital governance and records management, the researcher again sought to find the relationship between hospital governance and the independent variables under records management. With a specified regression model given as:

$$HG = a + \beta_1 RMP + \beta_2 RS + \beta_3 RCA + \beta_4 RR + \beta_5 RP + \beta_6 RRD + \varepsilon_i.$$

Table 4.14 shows that 35% of the variability in the dependent variable (hospital governance) is explained by the independent variables in records management. This indicates that there is some form of relationship between hospital governance and the variables under records management.

Table 4.14: Regression statistics on HG and RM Variables.

<b>R Square</b>	0.350306
<b>Adjusted R Square</b>	0.23893
<b>Observations</b>	42

To buttress the variability indicated in the table above, table 4.2.8, which is an ANOVA table, indicated that at an f-value of 3.145, with a 0.014 p-value, which is less than the 0.05 p-value, the relationship between hospital governance and the variables under records management is a significant one.

Table 4.15: ANOVA on HG and RM Variables.

	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>
Regression	6	13.08134	2.180224	3.145256	0.014246
Residual	35	24.26125	0.693179		
Total	41	37.34259			

Finally, table 4.2.9 indicated whether the variables under Records Management have either a positive or negative relationship with Hospital Governance.

As indicated earlier, the specified regression model here is:

$$HG = a + \beta_1 RMP + \beta_2 RS + \beta_3 RCA + \beta_4 RR + \beta_5 RP + \beta_6 RRD + \epsilon_t.$$

From the specified regression model, the table below gave an estimated regression model as follows:

$$HG = 0.783 + 0.011RMP - 0.242RS + 0.216RCA + 0.743RR + 0.344RP + 0.017RRD$$

Interpreting the estimated regression model above, a unit change in records management policy caused an increase of 0.011 in hospital governance, a unit change in staffing caused a decrease of 0.242 in hospital governance, a unit change in records control and access caused an increase of 0.216 in hospital governance, a unit change in records retrieval caused an increase of 0.743 in hospital governance, a unit change in records preservation also caused an increase of 0.344 in hospital governance, finally, a unit change in records retention and disposal caused an increase of 0.017 in hospital governance.

Table 4.16: T-Stat on HG and RM Variables.

	<b>Coefficients</b>	<b>Standard Error</b>	<b>t Stat</b>	<b>P-value</b>
<i>Intercept</i>	0.783088	0.897149	0.872862	0.388687
<i>RM POLICY</i>	0.010826	0.322306	0.033589	0.973396
<i>STAFFING</i>	-0.24176	0.310586	-0.77839	0.441569
<i>RECORDS CONTROL AND ACCESS</i>	0.021556	0.34774	0.061989	0.950924
<i>RECORDS RETRIEVAL</i>	0.743467	0.2678	2.776203	0.008772
<i>PRESETVATION</i>	0.343973	0.372012	0.924629	0.36149
<i>Retention and Disposal</i>	0.017381	0.175036	0.0993	0.921466

## **CHAPTER FIVE**

### **DISCUSSION OF FINDINGS**

#### **5.0 INTRODUCTION**

The discussion of key findings from the study is presented in this chapter. As stated earlier in chapter four, the discussion was done under the three main themes of the study which are, records management practices (records management authority, standards and practices), hospital governance structure and relationship between hospital governance and records management.

#### **5.1 RECORDS MANAGEMENT PRACTICES**

The records management practices, may be seen as those practices that come together to promote the proper management of organizational records. Without the proper management of records in any organization, the said organization loses its historical events, which in turn puts the management of the organization in serious turmoil. In view of this, the researcher discusses the findings of the themes under the records management practices of the Shai-Osudoku and Kumawu Districts hospitals.

##### **5.1.1 Records Management Policy**

Importance on the need to develop a records and information framework or atmosphere that complies with records management standards, has been stipulated in the records management theory and practices. Records management policies provide the directive and overall authority for the creation, use and preservation of records, and are vital to the

effective management of records in organizations. The findings on availability of approved records management policies in both hospitals revealed that, even though the hospitals had procedure manuals which were given to them by the Ghana Health Service on how hospital records should be managed, both hospitals also had written and approved policies which directed them on how to manage the hospitals records, which of course is guided by the manuals given by the Ghana Health Service. This finding therefore can be said to have certain level of association with the studies by Ngulube (2001) and Dikopoulou and Mihiotis (2012) who assert that most organizations do not have written and approved policies for the management of their records, indicating that this finding forms part of those organizations who have written and approved policies for the management of their records. This is because even though the study by Ngulube (2001) and Dikopoulou and Mihiotis (2012) state the opposite, they emphasized on most and not all, which means there are some who go contrary to their findings, such as the findings in this study.

Although the hospitals have their own records management policies, the effectiveness of these policies in ensuring that records are properly managed to secure the future of the hospitals through the proper use of their historical events – provided by their records – is another issue all together. Indeed, it is one thing to formulate policies, and quite another to implement them. The implementation of these policies form a very crucial part of the attainment of the goals stipulated by the policies. It is therefore safe to state in this study that even though the hospitals may have an approved records management policy, it does not necessarily indicate its implementation, and therefore the attainment of its goals.

### 5.1.2 Staffing

For the management of hospital records to be effective and efficient, 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). The researcher found that the two hospitals had records staff to manage the records created in the various departments of the hospital, this was noted because most of the respondents indicated that the hospitals indeed had enough records staff for the management of the hospitals' records. Although one respondent disagreed, it was later indicated upon a follow up that the respondent gave an answer to the question which was intended for the next question, giving the indication that all respondents agreed to the fact that there was availability of records staff in the hospitals. That notwithstanding, the findings on the qualification available records staff in the hospitals gave a whole different twist. The findings indicated that only a few of the records staff in the hospitals had qualifications in records management, with the rest obtaining an "on the job training" from the hospitals upon the beginning of the work. Those without qualifications were expected to learn from the qualified ones in order to aid them complete their task. These findings were in agreement with the studies of Mensah (2011), Adams (2010), Hammond (2008) and Abioye (2007) which found that there are a great number of records management practitioners but few with records management qualifications. In Nigeria for instance, studies by Abioye (2007) indicated that usually, people selected to manage the records of organizations usually lack the appropriate education in records and information management to accomplish their duty in a more efficient manner.

Although the hospitals' records staff get an internal training on how to manage the hospitals' records, it is quite different from a qualification in records management. To obtain training on a job that one has no qualification might help in getting the work done but not every aspect of the job can be taught on the job. Qualifications are therefore important for the proper dissemination of job descriptions. When one has the qualification needed for a job, training on the job is only used to enhance the already acquired knowledge about the work to be done, therefore making job qualification a very essential tool for a job description. More emphatically, it is safe to state in this study that the records management practices of the hospitals are on a weaker spot due to the overflow of unqualified staff.

### **5.1.3 Records Control and Access**

In controlling the access to records in the hospitals, the researcher wanted to find out if there were any laid down procedures in managing records from when they are created and identified, through their retrieval and use. Most of the respondents specified that only authorized persons were allowed access to any kind of records in the hospitals. In observation, it was seen that authorized users of records in the hospitals were identified with their positions and the kind of records they can access, that is for the workers in the hospital, permission from authorities for those outside the hospitals and cards for patients to use to access their own records. As indicated in studies by Mandl, Szolovits and Kohane (2001) and Alhaqbani and Fidge (2007), there must be appropriate and adequate restrictive measures put in place to ensure the security of records. In contradiction to the responses of the respondents, observations made by the researcher revealed that these restrictive measures were not entirely effective in all the departments of the Shai-Osudoku district

hospital. Also, to ensure the safety and tracking of records issued out, the most common movement measure for records in the hospitals is the file movement sheet which is used to record all files taken out of their original storage. This is done to ensure that all records are safe and intact, based on the fact that records management must be guided by some level of confidentiality, preservation of content and context, as well as proper maintenance to ensure its effectiveness (Iwhiwhu 2005).

#### **5.1.4 Records Retrieval**

Retrieving records forms an essential part of its management, of what use will a record be if it cannot be retrieved after its creation. Responses gathered on the retrieval of records in the hospitals suggested that most records, especially patients' records are always retrieved on time. A possible reason was that, the records in some departments were partially automated enabling those departments to create and use more electronic documents than paper, which facilitated easy and timely retrieval of records upon request. However, some respondents also indicated that the retrieval time for records in the hospitals is nothing to write home about. To confirm the retrieval time as a follow up to the latter responses, the researcher upon observation 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 superintendents. After the processes of request and retrieval, the researcher noted that on the average, it took the medical records units about 30 minutes and the administrative units about 16 minutes respectively to retrieve the records requested for. This exercise confirmed that on average records were not retrieved as quickly as suggested, especially in the patients' records unit.

Studies indicate that for an effective records management system, there must be a good if not excellent established records retrieval system (Lundu and Mbewe, 1998).

Retrieving records not only helps in the swiftness of organizational or institutional operations, but can also assist the organizations or in this case the hospitals in any legal case they might be involved in. Since records serve as a reference to historical events, retrieving them gives a major enhancement to the management of facilities, due to the fact that they give guidelines to aid correct past organizational mistakes.

#### **5.1.5 Records Preservation, Retention and Disposition**

From the findings on storage, protection, retention and disposal of records of the hospitals, which falls under records preservation, a major process in records management, 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, which is evident in the number of respondents who were not sure as to whether the hospital had a disaster plan for its records, but as indicated by Millar and Roper (1999), records preservation forms a very crucial part in the process of records management. In order to ensure that records are adequately utilized to its fullest potential, institutions ought to adopt potent measures in preserving them. This therefore makes it necessary for organizations to identify various methods for the preservation of records Sindhi and Prajapati (2014). On storage for instance, the findings disclosed that both hospitals did not have adequate storage facilities. The researcher also observed that some records were kept on the floor and others kept in metal containers which were placed far from the records units in the hospitals, and

old administrative records were stored in boxes to make room for new records. Based on the findings, the hospitals had no retention and disposal policies for their records and therefore had never destroyed nor transferred any records to records center storage (Archive), which gave obvious indication of an overload in records keeping departments.

Furthermore, both 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 give 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 two hospitals did not have adequate disaster management plans, they had some measures and equipment in place to help them in case of disasters such as minor fire outbreaks. Both hospitals for instance had fire extinguishers in most of their departments. However, after some careful examinations, the researcher found out that the disaster management equipment's available in the hospitals were not in good condition, this is because most of the fire extinguishers had long expired.

This study therefore gives clear evidence on the lack of proper implementation of the approved records management policy formulated by the hospitals, which also proves that the mere formulation of policies does not guarantee the attainment of organizational goals without a strong laid down procedure for implementation.

## **5.2 HOSPITAL GOVERNANCE**

This section of the discussion focuses on the second objective of the study. The findings on hospital governance is discussed in this section in accordance with the OECD (2004) principles of corporate governance which were adapted from the stakeholder theory. The discussion is done under accountability, transparency and information security based on hospital governance.

### **5.2.1 Hospital Accountability**

With respect to the findings on accountability in the hospitals, it was evident that both hospitals held accountability in high esteem. This was evident in the number of responses obtained in relation to the questions under hospital accountability. Most of the respondents agreed that the hospitals were indeed able to identify and hold subordinated accountable for their actions, the hospitals provide accurate account of events as well as accurate account of resources used. This gives rise to hard work in the hospitals because staff of the hospitals put in their best to avoid queries from their supervisors. Also when resources are well and adequately utilized and accounted for, it ensures the efficiency and effectiveness of an organization. The conclusion drawn from the responses was that the hospitals' management put in much effort in managing the facilities, which is not surprising that they were chosen to be part of the awarded district hospitals to have ultramodern hospital facilities. The findings from the hospitals on accountability helps strengthen the claim made by Ferry and Eckersley (2015), that accountability is a key issue in our time most especially in the way it relates to good governance.

### 5.2.2 Hospital Transparency

On the issue of transparency in governance, Ferry and Eckersley (2015) again stated that transparency most likely leads to accountability. This indicates how interrelated the concepts of governance are. With the findings on transparency in the hospitals, it was evident that the management of the hospitals readily made available accurate, consistent and complete information upon request, indicating that employees were always abreast with activities going on in the hospitals. However there were some conflicting responses pertaining to information made available to stakeholders by the hospitals' management. Even though most of the management staff stated that information was always made available to stakeholders, a great number of them indicated otherwise, giving the indication that not all information about the hospitals' activities were made readily available to their stakeholders. This may give some kind of agreement with a study which stated that "*transparency provides users with the illusion of openness while actually serving to obfuscate*" (Etzioni 2014; cited by Ferry and Eckersley (2015)).

With the number of respondents who refuted the claim that there was transparency in the hospitals' dealings with its stakeholders, the appropriate question may be; is the management of the hospitals really deceiving its stakeholders by using transparency as an illusion of openness while that is really not the case? Though this study does not help in accurately answering the question, it seems to be the case with the kind of responses obtained.

### **5.2.3 Hospital Information Security**

Information security mainly deals with how accurate an organization is in safeguarding its records or information. In accordance with information security, Susanto, Almunaawar and Tuan (2011) stated in their study that information is a very crucial necessity in every organization, and as such protecting its security is highly important and of high priority. When it comes to the Shai-Osudoku and Kumawu Districts hospitals, the findings indicted that the security of their records or information is of outmost importance to them. This was evident in the responses obtained that stated that the hospitals' information was only made available and accessible to authorized users. However, that notwithstanding, the findings revealed that management of the hospitals were lacking in the field of compliance with laid down rules and regulations for governing the hospitals, which could result in future conflicts on management decision making in the hospitals. This is because when management who are supposed to lead in the attainment of the hospitals' goals do not comply with laid down rules and regulations, it becomes difficult for them to properly manage the staff of the hospitals, because they cannot enforce rules and regulation they do not comply with, therefore making it quite impossible for the rest of the hospitals' staff to also comply with laid down rules and regulations.

### **5.3 HOSPITAL GOVERNANCE AND RECORDS MANAGEMENT**

As the main purpose of this study, the findings on the relationship between hospital governance and records management is discussed in this section.

Based on the linear regression used to ascertain the results pertaining to the relationship between good governance and records management, it was evident that a change in records management authority, standards and practices causes a change in hospital governance. In other words the findings from the linear regression revealed that, statistically, Hospital Governance and Records Management have positive and significant relationships. Given the various variables in hospital governance, the findings gave the indication that records management has a positive and significant effect on hospital accountability, transparency and information security. The same conclusion was drawn from the linear regression for hospital governance and the variables under records management. This suggests that on the whole, accurate and efficient records management practices in healthcare organizations have an influence on the way they are governed. Chibambo (2003) and the Australian Standards AS8000 (2003) gave a declaration that all the components of good governance as well as sustainable development depend on effective records management. Willis (2005) admitted this position when he insistently indicated that there is a mutual and direct relationship existing between records management and hospital governance. Accordingly, appropriate records management is progressively becoming the only defense by which management of organizations fulfil the requirements of good governance (Dikopoulou and Mihiotis, 2012) because effective records keeping is entailed by good governance (Adams, 2010).

Although there was a relationship between hospital governance and the variables under records management, the studies revealed that there was a negative relationship between staffing under records management and hospital governance. This gives a clear indication that the lack of qualified records management staff in the hospitals has a negative effect on

the governance of the hospitals, indicating that clearly there is the need for hospitals and other organizations not to have mere records management staff but qualified ones to ensure the proper management of records which will give a positive boost to organizational and institutional management.

## **CHAPTER SIX**

### **SUMMARY, CONCLUSION AND RECOMMENDATION**

#### **6.0 INTRODUCTION**

This chapter ends the research work by summarizing all the findings and discussions of the study. Conclusions and recommendations are also provided for improving hospital governance.

#### **6.1 SUMMARY**

The beginning of this study (Chapter one) outlined and explained the terms used in the study, it provided information about the different governance concepts and their application, which include; corporate governance, clinical governance and hospital governance. There was information also on records management, which in the perspective of the hospital can be termed as health records management. With more emphasis on hospital governance (HG) and records management (RM), which were the main issues under study, themes were drawn based on the theories used for the study (Records Continuum theory and Stakeholder Theory), in order to help evaluate the kind of relationship that exist between HG and RM if any. Below is a summary of the findings of the study.

##### **6.1.1 Records Management Practices.**

Sections that were explored under this theme included; records management policy, staffing, records access and control, records retrieval, records preservation and records retention and disposition.

The study found that, with respect to records management policy, the two hospitals under study had drawn their own policy on how to manage their records in conformity with the records management policy of the Ghana Health Service. These records management policy was approved by management and was to serve as a road map to achieve the goals of the main records management policy approved by the Ghana Health Service.

Regarding the issue of staffing in the records management department of the hospitals, it was revealed that even though the two hospitals had adequate skilled records staff with good educational background, most of them did not have qualifications in records management, thus most if not all of the records staff were given training on how to manage hospital records by the hospitals prior to their assigned duties.

Records control and access, forms one of the major issues under securing obtained information. The study found that, the two hospitals had policies on restrictions to records access, which were not entirely effective in one of the hospitals upon observations by the researcher. Aside that, although there seemed to be some sort of tracking system to ensure the safety and security of records, most of the staff had no idea about the existence of such a system in the hospitals. Those who claimed to have knowledge about it, stated file movement sheets, and tracer cards as the movement measures for records.

When it came to records retrieval, respondents stated that records requested for were always retrieved on time, but evidence provided by the researcher after involving in a records request exercise proved otherwise.

Records can only be effectively and efficiently retrieved if they are well preserved. On that note, the researcher found out that accommodation for records generated in both hospitals were not enough, due to that, records were stored together ( both frequently used and rarely used records). Upon observation by the researcher, it was seen that some records, especially patients folders were stored in a container outside the out patient records department, whereas administrative records were stored in boxes to make room for new ones. On the issue of emergency equipment, most departments had fire extinguisher, which were mostly observed to have been expired.

Every record has a life span which involves retention and disposal. Data obtained, suggested that both hospitals under study had no retention and disposal policies, which could very well be interpreted as the hospitals had never destroyed not transferred any records to records center storage. This may go further to explain why accommodation for records in the hospitals were not enough.

### **6.1.2 Hospital Governance (HG)**

In governing any facility or organization, one needs to draw up effective policies to aid in attaining it goals. The study sought to find out whether the two hospitals had governing policies, which was confirmed by 90% of the respondents that they did have governing policies for the governance of the hospitals.

Accountability of the hospitals were proven to be strong enough to govern the hospital. This was revealed from accurate account of events, accurate account of resources and funds used, management's ability to provide accurate account of resources allocated to departments as

well as stakeholders' contentment with issues of accountability. These issues stated under hospital accountability were greatly agreed upon by respondents, which indicated that the hospitals held accountability in high esteem.

On the issue of transparency, the respondents proved that the hospitals' transparency level of governance was adequate by agreeing to the facts that; the hospitals always made requested information available, information retrieved on request for management decision making in the hospitals was always consistent and complete, managements in both hospitals always informed stakeholders on issues concerning the hospitals' activities, and that both hospitals' management always enhance their stakeholders' confidence through proper disclosure of information.

The last issue under governance was information security, which was partially satisfactory. This was due to the fact that even though respondents agreed that the hospitals' information was only made available and accessible to authorized users, which was a great discipline on the hospitals, they also made known of the fact that management of the hospitals did not conform to laid down rules and regulations for governing the hospitals, which could bring about future conflicts.

### **6.1.3 Hospital Governance (HG) and Records Management (RM)**

A regression analysis was used to determine the relationship between HG (dependent variable) and RM (independent variable). From which a t-statistics and ANOVA were used in determining the kind of relationship that exist between the two.

The regression statistics revealed that there was a relationship between HG and RM, as well as the variables under HG (accountability, transparency and information security) and RM. The same regression statistics revealed a relationship between HG and the variables under RM (records management policy, records staffing, records control and access, records retrieval, records preservation and records retention and disposition). The specified regression models given were:

$$HG_t = \alpha + \beta_1 (RM) + \varepsilon_t$$

$$HG_t = a + \beta_1 RMP + \beta_2 RS + \beta_3 RCA + \beta_4 RR + \beta_5 RP + \beta_6 RRD + \varepsilon_t$$

Using ANOVA, it was revealed with a p-value < 0.05 that there was a significant relationship between HG and RM, variables under HG (accountability, transparency and information security) and RM, as well as HG and the variables under RM (records management policy, records staffing, records control and access, records retrieval, records preservation and records retention and disposition).

After all that, the t-statistics proved that there was a positive significant relationship between HG and RM, variables under HG (accountability, transparency and information security) and RM, and even though significantly related as a whole to HG, only one of the RM variables (records retrieval) had a significant relationship with HG. The rest of the variables, although not significantly associated with HG, had a positive relationship with HG, except for one variable (staffing) which had a negative relationship with HG.

## 6.2 CONCLUSION

This research was undertaken to examine the relationship between hospital governance and records management in selected public hospitals in the Greater Accra Region of Ghana and Ashanti Region with the purpose of finding out how the overall management of a hospital's records can aid its governance obligations (accountability, transparency and information security). The content, structure and context of hospital records, were discussed in the study as being critical in providing the evidence base of the hospitals. The hospital's records keeping system must be properly maintained to ensure records are created, used and preserved for evidential purposes in order to help in the maintenance and provision of evidence for the hospital. For the safety and proper maintenance of records for medical, administrative and legal purposes, the personal and confidential information in them must be well protected from unauthorized access and disclosure. The well-being of patients and the safety of hospitals' healthcare programs can be in serious risks as a likely result of failure in the keeping of good records. As other aspects, management of records is denied attention and resources for proper maintenance as it is considered so low. Pertaining to the hospital or health facility setting, information contained in patients' folders are considered as records, which is certainly not the case, this is because like any other organization, the hospital apart from patients medical records also generates administrative, accounts, procurement and other records as well. The study revealed that good and adequate records management does not only aid the effective and efficient allocation of resources for running a hospital, but also aids in the core mandate of hospitals, which is; saving lives. Recognition of the often ignored but vital conditions essential for an efficient and effective governance system for

hospitals, as well as the proper definition of records for hospitals was a key contribution of this study. The study has proven that the effective management of hospital records is an extremely important factor for the development of highly efficient hospitals and sustaining good governance practices.

### **6.3 RECOMMENDATION**

Based on the results and discussion of the study, the researcher has provided recommendations towards strengthening records management in hospitals in order to create a stronger relationship with hospital governance toward the attainment of a good governance structure in Ghanaian hospitals. The strategic suggestions are thus, directed at the Ministry of Health, Ghana Health Service and other internal and external health sector stakeholders as well as facility level healthcare managers/providers.

Ministry of Health as well as Ghana Health Service should endeavor to create strong records management policies that will gear towards good governance in the health sectors. These health agencies must also provide a clear understanding of the description of records in hospitals to help eliminate the idea that records in hospitals are only patients' medical records. Since other important records also exist in hospital apart from medical records.

Hospitals should undertake records inventories in an attempt at preparing agency specific disposal schedules to control the records under a variety of care and provide "continuing" or "ongoing" authority that will govern records disposition until cancelled.

Furthermore, 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.

Also, policy makers in healthcare delivery must ensure that the management of hospitals adhere to stipulated rules and regulations concerning hospital governance. As it was revealed in the study that management of both hospitals did not follow rules and regulations in governing the hospitals. This could project bad influence on hospital governance if proper attention is not given.

As a final recommendation, the findings of this study revealed the need to strengthen RM as a vital instrument in the governance of hospitals. As such, management of hospitals should consider RM as one of the issues to be addressed in their governance policies.

#### **6.4 LIMITATION OF THE STUDY**

The study revealed a lot of useful findings. Nevertheless, the conclusions were done with caution as some factors limited the study.

The greatest limitation of this study has to do with the fact that most of the respondents when approached about the issue of records management answered questions with medical records in mind. Although this was rectified upon early discovery by the researcher, may have some impact on the findings of the study.

The study was also limited to the Shai-Osudoku and Kumawu Districts hospitals only, and therefore findings under the study may not be used as a general implication of all hospitals.

## **6.5 SUGGESTION FOR FUTURE RESEARCH**

The study could not exhaust all the issues concerning hospital governance and health records management. It is therefore recommended that further studies be conducted to compare the governance system and records management between private and public hospitals. This is to help explore the existence of any similarities and differences that exist between the two types of hospitals. Also, it is suggested that the component of records management be delved into independently in future research.

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## APPENDIX: A.

### Required Sample Size<sup>†</sup>

Population Size	Confidence = 95%				Confidence = 99%			
	Margin of Error				Margin of Error			
	5.0%	3.5%	2.5%	1.0%	5.0%	3.5%	2.5%	1.0%
10	10	10	10	10	10	10	10	10
20	19	20	20	20	19	20	20	20
30	28	29	29	30	29	29	30	30
50	44	47	48	50	47	48	49	50
75	63	69	72	74	67	71	73	75
100	80	89	94	99	87	93	96	99
150	108	126	137	148	122	135	142	149
200	132	160	177	196	154	174	186	198
250	152	190	215	244	182	211	229	246
300	169	217	251	291	207	246	270	295
400	196	265	318	384	250	309	348	391
500	217	306	377	475	285	365	421	485
600	234	340	432	565	315	416	490	579
700	248	370	481	653	341	462	554	672
800	260	396	526	739	363	503	615	763
1,000	278	440	606	906	399	575	727	943
1,200	291	474	674	1067	427	636	827	1119
1,500	306	515	759	1297	460	712	959	1376
2,000	322	563	869	1655	498	808	1141	1785
2,500	333	597	952	1984	524	879	1288	2173
3,500	346	641	1068	2565	558	977	1510	2890
5,000	357	678	1176	3288	586	1066	1734	3842
7,500	365	710	1275	4211	610	1147	1960	5165
10,000	370	727	1332	4899	622	1193	2098	6239
25,000	378	760	1448	6939	646	1285	2399	9972
50,000	381	772	1491	8056	655	1318	2520	12455
75,000	382	776	1506	8514	658	1330	2563	13583
100,000	383	778	1513	8762	659	1336	2585	14227
250,000	384	782	1527	9248	662	1347	2626	15555
500,000	384	783	1532	9423	663	1350	2640	16055
1,000,000	384	783	1534	9512	663	1352	2647	16317
2,500,000	384	784	1536	9567	663	1353	2651	16478
10,000,000	384	784	1536	9594	663	1354	2653	16560
100,000,000	384	784	1537	9603	663	1354	2654	16584
300,000,000	384	784	1537	9603	663	1354	2654	16586

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Source: (Research Advisors., 2006)

## APPENDIX B

### UNIVERSITY OF GHANA BUSINESS SCHOOL

#### DEPARTMENT OF PUBLIC ADMINISTRATION AND HEALTH SERVICES

#### MANAGEMENT

University of Ghana Business School is pleased to submit a questionnaire to you in respect of a research carried out by a student on “Relationship between Hospital Governance and Record Management”. Please take some time off your busy schedules to kindly fill out this questionnaire. This is purely an academic exercise and as such all responses will be treated with the strictest confidentiality.

#### Section A: Background Information

1. Department:
  - a. Administration
  - b. Clinical
  - c. Records
  - d. Pharmacy
  - e. Other, please specify.....
  
2. What types of records are in your care?
  - a. Medical/Patients records
  - b. Operational records
  - c. Employee/personnel records
  - d. Policy files
  - e. Others, please specify.....
  
3. How many records staff are in your unit?
  - a. Please specify.....

**Section B: Records Management (Records Management policy)**

1. Does the hospital have a records management policy?
  - a. Yes
  - b. No
  - c. Not sure
  
2. If yes, is the policy approved by management?
  - a. Yes
  - b. No

**Staffing**

1. Are there records staff with requisite skills to manage the records of the hospital?
  - a. Yes
  - b. No
  - c. Not sure
  
2. What is your highest level of education?
  - a. SSCE
  - b. Diploma
  - c. HND
  - d. Degree
  - e. Others, please specify.....
  
3. Is your educational qualification in the area of records management?
  - a. Yes
  - b. No
  
4. If yes, in which area?
  - a. Diploma in Archive administration
  - b. First degree in health informatics
  - c. Post graduate diploma in Archives
  - d. First degree in information studies
  - e. Others, please specify.....

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

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

- a. Yes
- b. No

7. Have you had any training in records management in general?

- a. Yes
- b. No

**Access to Records**

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

- a. Yes
- b. No
- c. Not sure

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

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

3. Which category of people are allowed to use the hospital records?

- a. Researchers
- b. Medical practitioners
- c. Regulatory bodies
- d. Management
- e. Other, please specify.....

**Records control**

1. What system of classification is used in your records unit?

- a. Name
- b. Date

- c. Subject
  - d. Others, please specify.....
2. Is there any tracking system to ensure that records issued out are returned to the records unit?
- a. Yes
  - b. No
  - c. Not sure
3. 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**

1. Are records retrieved on time when requested for?
- a. Yes
  - b. No
2. How many minutes does it take to get a record at the time of request?
- a. 1-5 minutes
  - b. 6-7 minutes
  - c. 8-9 minutes
  - d. 10+ minutes
  - e. Others, please specify.....
3. Has there ever been an instant when a record at the time of request was not made available?
- a. Yes
  - b. No

**Preservation**

1. Does the hospital have different records offices for the different records created?
  - a. Yes
  - b. No
  - c. Not sure
  
2. Does the hospital have adequate accommodation for keeping records?
  - a. Yes
  - b. No
  - c. Not sure
  
3. Is there a place for keeping records which are not frequently requested for but are still important and useful to the hospital?
  - a. Yes
  - b. No
  - c. Not sure
  
4. Does the hospital have an archive?
  - a. Yes
  - b. No
  - c. Not sure
  
5. If yes, are there approved policies specifying how records should be transferred from the records unit to the archives?
  - a. Yes
  - b. No
  - c. Not sure
  
6. Does the hospital have an information disaster plan to protect the records of the hospital?
  - a. Yes
  - b. No
  - c. Not sure
  
7. 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.....

8.

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

- a. Yes                      b. No                      c. Not sure

9. Are there approved regulations specifying methods of destroying records?

- a. Yes                      b. No                      c. Not sure

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

Please indicate by ticking the appropriate response that reflects your level of agreements or disagreement with the following statements in relation to the hospital's governance accountability, transparency and information security.

<b>Governance Accountability</b>	<b>Agree</b>	<b>Moderately Agree</b>	<b>Strongly Agree</b>	<b>Disagree</b>	<b>Moderately Disagree</b>	<b>Strongly Disagree</b>
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.						
<b>Governance Transparency</b>						
Information requested from the records units are always made available.						
Information retrieved on request is always accurate, consistent and complete.						
Stakeholders are always kept informed about the hospital's activities.						

Management always enhances stakeholders' confidence through proper disclosure of information.						
<b>Governance Information Security</b>						
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 lawsuits it is involved in.						

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