

UNIVERSITY OF CAPE COAST

FINANCIAL MANAGEMENT PRACTICES AND HEALTHCARE
DELIVERY: EVIDENCE FROM ODA GOVERNMENT HOSPITAL

BY

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DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my own original work and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's signature Date

Name: Stephen Addo

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of project work laid down by the University of Cape Coast.

Supervisor's signature..... Date.....

Name: Rev. George Tackie

ABSTRACT

The study aims to assess the financial management practices of Ghana Health Service. The specific objectives were to evaluate the effect of budgeting on healthcare delivery, to identify the effect of financial accountability on healthcare delivery and also determine the effect of financial controls on healthcare delivery. The study adopted the survey design. A sample size of 69 out of the population of 223 staff in Akim Oda Government Hospital was used. The instrument used for data collection was a self-administered questionnaire. The statistical technique used to analyse the objective was regression technique. The study found that budgets are consistent with the dictates of the accounting and financial management principles in Oda Government Hospital. The study also observed that financial accountability is fairly high in the Oda Government Hospital. The study indicated that overall, financial control is high in the financial management practice of the hospital. It is however recommended that the management of the Oda Government Hospital draws up a plan to monitor the work progress and performance of all staff of the hospital and reduce the period for evaluation to half of the present period. The Hospital management should draw up a plan to review their financial management practices from time to time to meet international standards and also, management of the Oda Government Hospital should work to maintain and improve their financial control in order to meet the strength of the budgetary practices and financial accountability.

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DEDICATION

To my dearest wife, Constance Obresi Saim, and children, Kara, Alvin, Jayden

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CHAPTER ONE

INTRODUCTION

Background to the Study

Managing the finances of any health care business nowadays is like driving a car with foggy windows. The industry has been changing in big ways since the advent of modern technology and other innovative means of health delivery. To ensure smooth running of the health care facilities, all the various sectors which collectively make up the healthcare facility should be proactive in the execution of their duties. Some of these areas include the pharmacy, Out Patients Department (OPD), stock inventory, various wards, theatres etc. However, for these sectors to operate smoothly there must be a sound administrative and management system in place. One of the most important management sectors is effective financial management practices.

Financial management practices are widely seen as having an important part to play in the efforts of low- and middle-income countries to improve the welfare of their populations. Many countries have expressed a commitment to strengthening their financial management systems in several high-level international initiatives and declarations (Appiah, Amos, Bashiru, & Tuffour, 2017). Moreover, development partners of these developing countries are paying increasing attention to these countries financial management performance when making decisions about committing development assistance. This means that effective and efficient financial management practices do not only lead to

strengthening the healthcare activities in developing countries but also provides an enabling environment for developing partners to provide the needed help and assistance.

According to Arnaboldi, Lapsley and Steccolini (2015), financial management involves handling routine financial operations, such as negotiating contracts, making cash available for expenses such as payroll, and maintaining a cash cushion for unexpected costs. From works of Byarugaba, Karyeija & Twinomuhwezi (2014), earliest studies conducted on financial management systems regarded them as cybernetic and formal systems, focusing on the use of financial and accounting information systems, fundamentally through cost accounting and budgets. However, modern studies have enriched this concept with different contributions which centres on analysing the influence of psychosocial and cultural aspects as key variables in the control of organisations.

It is evident that proper financial management practice is an anchor to quality health care delivery. For example, health care providers, such as large physician practices and hospitals, may decide to offer expanded tests or treatments by buying new medical equipment. Helping to make the decision and finding the best way to pay for it are both part of financial management (Gitman, Juchau & Flanagan, 2015). As indicated by McKinney (2015), financial management practices within the health service should consist of the procedures, established by law or regulation, for management of public monies through the budget process, which includes formulation, execution, reporting, and analysis, financial accountability and financial controls. Moreover, it should include

management of revenues as well as expenditures in the various hospitals. The application of these sound financial management practices has the potential to enhance health care delivery, save lives and improve the general well-being of those who visit the health facility (McKinney, 2015). Furthermore, proper adherence of best financial management practices and establishment of regularized policies in the health service could drastically reduce the inefficiencies in the health delivery and reduce the huge debt and cost that the government incur every year, hence protecting the public purse.

Borrowing from McKinney (2015), the present study operationalises financial management from three constructs, namely: budgeting, financial accountability and financial controls, and assess it within the framework of healthcare delivery in Oda Government Hospital. Budgeting may be defined as annual planned revenue to be collected including grants and all other revenue sources and planned expenses from such revenues in accordance with their objectives, needs and priorities (Byrugaba, Karyei & Twinomuhwezi, 2014). In this study, budgeting is operationalized to mean the process by which Oda Government Hospital estimates its revenues from various sources and planned expenditures while ensuring that the hospital continue to operate within the planned operations in achieving quality healthcare delivery.

Financial accountability in this study means ensuring that monies of Oda Government Hospital are used in a responsible and productive manner giving room for verification of regularity and legality of financial transactions for the purpose of enhancing quality healthcare delivery. In this study, financial controls

are tools that management of Oda Government Hospital use to satisfy track financial management progress, evaluate financial results, and report the extent to which such practices have met the quality healthcare delivery objective of the hospital.

Healthcare delivery is defined by World Health Organisation (WHO) as combination of health inputs so as to deliver series of interventions and health actions to meet the basic health needs of the people. In this study, health service delivery is defined as tangible and intangible goods and services offered so as to meet the fundamental quality healthcare needs and wants. Oda Government Hospital is worth this evaluation as it is one of the oldest hospitals in Ghana. It was established in 1927 and one of the four hospitals with physiotherapy equipment in Eastern region (Elective Ghana, 2018). It serves over 243 communities and over 300 patients in a day. These make its healthcare delivery quite sensitive and therefore weaknesses in operation arising from poor financial management practices could create alarming danger. Moreover, it has currently been upgraded from district hospital to municipal hospital. This could also make its financial management system more complex. It is against these and trend in the literature that this study focuses on Oda Government Hospital.

Statement of the Problem

Sound budgeting, financial accountability and financial controls which are important constructs of financial management practices are also crucial to the survival and well-being of many business enterprises of all types including the health sector. Studies of reasons for business failure show that poor or careless

financial management is the major cause of failure (Arnaboldi et al, 2015). Therefore, failure to enact and follow proper financial management practices such as budgeting, financial accountability and financial control adversely affects the smooth running of an organisation. A recent report by the Ministry of Health (MoH) stated that inadequate capital, inadequate institutional credit facilities, use of out-dated technology, improper accounting techniques, inadequate sales, promotion competencies and inattentiveness of the Ghana health service are the main problems faced by the sector (Asante, Arhinful & Kusi, 2014).

These obstacles resulted from inefficient administration, lack of experiences in important financial functions mainly in accounting and procurement management. Several studies highlighted that, poor accounting and financial management practices is one of the factors contributing to massive failure of institutions including the health service in the short run (Babiak & Trendafilova, 2011; Hailu, Venkateswarlu, 2016; Fatoki, 2012; Smith, 2017). In another direction, studies on sound financial management practice have been found to have positive relationship to the improvement areas like small business, shipping industry, banking sector and many more (Karadag, 2015; Nadzri, Omar & Rahman, 2017).

However, little has been done on how financial management practice affects healthcare delivery and quality health service even though some experts have provided generic representation of financial management challenges at the health sector in Ghana (Asante et al, 2014). In an effort to contribute to the Ghanaian literature, Annan, (2013) investigated on the logistic management

within the Ghana Health Service. Although, Annan study's provides specific evidence to the Ghana Health Service (GHS), it failed to evaluate key financial management practices such as budgeting, accountability and financial controls which the literature considered as key facets of proper financial management (McKinney, 2015). Annan (2013) recommended that future studies should assess the financial management structure. This suggestion has not received much attention and even not all in the case of Oda Government Hospital which is the main traditional hospital in the area. It serves the populace of Oda and the surrounding inhabitants making the exploration of the financial management practices priceless.

Additionally, evidence from these individual hospitals could be consolidated into Ghana Health Service financial management policy. It is also considered as a foundational study in the study settings that seeks to develop a scale to quantitatively assess both key financial management practice and quality health care. Thus, the study contributes to the quantitative research paradigm and analytical procedures which are limited in the studies of financial management practices in the health sector in Ghana.

Purpose of the Study

Generally, the research assessed the financial management practices of Ghana health service using evidence from Oda Government Hospital. The study is designed to provide empirical findings with respect to relationship between financial management practices and healthcare delivery and especially in relation

to Oda Government Hospital. Government hospitals are funded by the state and for that matter financial issues are handled by administrators of the government and that of the hospital but of late, users and stakeholders of the hospital lament over the services provided by the Oda Government Hospital especially facilities that makes the hospital usable. This issue heavily dwells on the financial management practices which should eventually reflect in the healthcare delivery to the users and stakeholders of the hospital. So, there is the pressing need to now look at the relationship and provide empirical findings that can be used for policy making and if possible, generalise the findings to all hospitals in Ghana for effective financial management decisions and practices and quality healthcare delivery.

Research Objectives

The main purpose of the study is to assess the financial management practices of Ghana health service using evidence from Oda Government Hospital.

To achieve this broad objective, the study specifically seeks to:

1. Evaluate the effects of budgeting on healthcare delivery at the Oda Government Hospital.
2. Identify the effect of financial accountability on healthcare delivery at the Oda Government Hospital.
3. Determine the effect of financial controls on healthcare delivery at the Oda Government Hospital

Research Questions

1. What is the effect of budgeting on healthcare delivery at the Oda Government Hospital?
2. What is the effect of financial accountability on healthcare delivery at the Oda Government Hospital?
3. What is the effect of financial controls on healthcare delivery at the Oda Government Hospital?

Research Hypotheses

To establish a relationship between financial management practices and healthcare delivery as indicated in objective 4, three hypotheses have been formulated.

H₁: Financial budgeting has no significant relationship with healthcare delivery at the Oda Government Hospital

H₂: There is no significant effect of financial accountability on healthcare delivery at the Oda Government Hospital

H₃: There is no significant effect of financial controls on healthcare delivery at the Oda Government Hospital

Significant of the Study

The study provides theoretical knowledge and practical significance to the Ghana health services, the central government, academia and other policy makers. From the theoretical perspective, the study further strengthens the mechanism to resolve the conflict between principals and agent that the agency theory postulates. The findings from the study would provide theoretical contribution

demonstrating how proper financial management practice could be seen as a mechanism for minimize agency cost of health care delivery.

The study is also modelled from the open system theory. The study built its hypotheses from this theory suggesting that the entire health care is a system with different facets. The components of this system affect the functioning of the output of the health care delivery. Following this, it is assumed that financial management practice which is part of the system also has consequence on the quality healthcare delivery. Therefore, the findings would contribute to the applicability for considering the health care delivery as a system and provide implications for such findings or otherwise.

The study also provides a scale for assessing the key financial management practices: budgetary, financial accountability and financial control and the quality health care delivery. This study would provide theoretical framework to be extrapolated in similar studies.

The study further augments the existing store of knowledge on the subject. This study serves as a scholarly article for review in further studies. It would thus be used as a document or a material of reference by other people who would be conducting a study into a similar topic in the future. The study would also add to the existing body of knowledge and stimulate further research on different aspects of financial management practices that have been adopted by other disciplines like the banking sector, SMEs, shipping etc to operate in a very dynamic business environment.

With respect to the management of health institutions and the Ghana Health Service, the findings and results provides a more reliable scientific measure and perspective to ascertain the impact of effective financial management practices on the output of health workers. It would also serve as an invaluable source of information that brings to lime light the management practices of the targeted managers at the Oda Government Hospital. This would provide empirical support for management strategic decisions in several critical areas of their operations, and above all, provide a justifiably valid and reliable guide to designing workable financial management practices, which can help create and deliver value, achieve patient satisfaction and loyalty, build long-term mutually beneficial relationship with health workers and achieve sustainable and quality health care in Ghana.

The results from this study would help managers especially medical doctors who are made to head hospitals improve healthcare delivery. It would thus enable managers to design the way they work and as such lead organisations in an efficient way to deliver a service effectively and reliably. It would enable them at the same time to learn systematically from their own experience. It would help appointing authorities (like the Ghana Health Service) of managers of health institutions to pay serious and closer attention not only to the clinical competence but also the managerial competence of the physician as the efficient management of the health institution is paramount to the delivery of quality healthcare.

Delimitations

The present study thus focuses on how budgeting, financial accountability and financial control contribute to healthcare delivery in Oda Government Hospital. The primary focus of the study is to use Oda Government Hospital as the study setting to assess the financial management practices of the Ghana health service. The study assesses the financial management practices adopted by the financial handlers of the hospital and how these mechanisms affect the smooth flow of health delivery at the hospital. The areas within the spectrum of financial management practices to be assessed include budgeting, accountability and financial controls. The research uses survey design. A survey design is used as an in-depth investigation of an individual, group, institution and makes detailed examination of a single subject (Byarugaba et al 2014). This design helps to make an intensive investigation on financial management practices and its effect on health service delivery at individual unit, group, entire community and family in order to understand the life cycle of that particular unit and collect a first-hand narrative.

Limitations

A major constraint encountered during the execution of this research work was the reluctance of the selected financial handlers to provide financial information that will be used to assess the financial management practices of the organization. Further, the cost involved in carrying out the study is expected to be high in terms of transportation to the hospital's premises and printing of data collection instruments. According to Marty (2014), the Ghana Health Service

(GHS) is a broad organisation and therefore, for effective studies and insightful findings, the study should be more specific than the GHS itself. Thus, Marty (2014) limited his study to evaluating the management practices of healthcare delivery in Dunkwa Municipal Hospital. The study seeks to limit the scope of the investigation to Oda Government Hospital healthcare delivery.

Organisation of the Study

The study is organised into five chapters. The first chapter captures the background, the problem statement, objective, research questions and significance of the study. This forms the introductory chapter. The literature to support the objectives and unearth the gaps is the chapter two whiles the chapter three is the research methodology. The results and discussions form the chapter four and finally summary, conclusions and recommendations are the last chapter.

CHAPTER TWO

LITERATURE REVIEW

Introduction

A literature review basically discusses published or documented information in a particular subject area, and sometimes information in a particular subject area within a certain time period (Randolph, 2009). Baumeister (2013) explained that it usually involves the assessment, classification, evaluation and comparison of past studies on the subject under investigation, the main authorities and authors in the area, the various research questions which have been raised and the extent to which they have been answered or otherwise, the existing theories and hypotheses and the general methodologies in use in investigating the subject. In view of that this chapter therefore tries to liaise in agreement with the above deduction and hence provides the detailed accounts on literature pertinent to the study under investigation.

Theoretical Review

The purpose of this section is to give the present study a strong theoretical foundation. The reason is that theory plays an important role in research. Although ideally, theory should serve the purpose guiding research, theory and research are intertwined and are dependent on one another to make sense of a phenomenon. (Taylor, Bogdan & DeVault, 2015). In addition, although research contributes immensely to the explanatory power of a theory (Gay & Weaver, 2011), to be able to widen or build knowledge effectively, a theoretical

framework must be introduced in order to be used to develop the research process. Therefore, this section of the study discusses the various relevant theories which underpin the study. Theories to be considered in this section include the open system theory, signalling effect and agency cost theory.

Open System Theory

Open system theory was initially developed by Ludwig von Bertalanffy (1956), a biologist, but it was immediately applicable across all disciplines. It defines the concept of a system, where all systems are characterized by an assemblage or combination of parts whose relations make them interdependent (Scott & Davis, 2015). It is however believed that as one moves from mechanical to organic and social systems, the interactions between parts in the system become more complex and variable.

The systems theory includes concepts of self-organizing systems and complex adaptive systems, regard economic entities, and thus also organisations, as open systems, that is, systems connected with the environment through various relationships (Valentinov, 2014). With this concept at hand, the Ghana health system could be regarded as a complete system with interconnected entities. This interconnected system is made up of internal and external modules. The financial management system can be considered as an integral part of the health care system. This suggests that the financial management practice of hospital such as Oda Government Hospital could influence the output of the entire health system (i.e. quality healthcare delivery).

Therefore, to improve the quality of healthcare delivery, components of financial management practice such as budgeting, financial accountability and financial control should aim at optimization of factors shaping fundamental attributes of quality health care delivery (Adams, Hester, Bradley, Meyers & Keating, 2014). When financial management practices are engineered in this regard, it would effectively provide financial space for organisation and this could smoothen the attributes within the organisation (Watson, 2013). In other words, prudent financial practices such as budgetary system is not put in place these aforementioned attributes would not see the smoothness that they deserve and hence contribute adversely to the quick and quality delivery of healthcare by the hospital. This hypothetically illustrates that;

Financial budgeting, financial accountability and financial control are significant determinants of quality healthcare delivery at the Oda Government Hospital

Expanding on the need for budgeting for successful organisational processes, the open system theory focuses on the feedback principle. This principle maintains that, in order to achieve the desired results of every organisation, it is necessary to shape future activity on the basis of information on actual results of activities intended earlier (Burrell & Morgan, 2017). In other words, effective financial management practices require both generation of retrospective and prospective information from planning and measurement plus disclosure of actual results of planned and completed activities (Upadhaya, Munir

& Blount, 2014). Therefore, planning and budgeting derive from the striving for manageability.

From the forgoing discussion, it is observed that open system theory binds the financial manageability of an organisation from the perspective of internal and external environment. Therefore, efficient collaboration between actors of these environments serves as a sense of drive for achieving organisation goals-quality healthcare. Open systems approach has been commended for its potential usefulness in "synthesizing and analysing financial management and health service delivery organisations. Cummings and Worley, (2014) assert that comprehension of a system cannot be achieved without a constant study of the forces that impinge upon it.

This is in agreement with other scholars like Cooper, Rider & Srivastava (2017), who recommends an open-systems approach for studying contemporary government entities like the Oda Government Hospital which now exist in a swift changings social and economic environment. In spite of whatever financial practices adopted for the smooth running of the Oda Government Hospital, managers of the hospital should make it a point to get their priorities right in terms of the finances that comes to the hospital. How can these managers set the right priorities with regards to how efficient the little finance that the hospital generates is used? The theory to follow gives detailed explanation.

Signalling Effect

This theory posits that favourable information availability and practices are positive signallers and could attract positive reactions and negative

information and practices serve as negative signallers and the consequences are detrimental. In relation to Oda Government Hospital like all other hospitals in Ghana is primarily financed by the government through the Ministry of Health and the Ghana health service. These hospitals can improve healthcare delivery when there are the requisite financial supports to meet the needs of the hospitals which ordinarily cannot be solely provided by the government. Although the hospitals also rely on IGF from its clients and other outreach services, these are still not enough. It is expected that hospitals like Oda Government Hospital develops positive signallers to attract grants and donations from international partners.

It has been revealed that one key requirement from donor partners and grant providers is the commitment to strengthening financial management systems (Appiah, Amos, Bashiru, & Tuffour, 2017). Thus, the development partners supporting this social course (hospitals) are paying increasing attention to proper financial management practices when making decisions about committing development assistance. This means that effective and efficient financial management practices do not only leads to strengthening the healthcare activities in developing countries but also provides an enabling environment for developing partners to provide the needed help and assistance.

The implication is that one major positive signalling effect for hospital (Oda Government Hospital) is demonstrating good, financial accountability and financial control through proper budgeting and controls. The hospital may be publicly accountable financially if it maintains internal control and performance

reporting systems that check the bad recordkeeping and noncompliance with rules and regulations as enacted in the financial structure (Abanis, Sunday, Burani & Eliabu, 2013). Therefore, following the signalling effect, the ability of Oda Government Hospital to maintain a sound accountability of finances through strict adherence to budget and regular auditing as well as regular reporting financial spending to the required authorities could be considered as positive signallers. Moreover, such accountability would put the hospital on a sound financial ground and relieve it from accumulated debt and financial difficulties which inure proper health delivery. Anything contrary to proper financial accountability would leave the hospital in a shamble state where it cannot meet its daily obligations in caring for patients. The study therefore draws from these discussions and hypothesized that: there is a significant effect of financial accountability on health delivery at the Oda Government Hospital

It is also believed that financial reporting plays a major role in fulfilling government's duty to be publicly accountable in every democratic society. Financial reporting is used in assessing accountability by comparing actual financial results with the legally adopted budget, assessing financial condition and result of operations, assisting in determining compliance with financial laws and assisting in evaluating efficiency and effectiveness (Wilson, Reck, & Kattelus, 2010). Within this context, effective financial control is a plan of financial operation embodying an estimate of proposed expenditures for a given period of time and the proposed means of financing them.

In a much more general sense, these controls may be regarded as devices to aid management of Oda Government Hospital in operating an organisation more effectively. The hospital is therefore expected to build and implement financial controls to demonstrate compliance with laws and to communicate performance effectiveness (Kajola, Adewumi & Oworu, 2015). Internal control is at the heart of accountability for the hospital's resources and how effectively management uses them. It serves as the first line of defence in safeguarding assets and preventing and detecting errors, fraud, waste, abuse, and mismanagement. It provides reasonable assurance that organisations' objectives are achieved through effective and efficient operations, reliable financial reporting and compliance with laws and regulations. This explanation involving financial controls also confirms the third hypothesis of the study which states that; there is a significant effect of financial controls on health service delivery at the Oda Government Hospital

Agency Cost Theory

In the view of Jensen and Meckling, (as cited by Al-Muhtaseb (2010) agency costs are primary to financial management. The agency cost theory implies that the separation of firm ownership from management could create problems owing to the differences between the priorities of the managers and shareholders. Thus, an agency relationship exists because the firm's owners delegate corporate decisions to the managers (the agent). The agent may use the firm's resources in their own interests at the detriment of the purpose for which such resources were entrusted (Mongiardino & Plath, 2010).

Applying these theoretical assumptions to the Oda Government Hospital, the principal is the government of Ghana and the agent are the managers or better yet financial managers of the Oda Government Hospital. Hence the allocation of financial resources by the central government and other internally generated funds and grants to spearhead the delivery of health care within the catchment area of the hospital may be directed to financing other thing that managers deem right. The agent may misapply these funds which could defeat the main goals or used of such resources.

This problem usually arises when clear cut budgetary system is not followed with competent internal control mechanisms. When these financial management practices are not regularized and duly followed, managers would also divert the resources of stakeholder into seemingly unnecessary ventures of the hospital. These poor financial management practices could dry out funds and may negatively affect the quality of health care. However, proper financial management practice would improve the quality health care as it breeds goal congruence between agents (Managers of the hospital) and the principal (Government or Ghanaians).

H1: There is a significant effect of financial controls on health service delivery at the Oda Government Hospital

H2: Financial budgeting has significant relationship with health delivery at the Oda Government Hospital

Empirical Review

This section takes a critical analysis of various studies on financial

management practices and how such practices affect the entities within which it is practiced. It reviews how the adoption of efficient financial management practices has inured or otherwise across various disciplines. Lessons are drawn from the various methods adopted and critiques are also made where necessary. Although the financial literature has seen vast empirical studies on the financial management practices and performance, same cannot be said about the health sector in general. Therefore, for comparative analysis, this section reviewed the few health-related empirical literatures and the non-health literature to the extent that they are relevant to the study objectives.

In 2011, Rajna, Ezat, Junid & Moshiri (2011) conducted investigation into financial management attitude and practice among the medical practitioners in public and private medical service in Malaysia. This study focused on measuring the levels of personal financial management attitude of the medical practitioners in Malaysia and identified their financial management practical trends, strengths and weaknesses. The scope of their study was confined only to the states in Peninsular Malaysia i.e. excluding the East Malaysian states of Sabah and Sarawak. The Rajna et al (2011) employed cross-sectional survey design to conduct their study. They developed questionnaire and followed by pre-test and finally the main data collection.

The selection of the target population was obtained through a multistage sampling procedure. The sampling method chosen for the study of Rajna et al (2011) was the systematic random sampling method. Within the medical services, doctors were selected according to stratified random sampling method by varying

sample from stratum to stratum i.e. medical officers and specialist. The sampling population in the study was all selected medical specialist and medical officers who hold a full registration of Malaysian Medical Council. The study revealed that majority (76.4%) of the respondents had a positive attitude towards personal financial management but only 34.6% doctors in the country practice positive or favourable financial management. It was also found in the study that doctors learn money management by trial and error and of ten realize the mistakes and shortfalls at later stages of life.

The study of Rajna et al (2011) is quite comprehensive and could provide the basis for empirical analysis and discussions to the findings which would emerge from the present study. They also presented strong methodological approach which could be learnt and borrowed to the present study. However, their study focused on the personal financial management of the medical practitioners. The present study extends the scope to the financial management of the health facility itself. This is important as the medical practitioners are instrumental in the financial management system, therefore lack of sound personal financial management practice may have negative implication on the overall financial management practice at the hospitals. This assertion could be investigated empirically and this study seeks to fill that. Moreover, since Rajna et al (2011)'s study has its origin from Malaysia, the present study may be seen as replication to understand the situation in Ghana using evidences from Oda Government Hospital

In Uganda, Abanis et al (2013) conducted a study to determine the extent of financial management practices in Small and Medium Enterprises (SMEs) in selected districts in Western Uganda. The objectives of the study were; to determine the extent of financial management employed by SMEs as to these dimensions: working capital management (cash management, accounts receivable management, inventory management practices), investment, financing, financial reporting and analysis and accounting information systems. The study used ex-post facto or retrospective and prospective designs together with descriptive design and descriptive comparative as well as correlation design. 335 questionnaires were distributed to respondents and were the ones used for analysis.

The study found out that majority of SMEs owners (52%) in western Uganda were female, more than 69% of the SMEs owners were in their early adulthood and majority of the SMEs owners were high school leavers (30.1%), over 50% of the SMEs were sole proprietorship businesses and majority of the SMEs (42.4% had been in business between 1-4 years. The findings further revealed that the extent of financial management was low among SMEs (Average Mean = 2.19). The Theory of Pecking Order (Myers 1999) which states that Management has a preference to choose internal financing before external financing was proven in this study in the aspects of SMEs using internally generated funds as compared to borrowed funds. The recommendations from the study included; the Ministry of Finance and Economic Planning, Bank of Uganda should provide a favourable platform for SMEs to access financing that can

enable them to run their businesses at a reasonable cost of financing. ICPAU, ACCA Uganda, URA should sensitize the SMEs owners on the relevance of bookkeeping, financial reporting and analysis as well maintaining proper books of analysis.

The study by Abanis et al (2013) though focused on financial management practices, had a different direction from the current study. While the current study takes a look at budgeting, accountability and financial controls as proxies of financial management practices, the study by Abanis et al (2013) rather looked at working capital management, investment, financing, financial reporting and analysis and accounting information systems. However, the findings from their study point to the fact that failure to comply with sound financial management practices has dire consequences on firms including SMEs that their study treated.

To what extent do these empirical evidences apply to other sectors of economy including the health sector? The present study extends the findings of Abanis et al (2013) to the health sector and introduces other financial management practices. Moreover, unlike the study by Abanis et al (2013) where numerous methodological approaches were used for assessing the financial management practices of SMEs, the current study uses only the quantitative approach where a descriptive design is adopted. This makes the result more purposeful and mission oriented.

In Kenya, Macharia (2015) determined the relationship between financial management practices and the financial performance of the organisations in the

dairy sector. The objective of the study was to establish the relationship between financial management practices and financial performance of dairy industry in Kenya. For the purpose of the study, financial management practices were defined and demarcated as the practices performed by the accounting officer, chief financial officer and other managers in the areas of budgeting, supply chain management, movable asset management and control.

The research design employed in the study was a cross-sectional research design where the researcher studied financial performance of dairy processors for the year 2014/2015 financial year and sought to determine the relationship between financial management practices and financial performance of these organisations in that period. In Macharia's study four aspects of financial management practices were studied namely; financial reporting analysis, fixed asset management, capital structure management and working capital management. Performance was measured by the return on assets (ROA) and regression analysis used to determine the resulting relationship.

The regression analysis found that without the four financial management practices, the dairy processors financial performance would be dismal. It was further established that quality of financial performance would rise by 0.304 with every unit positive increase in financial report analysis provided that other factors (noncurrent assets management, capital structure management and working capital management) are constant. This statistic is significant at 95% confidence level ($p = 0.000$). Noncurrent assets management would however lead to decrease in quality of financial performance by factor of 0.602 with P value of 0.000

should other factors be held constant. Lastly from the findings, it was evident that working capital management enables the dairy processors to be able to readily operationalize its activities and has the highest influence on quality of the firms' financial performance.

These findings from the Macharia (2015) echoed the importance of proper financial management practice. Similar to the profit oriented entities, Oda Government Hospital also has performance indicator including quality health care delivery to the 243 surrounding communities. What are the levels of financial management practices: budgetary practice, financial accountability and financial controls? To what extent do these financial management practices influence the health care delivery of the Oda Government Hospital? The present study seeks to answer these questions?

Besides the foreign based literature, prior research efforts have been made by the Ghanaian researchers to unearth the managerial and financial management practices in the Ghanaian health sector. For instance, Asante (2011) evaluated the internal financial controls in Public hospitals in Ghana using a case study of Regional and Municipal hospitals, Sunyani and District hospital, Bechem (Brong-Ahafo). The study sought to establish the existence of internal financial controls. It was also to find out the level of compliance. Further, to establish the consequences of compliance and non-compliance with regulations.

Data was collected from three (3) Hospitals and twenty-five (25) members of staff. Purposive sampling and observation technique were used. Questionnaires and structured interview guides were used to gather data regarding

internal financial controls in the three Public Hospitals. Data analysis and presentation were done with the aid of Microsoft Excel. Asante (2011) discovered from the findings that there was existence of internal financial controls regulated by Financial Administration, Procurement, Internal Audit Agency Acts and indirect application of COSO. As a government organisation it was more concerned about solving what it considered more pressing issues of fulfilling its objectives than ensuring quality, as it was not a profit making entity. It was revealed that the level of compliance was high with regard to other financial management regulations like Financial Administration, Procurement and Internal Audit Agency Acts.

Asante (2011) has made contribution to the financial management practices in the Ghanaian health sector. The author concentrated on the Sunyani hospitals. This sets the foundation to expand the literature to other hospitals and regions. Therefore, it is important to consider other hospitals such as Oda Government Hospital. Moreover, although Asante (2011) established some satisfactory level of financial management practices of the hospitals he sampled, the author failed to establish the extent to which such financial management practices influence the health care delivery. Since the main focus of hospitals is to provide quality health care, relating financial management practices to this dimension would provide strong motivation to policy makers and management about the sensitivity of financial management. In this regard, the present study seeks to fill this gap by extending the scope of Asante (2011) so as to provide evidence to address such gap.

In addition, Armah (2012) also conducted a similar study where the author evaluated the financial control system in the health sector of Ghana using the case of Korle Bu teaching hospital. The study intended to evaluate the existing financial controls of Korle-Bu Teaching Hospital to know the extent of their effectiveness and efficiency. The outcome of the evaluation process was that some control components of effective financial control systems are lacking. The author concluded that the challenges render the current control structures ineffective.

Similar to Asante's (2011) study, Armah (2012) also concluded a study to evaluate the financial controls at Korle Bu Teaching Hospital (KBTH). Armah revealed exciting findings. The weakness in the financial controls of KBTH should be of much concern as it is the premier teaching hospital and the last resort. It would be considered as the hospital with the strong human capacity, however, poor financial management practice. These findings also necessitate further investigation in other hospitals such as Oda Government Hospital with lower human capacity compared to KBTH. Furthermore, Armah (2012) also could not establish how these findings could affect the quality health care delivery. The present study would revise the scope to reflect these issues.

From another perspective, Annan, (2013) investigated on the logistic management within the Ghana Health Service. The author realized that Ghana Public Health Sector runs a three-tier system of managing health commodities. These are: Suppliers, the Central Medical Store, The Regional Medical Store, Service Delivery Points and the transportation system. Ghana Health Service

logistics system is centralized and the health care delivery system is decentralized. Logistics management in the health system is crucial. This is because the study continued; there are instances where medicines and health commodities are not available at the Central Medical Stores and the Regional Medical Stores. Consequently, there is no commodity security at the service delivery points.

The study adopted a multi-case study approach to assess the practices of logistics management, the causes of inadequacy of logistics and the strengths and weaknesses in Ghana Health Service logistics system. Two categories of participants that is, the key players of health logistics management and end-users were involved in the study. Four variables; finance for procurement of health commodities, evenly distribution of health commodities, effective supervision and constant monitoring and evaluation were found crucial in effective and efficient logistics management. Moreover, it was found that poor procurement planning and budgeting, lack of financial resources for procurement, poor quantification and forecasting, delay in procurement process and order processing, and delay in receiving insurance claims are some of the causes of inadequacy of logistics in the health systems. It was thus recommended that Ghana Health Service logistics or supply system must receive constant monitoring and evaluation. Further, Ghana Health Service must ensure that there is effective top-down supervision in the system to bring up efficiency. Again, Ghana Health Service and Ministry of Health must ensure enough funds are secured from the government to procure health commodities.

It could be deduced from Annan's study that, though it focused on

logistics management, issues of financial management popped up. These were poor procurement planning and budgeting, delay in the procurement processes lack of financial resources. These findings though are akin to logistics, stems from financial management practices. The current study therefore expands it to cover the assessment of the financial management practices within the health service.

The empirical review has revealed that there is a great relationship between all facet of financial management practices and all sort of organisational performance. These include the manufacturing, SMEs, dairy and also the health sector.

Conceptual Review

This section conceptualizes the theoretical analysis of the study and the various concepts which emerged from the theoretical and empirical review. The key concepts include financial management, budgetary implementation, financial accountability, financial control and health care delivery. All these concepts are being argued from the perspective of the Ghana health service.

Financial Management

Financial management is defined as the efficient use of funds and a method of showing as well as ascertaining the financial position of government or business entity from time to time (Ojo, 2009). He further argues that the funds of the local government councils are managed by the key officers of respective councils. Financial management is conceptualized as attempt to use the funds in the most productive manner.

In this study, financial management practices are defined as the process of ensuring that financial resources are obtained, used effectively and efficiently in the delivery of health services. Financial management of the hospital lies in the hands of the administrator, accountants, finance officers and other financial handlers. The decisions that these financial handlers take with regards to funds that they receive affect the smooth running of the hospital.

Kajola et al (2015) indicated three kinds of decisions the financial manager of a firm must make in business; these include the financing decision, and decisions involving short-term finance and concerned with the net working capital, investment and financial reporting. Similarly, Macharia (2015) also indicated three main financial decisions including the investment decisions, financing decisions and dividend decisions.

The strong points of financial management practices in all sectors including the health sector have long attracted the attention of researchers. Depending on the objectives, researchers emphasize different aspects of financial management practices. Roy & Debnath, (2015) and Brijlal, Enow and Isaacs, (2014) summarize their review of financial management practices in Australia, the UK and the USA. In their review the context of financial management practices includes the following areas: accounting information systems, financing decisions, investing decisions. According to McKinney, (2015) financial management practices within the health service should consist of the procedures, established by law or regulation, for management of public monies through the

budget process, which includes formulation, execution, reporting, and analysis, financial accountability and financial controls.

Financial Accountability and Healthcare Delivery

Financial accountability is the obligation of an individual or organisation to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner. It also includes the responsibility for money or other entrusted property (Brigham & Ehrhardt, 2013). All health systems contain accountability relationships of different types, which function with varying degrees of success. For example, health ministries, insurance agencies, public and private providers, legislatures, finance ministries, regulatory agencies, and service facility boards are all connected to each other in networks of control, oversight, cooperation, and reporting. Often it is the perception of failed or insufficient accountability that furnishes the impetus for change. This puts accountability front and centre on the stage of current health system improvements. Strengthened accountability is widely called for as a remedy for health system weaknesses around the world.

The essence of accountability is answerability; being accountable means having the obligation to answer questions regarding decisions and/or actions (Adams et al 2014). Two types of accountability questions can be asked. The first type asks simply to be informed; this can include budget information and/or narrative description of activities or outputs. This type of question characterizes basic monitoring and implies a one-way transmission of information from the

accountable actor(s) to the overseeing actor(s). In democratic governance terms, the informing aspect of answerability relates to transparency.

The second type of question moves beyond reporting of facts and figures, and asks for explanations and justifications (reasons); that is, it inquires not just about what was done but why. Justification questions incorporate information transmission, but go beyond to dialogue between the accountable and the overseeing actors. This dialogue can take place in a range of venues, from internal to a particular agency (e.g., medical personnel answering to their hierarchical superiors), between agencies (e.g., facilities reporting to health insurance funds), to more public arenas (e.g., parliamentary hearings where health ministers answer to legislators, or community meetings where local health officials answer to residents). The ability to enhance the level of financial accountability is believed to ensure proper fund management and ultimately could influence the quality of health care delivery.

Financial Budgeting and Healthcare Delivery

Budgeting is important in any organisation. In healthcare, department level budgeting is often managed by healthcare professionals and managers with little or no financial background. Managers may be promoted from the front lines as they have demonstrated a strong understanding of department function, or are hired with significant work-related experience and or possess advanced education. Unfortunately, many healthcare managers that are placed in entry level management positions lack either formal or informal training for financial management (Rajna et al, 2011).

For the Oda Government Hospital to run smoothly, financial managers must have some basic knowledge of where costs fit into the budget. They must understand the difference between an operating budget and a capital budget. Brijlal, et al (2014) explained that staff costs are the largest “cost item” in a healthcare operating budget and managers must understand how hiring decisions can affect the budget. Although staffing is generally a ‘fixed’ cost and is relatively static, managers must understand the impact of pay out of overtime hours, overstaffing, and agency hiring to replace staff, on their overall operating budget. After salaries and benefits, the second largest cost for many units relates to supplies. Understanding how to cost unit and analyse budgetary items can have a significant positive impact on the department goal of staying within an operating budget

Cleverley, Song, & Cleverley (2011) state six major categories of information should be included in most capital expenditure proposals: available alternatives, available resources, cost data, benefit data, prior performance, and risk projection. Complete proposals with supporting data and information make decision-making easier and less likely to be rejected than when information is incomplete or inaccurate. Further, accurate cost analysis will help prevent the realized costs being substantially higher than predicted; which is a rather unhealthy position to be in.

As stated above, budgets are a component of the organisation’s strategic vision. Capital budget decisions that have been analysed and approved typically become part of the organisation’s strategic plan. The strategic plan generally

outlines sources of funding, anticipated costs, and expected time for completion of the capital project are included in the details. The anticipated cost of the project is generally laid out in terms of its equivalent annual cost over the anticipated life of the equipment. Cleverley, Song and Cleverley (2011) explained that equivalent annual cost incorporates the capital and operating cost of the project and are divided equally over the anticipated life of the project.

Strategic plans are often developed for a three to five-year time frame. Unfortunately, many factors can impact plans for capital projects. A reduction in third party payer rates, a significant reduction in cash or private insurance payments, write-off of higher than expected bad debt, unanticipated increases in operating expenses, changes in practice, loss of revenues to competitors that offer lower-priced services may impact a negative impact on capital projects. Given how critical budgeting is to the proper functioning of organisation including hospitals like Oda Government Hospital, this study develops a scale to establish the level of budgetary control and subsequently its effect on the health care delivery.

Financial Control and Healthcare Delivery

Financial control is concerned with tracking, and reporting on allocation, disbursement and utilization of financial resources, using the tools of auditing, budgeting and accounting (Cleverley et al, 2011). The literature in this area deals with compliance with the laws, rules and regulations regarding financial control and management (Karadag, 2015). In his view, accountability involves the delegation of individuals or agencies to provide information about and/or

justification for their actions while financial control is concerned with the managers' responsibility to account on the performance of the resources for which they have control and authority. This is supposed to be done diligently by emphasizing organisational and stakeholders' interest.

According to Adua, Frimpong, Li, & Wang (2017) financial control is a management function that is crucial for proper accountability and, accountability for all funds should be maintained at all times. Burrell & Morgan (2017) said that every organisation is subject to some kind of risks depending upon several factors such as; the products and services it offers, the market in which it functions, the sources through which it is financed, and the way it utilizes its resources. In addition, the innovative developments in the financial sector have led to increased demand for an effective risk management as well as sophisticated corporate governance. Hence, the activities that are covered in the implementation of a good corporate financial control are overseeing activities in connection with authorizations and reconciliations, reviewing of employee performance, security of assets, and segregation of duties (Cooperrider, & Srivastva, 2017). The discussions also

Conceptual Framework

This section draws a diagrammatical relationship between the various components or concepts and the Ghana health service. The components are: financial management practices, budget, financial control and financial accountability.

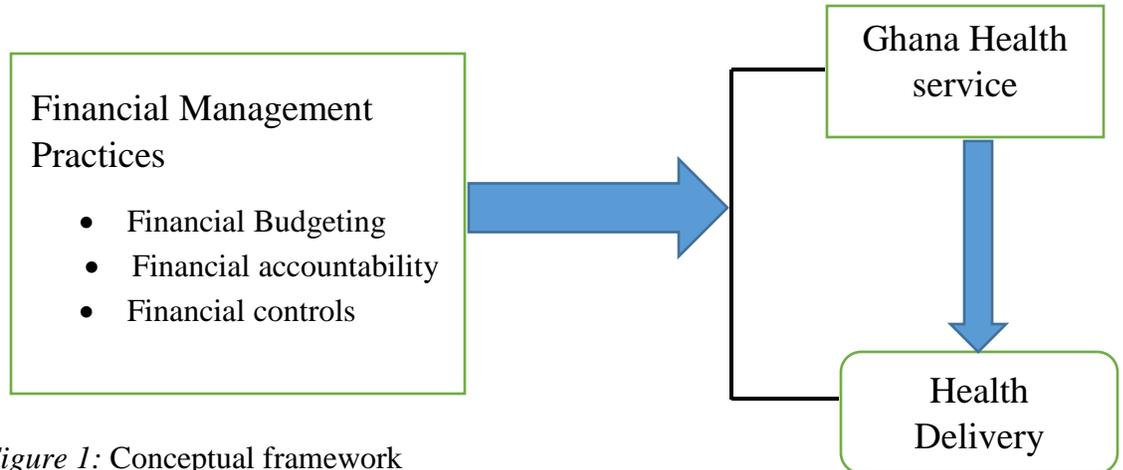


Figure 1: Conceptual framework

Form the above diagram, it was deduced from theory that financial management practices are into three independent groups: financial budgeting, financial accountability and financial controls. It was further deduced that these practices have influence on Ghana Health Service operations or activities and finally affect the health delivery. In the figure above, financial management practices have an impact on both the activities of Ghana Health service and health delivery but Ghana Health Service moderates the relationship between financial management practices and health delivery. A mediator variable affects the relationship between two variables.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter of the study primarily seeks to provide the systematic way by which the researcher conducted the study to achieve the research objectives and answer the research questions. The chapter clearly spells out the means through which various techniques are used and how effectively they contribute to the realization of the set objectives. This is consistent with the literature. Schneider & Florian (2016) described research methodology as an organised query that presents the detailed account on how data have been collected and presented for a study. The robustness of empirical results is determined by the appropriateness of the methodology. This makes this chapter indispensable. Therefore, this chapter discusses the relevant methods for the study including study approach, study design, study population, sampling size and sampling technique, source and type of data collection, study instruments, methods of verifying reliability and validity of data, ethical considerations and data analysis.

Research Approach

Researchers adopt different analytical procedures or approach based on their research philosophy. These differences in analytical procedures and research approach could basically be classified into three. These are quantitative, qualitative and mixed approach (Creswell, 2013). Researchers may select a

specific approach based on its appropriateness to answer the research question as well as the research problem.

This study employs quantitative approach. The quantitative approach is more suitable because the study seeks to observe the outcome of one variable (healthcare delivery) by manipulating other variables (financial management constructs). The literature provides investigation of this nature requires quantitative approach (Creswell, 2013). Additionally, the study seeks to use hypotheses to answer the research questions and this is possible when the study explores numerical data. The use of numerical data to measure constructs requires quantitative approach (Cameron & Sankaran, 2015). This makes the quantitative approach more suitable for this study. The approach is applied empirically in this study by developing scale instrument capable for measuring each of the financial management practice variables and quality of health care quantitatively (Johnson & Onwuegbuzie, 2004).

Research Design

Research design simply refers to the method of addressing the research hypotheses and answering the research questions. According to Leech and Onwuegbuzie (2009), research design is an overall plan for collecting data in order to answer the research questions. It also involves the specific data analysing techniques or methods the researcher intends to use. Similarly, Durrheim & Tredoux (2004) explained study design as a strategic framework that serves as a bridge between research questions and the execution of the research strategy. Similar to the research approach, researchers have different types of research

design to choose from (Saunders & Thornhill, 2009). However, it is advised that the choice should be guided by principles such as the research approach, problem and research questions (Creswell, 2013). Therefore, referencing to the study problem and approach applied in this study, survey design is adopted.

Survey design is the procedure the researcher goes through to collect data from the population of interest so that he or she can make some inference about the wider population using the sample. It is also believed that researcher designed surveys to provide a snapshot of how things are at a specific time (Denscombe, 2008). The choice of survey design is appropriate over the others designs because of the chance to produce data based on real-world observations (empirical data) in a short time for a fairly low cost. Again, the design allows the results of the study to be generalized from the sample perspective, to the entire population (Anlo, 2012). As stated by Leedy (2001), survey design produces a study analysis and the results that give high level of reliability.

Study Area

The study area is the Oda in the Eastern Region of Ghana. Oda is a town in South Ghana and is the capital of Birim Central Municipal District, a district in the Eastern Region of south Ghana. In 2013, Oda had a settlement of population about 60,604 people. The Oda Government Hospital is the only public healthcare provider in the town of Oda which serves the Kotoku Traditional area and also serves as a referral point for the adjoining communities. The study area has a good economy that provides avenue for wealth making. Cocoa is an important

part of the economy of the study area, including plantations and casual plantings alongside roadsides. Other natural resources such as timber, bamboo, diamonds, gold makes the area richer in finances such that, the government of the nation gets access to financial sources that helps manage the hospital.

Population

Population according to Saunders (2009) is a full set of cases from which a sample is taken. Lim and Ting, (2012) opined that study population is any unit of group that has a common set of characteristics from which data can be collected. Mason, (2007) also described a population as an entire group about which some information is required to be ascertained or a main focus of a scientific query. Base on this, it is believed that all individuals or objects within a certain population usually have a common, binding characteristic or trait for which the descriptions of its members are the same. In addition, Indrayan (2008) pointed out that the study population should provide information for synthesizing the research of a number of studies and for secondary analysis. This can only be done if the researcher set some boundaries in selecting the respondents for the study. This study therefore focuses on staff as the target population. The total number of staffs which forms this population is 223 (Elective Ghana, 2018).

Sampling Procedure

Sampling is necessary because in conducting a research study, it is practically impossible, time-consuming and too expensive to test every individual in the entire population dealing. Hence, there is the need to get a fair representation of the people. To achieve this then sampling techniques become

important. As defined by Kraska & Neuman (2011) a sampling is the process of selecting a sample as a subset from a defined population. Also, it is described as the act or technique of selecting an appropriate sample that will serve as representative portion of the study population with the aim of determining parameters or characteristics of the entire population (Lenth, 2011). The study also adopts sampling procedures in this study. One important element of sampling procedure is sample size. According to Lenth (2011), sample size has implication on the findings and the conclusions. The study therefore follows the sample size model developed by deVaus (deVaus, 2002) to estimate the appropriate sample size. The deVaus model is expressed as:

$$S = \frac{N}{1+N(e)^2} \quad (1)$$

Where:

S = Sample Size

N = Target population

E = Confidence Level

Given a significance level of 10% and the target population 223, the sample size is determined as:

Substituting the data on these variables in the study, the sample size is determined as:

$$n = \frac{223}{1+223(0.1)^2} = 69.04 \approx 69 \quad (2)$$

Thus, the minimum sample size is given as 69 staff.

The selection of the minimum sample size of 69 is done using multi-stage sampling technique. This requires application of more than one sampling technique. The study first applies stratified sampling technique where the population is grouped into three strata. Namely: management, account staff and other staff. The account staffs are operationalized in this study to include both account and audit staff. The management is defined in this study to include sectional heads and budget holders and top management. The other staffs are those staff other than management and account. Subsequently, census technique was applied to the account staff while purposive sampling was applied to management and other staff. The study employed census to the account category because they were the technocrat as far as financial management practices were concerned. Since not all members of the management and the other staff strata would have fair knowledge about financial management practices, it would be appropriate to search for those with the requisite knowledge to provide relevant opinion, hence, the purposive sampling.

Data Collection Instruments

Deciding on the data needs and collection techniques is one of the most important aspects of any research. This depends on the research question(s) and the focus of the study. There is no readily available data relevant to answer the research questions, therefore, the data needs about financial management practices and quality health care would be collected from primary source. As defined by Hague (2006) primary data are raw data that researchers collect from

specific respondents or participant specifically for the purpose of the research. In other words, it is original in nature and directly related to the issue which the researcher gathers through various methods like interviews, surveys, questionnaires etc. It is normally referring to as the afresh information. Thus, the data needed for this study is primary data which are numerical in nature. The collection of these data requires appropriate data gathering technique suitable for the research problem, research objectives and research questions (Bryman, 2006). In this regard the study employs questionnaire. This instrument or data collection technique supports not only the research approach but also the design. It is able to provide close-ended questions which could be used to measure variables quantitatively.

Questionnaire is one of the most widely used instruments for collecting data for quantitative based studies. As defined by Amedahe (2002), questionnaire consists of a list of questions relating to the aims of the study, hypotheses and the research questions to be verified and answered to which the respondents are required to answer by writing, ticking, marking or circling the response. Also, Sarantakos (2005) explained it as a series of questions that allow a smooth transition from one topic to the other that usually refer to the same issue. It helps a researcher to obtain better range of information within a limited time frame. However, this can be achieved when the questionnaire is properly constructed and responsibly administered. As argued by Hawkes and Rowe (2008), a well-designed questionnaire is effective in gathering information on both the overall performance of the test system as well as information on specific components of

the system such information about the practices, conditions, opinion, and the attitudes of the subjects. Based on this the researcher adopts a useful method for checking the detail on the relevant methodological features. Moreover, participants are given elaborated instructions as to how the questionnaires are to be completed and returned. To minimize bias in formulating and asking the question, a clear instruction for ensuring confidentiality of data was carried out.

In order not to deviate from the study objectives, the researcher first defined and described the phenomenon distinctly in order to identify the construct to be measured (Bannister & Remenyi, 2003; Punch, 2009). Also, the researcher ensured confidentiality by directing that the respondents should not write their names on the questionnaire and invited participants willingly to share their understandings, experiences as well as opinions. As a result, a large better range of information within the time frame was expected to be covered. Since most studies that uses semi-structured questionnaires lacked specific information on question wording and phrasing which may affect the reliable of the data, the questionnaire is designed and questions formulated by following some existing questionnaires and the general literature.

The items on the questionnaire used to measure the study variables were grouped into three sections, A to C. The section A contains close-ended questions and deals with personal demographics and work experiences of the respondents. Section B and C gather data on the three key financial management practices: budgeting, financial accountability and financial control and quality health care delivery. Likert-scale questions are employed in measuring all the four variables.

According to Yates, Edman and Aruguete (2004), Likert-scale is the most widely and reliable means to measure qualitative attributes or constructs with quantitative metric units. The scale is easy to construct though potent in quantitative measurement. It is constructed and operated by grouping similar statements, questions or items together to measure a variable and combining the respondents' score on the items into a single index. The study follows Scheuren (2004) suggestion to achieve desiring scale by ensuring that high scoring and low scoring respondents differ in their responses in respect of each of the items selected for constructing the index. 6-item scale is used to measure budgeting as financial management practice, 7-item scale each is also used to financial accountability and financial control. The quality health care delivery is measured on 11-item scale. Respondents are asked to rate the items on each scale on 1 to 5. '1'=very weak agreement and '5' very strong agreement. Pre-testing is also conducted after the instrument is designed to ensure reliable and valid results. As defined by Bird and Howes (2008), Pre-testing is valuable method that give researchers the assurance that they have captured the specified information among a smaller subset of target respondents. It also helps to test the adequacy of the questionnaire. It is used in this study to validate the instrument and allow the study to identify whether respondents understand the questions and instructions, as well as the meaning of questions is the same for all respondents. This is also done to enhance the internal consistency, validity and reliability of the questionnaire.

Data Collection and Procedures

Procedure is the most important thing in research methodology. Without procedure we cannot reach any conclusion. After selecting and finalising the tools the researcher visited the hospital under investigation personally for taking prior permission from the management of the hospital. Subsequently the researcher discussed in detail about his investigation with the management of the hospital and sought the permission from them for collecting the necessary data.

In the first step, a good rapport with the staff of the concerned hospital was established to do the investigation carefully. Before assigning the questionnaire, instructions of each test used in the study was made clear. In order to giving responses to the questions free and frankly, honestly and sincerely, they were made aware there are no right or wrong answers to these questions and their professional career would not be affected as it was only an exercise for academic research purpose and their responses would be held highly confidential. In order to free them from boredom, they were given sufficient time interval between tests. Thus, the questionnaires were administered under proper testing conditions. Each session to testing, ended with a vote of thanks to the respondents concerned.

After collecting data from the sample, and students with the help of the selected tools, collected data was scored in the following manner: Quality of healthcare delivery and Financial management practices were scored on a Likert scale. This scale has five choices numbered 1 to 5 against each statement with 1- strongly disagree and 5- strongly agree. Data was then analysed from this point.

Data Processing and Analysis

The reliability and validity of quantitative study depends on instrument construction. Therefore, following pre-test to ensure validity, the study also employs other technique to test reliability. According to Silverman (2004), reliability is the degree to which the findings of the research are independent of accidental circumstances. Muijs (2011) also defined reliability as the extent to which measurements are repeatable –when different persons perform the measurements, on different occasions, under different conditions, with supposedly alternative instruments which measure the same thing. In sum, reliability is consistency of measurement (Bollen, 1989), or stability of measurement over a variety of conditions in which basically the same results should be obtained.

It is believed that data obtained from behavioural research studies are influenced by random errors of measurement ((Neuman & Kreuger 2003; Salkind 2012). For that reason, the researcher can cancel out, on the average, over repeated measurements on a single person. Although it is rare to have perfect reliability, however, some researchers have suggested some procedures that help researcher to increase the reliability of measures (Rosnow & Rosenthal, 1991). One mean to test reliability generally is the use of Cronbach alpha coefficient which is also used in this study. The Cronbach alpha coefficient is widely used as a reliable procedure to indicate how well various items are positively correlated to one another (Sekaran & Bougie, 2010). When the alpha of the scale for measuring a variable is 0.7 and above, then it is more reliable, however, a lesser alpha below 0.7 has reliability in doubt (Santana, Mengod, & Artigas, 2009).

Data Analysis

Data analysis is one of the major components of any research whether quantitative or qualitative or both. The purpose of all this is to summarize data so that it is easily understood and provides the answers to the study questions. According to Creswell (2008), data analysis is a process that demands drawing conclusions and explicating the findings in words about a study. However, the approach and method adopted can have influence on the results and conclusion of the study. This therefore means that the careful and necessary utilization of the right data analysis techniques can have great impact on the outcome of the research. Hence, the information gathered from primary sources is further interpreted and analysed. In this direction, the appropriate statistical method and tool used should be suitable for the study objectives as well as the study approach to provide answer to the study questions and the hypotheses developed in the research.

Another factor that the researcher considered is spending substantial time on the data analysis phase of the survey. This is because a rushed of ten caused some important aspects of the data missed and sometimes gives wrong analyses which lead to both inaccurate results and misleading conclusions (Wright, 2003). Therefore, a manual analysis is carried out to mainly edit and code the responses. The coding involved grouping answers of a similar nature or with similar meaning into one set of answers and giving them a particular number called a code. For instant, answers with “yes” in a given questionnaire would be coded as number one and answers with “no” would be coded as number two for each questionnaire.

Again, ‘very strong agreement’ is coded 5 and ‘very weak agreement’ is coded 1. The coding assisted the study to get the total number of responses for each of the questions. This also helps to organise and represent the data in a tabular form to show the percentages and mean scale of the variables using the figures and numbers obtained. Editing is done in order to discard unwanted and irrelevant information, verify the data and check for consistency.

Since the study specifically employs quantitative approach, the Statistical Package for Social Sciences (SPSS) is used for data entry and analysis of the data collected. Tables, graphs and charts are used to present outcomes of the analysis. It has the variable view and data view. The variable view is the first stage where data coding format is input to pave way for the second and main data input stage. Each of the variables are measured using mean scale on 1 to 5. The cut-off point is determined as 2.9. Therefore, a financial management practice indicator with mean less than 2.9 is considered as low, 2.9 is moderate and above 2.9 is high. The study subsequently employs standard multivariate regression to analyse the objectives 1 to 3 and answer the relevant research questions. This is modelled as:

$$HCD = \alpha_1 + \beta_1 Bp_i + \beta_2 FA_i + \beta_3 FC_i + \epsilon_i \quad (3)$$

Where: α is the constant

HCD denotes healthcare delivery

Bp is the budgetary practice

FA is the financial accountability

FC represents financial control

ϵ is the error term

β_1 , β_2 and β_3 are the coefficients for budgetary practice, financial accountability and financial control. These coefficients would present the magnitude and direction of the relationship between each of these financial management practices and quality health care delivery and form the basis for answering the research questions and the hypotheses.

Ethical Considerations

Anyone involved in collecting data from population has an ethical duty to respect each individual participant's autonomy. According to Partington, (2003) an ethic is a philosophical term derived from the Greek word ethos, which means character or custom and connotes a social code that conveys moral integrity and consistent values. In other words, it is considered as what is wrong and what is right when conducting research. Therefore, the two important ethical issues to adhere to when conducting a survey are confidentiality and informed consent. Thus, the respondent's right to confidentiality should always be respected and any legal requirements on data. This study therefore explains the caution it would take to avoid any harm to participants in the light of sensitivity of the research theme concerning responses about the assessment of the financial practices in the Ghana health service. The study explains to respondents the nature of study and stated that participation is voluntary. All participants are assured of their privacy and how confidential the data are kept.

In addition, the confidential right and anonymity of the study is highlighted. It also informed the participants that any data provided by them would only be applied for the study. The research does not impede in the

administration of the questionnaires so that respondents answer the questionnaires in the most reasonable time. The study also regards on the ethical issues in reporting. Under no situation does the researcher formulate data to support conclusion made.

Chapter Summary

Methodology has to be most important aspect towards any study. Methods are most important in research process. In short, by method we mean systematic approach towards a particular phenomenon. The survey method was selected which was most appropriate to the project under investigation. The collection of data is of paramount importance in the conduct of research. It is necessary to adopt systematic procedures to collect essential data. They should be reliable and valid. The collection of data is of paramount importance in the conduct of research. The nature of data depends mostly upon the type of tool or technique used by researchers for collecting these data. It is necessary adopt or evolve systematic procedures to collect essential data. Relevant data collected should be sufficiently reliable and valid.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

Introduction

The previous chapter which dealt with research methods presented comprehensive discussions of methods, procedures and techniques required to address the research objectives and answer the research questions. This chapter basically applies these research methods in relation to the focus of the study and reports the results. The chapter also discusses the findings and compare them with the literature (both the theoretical and empirical literature). The results are presented in tables and graphs. The discussions of the results are based on each research question. The relevant implications from the discussions of the findings are also drawn. The chapter is presented as follows:

Analysis of Background Data

It is observed from table 1 that seventy-two 72 respondents responded to the questionnaires distributed to them. It can be seen that 52.8 % were males and 47.2% are males which is an indication that the respondents were male dominated. Table 1 illustrates that there is slight difference between male staff and female staff in the hospital. This is observed as the difference is only 4 representing 5.6%. This is an indication that there is a normal distribution of gender with regards to staff in the hospital and because the uses regression technique to analyse the data, the assumption of normality has to be satisfied. Table 1 further indicates that majority of the respondents are between the ages of

30 to 49. This is substantiated by 57 representing 80.2% of the total respondents which is an indication that the respondents are adult dominated and have more experience in healthcare delivery and financial management practices. With regards to educational qualification, Table 1 illustrates that 49 staffs have tertiary education otherwise known to be either first degree or HND certificate. This is represented by 68.1%. Following this is those with masters or PhD (13) which is represented by 18.1%. The next is secondary and primary which constitute 9 and 1 making up 12.5% and 1.4% respectively. On the other hand, 32 of the staff are seen to be health practitioners while 18 are into health administration support. This is represented by 44.4% and 25.0% respectively. Similarly, 13 of the staff are within the finance and support section while 9 falls within other sections of the hospital staff. This gives indications that, respondents have more information about the financial management practices and how the administration of the hospital is being run.

It can also be seen from the table that most of the respondents (28) have worked with the Oda Government Hospital for 1 to 5 years, representing 41.2%. This is followed by those in 6 to 10 years, 20 in total with percentage of 29.4% 11 of the respondents representing 15.3% have worked for 11 to 15 years while only 2 respondents have worked with the hospital for less than 1 year representing 2.9%. however, 5 years of work experience will be enough to have enough information about financial management practices and results obtained from respondent will not be spurious.

Table 1: Analysis of background data

Variable	Frequency	Percentage
Gender		
Male	38	52.8
Female	34	47.2
Total valid	72	100.00
Age		
Less than 29	10	14.1
30-39	41	57.7
40-49	16	22.5
50 and above	4	5.6
Total valid	71	100.0
Marital status		
Single	26	36.6
Married	40	56.3
Divorce	5	7.0
Total valid	71	100.0
Highest qualification		
Primary	1	1.4
Secondary	9	12.5
Tertiary	49	68.1
Masters and PhD	13	18.1
Total valid	72	100.0

Job position

Health practitioner	32	44.4
Health administration and support	18	25.0
Finance and support	13	18.1
Others	9	12.5
Total valid	72	100.00

Years of practice at the
hospital

Less than 1 year	2	2.9
1-5 years	28	41.2
6-10 years	20	29.4
11-15 years	11	16.2
16-20 years	7	10.3
Total valid	68	100.0

Source: Field survey, Addo (2018)

Quality Healthcare Delivery at the Oda Government Hospital

Indeed, the most comprehensive and perhaps the simplest explanation of quality is that used by advocates of total quality management who simplifies quality as doing the right thing right, right away (Lazaroiu, 2015). Therefore, three forms of quality have been outlined in the literature review. These are clients, professional and management quality. The client's quality addresses what the clients wants from the service. Professional quality indicates whether the

service meets the needs as defined by professional providers and referrers and whether it correctly carries out techniques and procedures which are believed to be necessary to meet the client's needs. Lastly, the management quality aspect is concerned with the most efficient and productive use of the resources within limits and directives set by higher authorities and purchasers. An integrated definition of health care quality therefore combines these three elements: A quality health service/system gives patients what they want and need at the lowest cost.

As indicated from the Chapter three, the dependent variable in the study is the quality of healthcare delivery at the Oda Government Hospital. The first analysis takes into consideration the quality of healthcare. Using mean scale of 1 to 5. 1 to 2.9 denotes non-existence of quality healthcare or low level of quality healthcare and 3 to 5 represents existence of quality healthcare or high level. The study first analyses the individual statements on the scale and finally the omnibus results. The study used 12 checklists presented in a form of statements. The respondents' agreement or disagreement shows the level of quality healthcare.

Table 2: Analysis of Quality Healthcare Checklist of Respondents

Checklist	Frequency	Percentage
The hospital has up to date facilities		
Strongly disagree	25	35.2
Disagree	29	26.8
Neutral	28	25.4
Agree	7	9.9

Strongly agree	2	2.8
The physical environment of the hospital is appealing.		
Strongly disagree	22	30.6
Disagree	17	23.6
Neutral	21	29.2
Agree	9	12.5
Strongly agree	3	4.2
The hospital has modern-looking equipment.		
Strongly disagree	25	34.7
Disagree	24	33.3
Neutral	11	15.3
Agree	11	15.3
Strongly agree	1	1.4
GRAND MEAN:		
Overall agreement (strongly agree)	9	12.5
Overall agreement (agree)	10	13.9

The hospital has strong maintenance culture

Strongly disagree	9	12.5
Disagree	10	13.9
Neutral	33	45.8
Agree	14	19.4

Strongly agree	6	8.3
There is availability of adequate seating at the hospital		
Strongly disagree	5	6.9
Disagree	4	5.6
Neutral	10	13.9
Agree	35	48.6
Strongly agree	18	25.0
The staff provides service on scheduled time		
Strongly disagree	4	5.6
Disagree	5	6.9
Neutral	29	40.3
Agree	18	25.0
Strongly agree	16	22.2
GRAND MEAN:		
Overall agreement (strongly agree)	9.6	12.5
Overall agreement (agree)	9.8	13.9

Doctors/staff are professional and competent.

Strongly disagree	1	1.4
Disagree	3	4.2
Neutral	2	2.8
Agree	16	22.5

Strongly agree	49	69.0
There is consistency in duty performance by staff at the Hospital		
Strongly disagree	19	26.4
Disagree	13	18.1
Neutral	36	50.0
Agree	2	2.8
Strongly agree	2	2.8
Prompt service delivery without wasting time		
Strongly disagree	1	1.4
Disagree	10	13.9
Neutral	34	47.2
Agree	15	20.8
Strongly agree	10	13.9
GRAND MEAN:		
Overall agreement (strongly agree)	9	12.5
Overall agreement (agree)	10	13.9

The hospital had skilled staff to provide healthcare

Delivery

Strongly disagree	1	1.4
Disagree	1	1.4
Neutral	6	8.3

Agree	25	34.7
Strongly agree	39	54.2
The location of the hospital is accessible		
Strongly disagree	1	1.4
Disagree	1	1.4
Neutral	2	2.8
Agree	9	12.5
Strongly agree	59	81.9
The charge for services at the hospital is affordable		
Strongly disagree	2	2.8
Disagree	1	1.4
Neutral	6	8.3
Agree	18	25.0
Strongly agree	45	62.5
GRAND MEAN:		
Overall agreement (strongly agree)	9	12.5
Overall agreement (agree)	10	13.9

Source: Field survey, Addo (2018)

The information presented in Table 2 is an indication that, on the average, only 11 of the totals of 72 respondents agree that the hospital has modern – looking equipment. This is represented by 15.3%. This means that a substantial number of 36 respondents representing 50% are either indifferent or disagree that quality healthcare is provided at the hospital. Hence, it could be said that the level

of quality healthcare delivery at the hospital is very low comparing the number of agreements to that of the disagreement. Among the checklists, it is the checklist 'The location of the hospital is accessible' that ranks high on the delivery of healthcare by the hospital. 59 of the respondents representing 81.9% strongly agreed and 9 representing 12.5% agreed that the location of the hospital is accessible.

The second highest on the quality of healthcare delivery is item 'Doctors/staff are professional and competent' 49 of the respondents representing 69.9% strongly agreed and 16 representing 22.5% agreed that doctors/staff are professional and competent. The third on the list is that which pose the statement 'The charge for services at the hospital is affordable'. With this, 45 of the respondents representing 62.5% strongly agreed and 18 representing 25.0% agreed that the charge for services at the hospital is affordable.

The least on the quality healthcare checklist with regards to attention from the hospital is 'There is consistency in duty performance by staff at the Hospital'. Only 2 respondents representing 2.8% strongly agreed and similarly 2 respondents representing 2.8% agreed that there is consistency in duty performance by staff at the hospital.

As indicated in Table 3, the mean scale result which consolidate all the checklists is reported. This report is used to determine the overall level of quality of healthcare delivery at the Oda Government Hospital. With the cut-off point of 2.9 (less than 2.9 low or non-existing and greater than 2.9 high or existing) and the mean value of quality of healthcare delivery of 3.51, indicates that the quality

of healthcare delivery crosses the midpoint or cut-off point on the mean scale though the extent to which it moves higher from the cut-off point is low. The practical implication of this observation is that the quality of healthcare delivery at the Oda Government Hospital is fairly or reasonably high. The conclusion drawn from this implication is that management of Oda Government Hospital is trying hard to put the hospital into a good shape to satisfy the expectations of patrons.

Table 3: Statistics on Quality of Healthcare Delivery

	Mean	Cut-of f	Level
QHD	3.51	2.9	High
Valid N (listwise)			

Note QHD denotes Quality of Healthcare Delivery
Source: Field survey, Addo (2018)

In spite of the reasonably high quality of healthcare delivery as Table 3 demonstrates, the findings from the quality of healthcare delivery of the hospital do not meet the expectation of the study. The study expected that a Government Hospital of its calibre which serves a wide range of people should have a very high quality of healthcare delivery (i.e. expected mean between 4.5 and 5) but the study revealed the contrary.

The observation that the Oda Government Hospital has fairly quality of healthcare delivery has policy implications. As observed from the outset by (Lazaroiu, 2015) client's quality addresses what the client's wants from the service. The findings indicate quality of healthcare delivery do not meet

professional quality. This is because professional quality indicates whether the service meets the needs as defined by professional providers and referrers and whether it correctly carries out techniques and procedures which are believed to be necessary to meet the client's needs. Meanwhile, the study found that there is inconsistency in duty performance by staff at the hospital and no prompt service delivery without wasting time.

Financial Management Practices

The study operationalizes financial management practices the process of ensuring that financial resources are obtained, used effectively and efficiently in the delivery of health services. Financial management of the hospital lies in the hands of the administrator, accountants, finance of facers and other financial handlers. The decisions that these financial handlers take with regards to funds that they receive affect the smooth running of the hospital (Kajola et al, 2015). To access the strength of the financial management practices at the Oda Government Hospital and how such practices contribute or otherwise to healthcare delivery, the study accesses financial management practices based on budgetary control, financial accountability and financial control. Each of these practices is analysed to evaluate the extent to which they are utilised within the hospital to improve the quality of healthcare delivery.

The first one to be analysed is developed from the first objective of the study which deals with budgetary controls at the Oda Government Hospital. The research question which emanated from this objective is as follow:

What is the Effect of budgeting on health delivery at the Oda Government Hospital?

Table 4: Analysis of budgetary control to quality healthcare delivery

Budgetary control	Frequency	Percentage
Plans and budgets for the past years have been evidenced-based		
Strongly disagree	3	4.3
Disagree	6	8.7
Neutral	24	34.8
Agree	25	36.2
Strongly agree	11	15.9
Budgets are consistent with the dictates of the accounting and financial management principles		
Strongly disagree	1	1.4
Disagree	5	7.2
Neutral	14	20.3
Agree	31	44.9
Strongly agree	18	21.6
Plans and budgets are transparent in terms of their linkage between the hospital priorities and available resources		
Strongly disagree	1	1.4
Disagree	5	7.1

Neutral	29	41.4
Agree	28	40.0
Strongly agree	7	9.7
Plans and budget as approved is implemented by going through appropriate authorisation process		
Strongly disagree	1	1.4
Disagree	5	7.1
Neutral	12	17.1
Agree	30	42.9
Strongly agree	22	31.4
No expenditure is incurred without budget allocation		
Strongly disagree	15	21.7
Disagree	15	21.7
Neutral	13	18.8
Agree	13	18.8
Strongly agree	13	18.8
Plans and budgets as formulated and implemented are the basis for efficient resource utilisation		
Strongly disagree	1	1.4
Disagree	5	7.1

Neutral	25	35.7
Agree	28	40.0
Strongly agree	11	15.7
Grand Mean:		
Overall Agreement (Agree)	26	37.1
Overall Agreement (Strongly agree)	14	26.6

Source: Field survey, Addo (2018)

To assess budgetary control as a variable of financial management to quality healthcare, 6 scale items were used. It could be observed from Table 4 that, on the average 40 people representing 63.1% either agreed or strongly agreed that sound budgetary control measures are used in the financial management practices of the hospital. This is an indication that 32 of the respondents which represent 36.9% of total population were either neutral, disagreed or strongly disagree that good budgetary practices are followed in the financial management of the hospital. Much as the number of people suggesting good budgetary control practices seems to be high, the number is actually low.

Among the checklist, the item which demonstrates the hospital's budgetary control is "Budgets are consistent with the dictates of the accounting and financial management principles". Thirty-one 31 of the respondents, representing 44.9% agreed while 18 representing 21.6% strongly agreed to the aforementioned item. The second on the list is "Plans and budgets are transparent in terms of their linkage between the hospital priorities and available resources".

This item has a total agreement and strongly agreement responds of 57 representing 81.4%

From Table 5, it could be observed that financial accountability is fairly high in the Oda Government Hospital. This is because on the average, 46 of the respondents representing 63.5% as seen in the grand mean score agree that financial accountability practices are adhered to in the financial management of the hospital. Some of the items on the checklist that received higher value of the response include “The hospital prepares cash flow projections”, “The hospital’s accounting practices conform to accepted standards” and “Responsible officials in the hospital submit all statutory financial returns to institutions where they are required in time”. These items have frequency and percentages of 56 (77.8%), 51 (70.0%) and 50 (69.5%) respectively

Additionally, from Table 5 all the items on the financial accountability list that received more than 60% endorsement had been practiced in the hospital. The number of percentages is an indication that, financial accountability receives fairly high level of attention as far as financial management of the hospital is concerned.

Table 5: Analysis of financial accountability to quality healthcare delivery

Financial Accountability	Frequency	Percentage
The hospital prepares financial statements on budget versus actual and/ or comparative basis to achieve a better understanding of our finances		

Strongly disagree		
Disagree	2	2.8
Neutral	8	11.1
Agree	24	33.3
Strongly agree	33	45.8
The hospital's accounting practices conform to accepted standards		
Strongly disagree	1	1.4
Disagree	3	4.2
Neutral	11	15.3
Agree	20	27.8
Strongly agree	30	41.7
Stakeholders are knowledgeable about most tasks we have to perform		
Strongly disagree	11	15.3
Disagree	18	25.0
Neutral	12	16.7
Agree	17	23.6
Strongly agree	9	12.5
We do not give time for everyone to internalize the subject matter		
Strongly disagree	2	2.8
Disagree	12	16.7

Neutral	25	34.7
Agree	16	22.2
Strongly agree	9	12.5
The hospital prepares cash flow projections		
Strongly disagree	0	0
Disagree	4	5.6
Neutral	7	9.7
Agree	30	41.7
Strongly agree	26	36.1
The hospital periodically forecasts year end revenue and expenses to assist in making management decision during the year		
Strongly disagree	1	1.4
Disagree	2	2.8
Neutral	4	5.6
Agree	17	23.6
Strongly agree	42	58.3
The hospital reconciles all cash accounts monthly		
Strongly disagree	0	0
Disagree	3	4.2
Neutral	11	15.3
Agree	37	51.4
Strongly agree	16	22.2

The hospital has a review process to monitor whether appropriate and accurate financial information is received

Strongly disagree	0	0
Disagree	7	9.7
Neutral	13	18.1
Agree	36	50.0
Strongly agree	11	15.3

Responsible of facials in the hospital submit all statutory financial returns to institutions where they are required in time.

Strongly disagree	2	2.8
Disagree	4	5.6
Neutral	9	12.5
Agree	33	45.8
Strongly agree	18	25.0

Grand mean:

Overall agreement (Agree)	25	35.4
Overall agreement (Strongly Agree)	21	28.1

Source: Field survey, Addo (2018)

The last variable of the financial management practices that needs to be addressed is the financial control. Table 6 gives descriptive statistics of financial

control to quality healthcare delivery. 9 scale items were used in this analysis as could be seen in the Table 6 below.

Table 6: Descriptive analysis effect of financial control on quality healthcare delivery

Financial control	N	Min.	Max.	Mean	Std. Deviation
Staff are given up to date internal control manuals for reference purposes	68	1.00	5.00	2.5735	1.24967
Staff are aware of the penalties for breaking internal control procedures	70	1.00	5.00	2.8143	1.37570
Accounts are reconciled on monthly basis to detect errors and fraud	66	1.00	5.00	4.1061	.93032
All payments are authorized by responsible officer before payment	65	1.00	5.00	3.2923	1.50751
All payment procedures are followed for all transactions	66	1.00	5.00	3.4242	1.24110
All financial transactions are recorded in vouchers for future references	67	1.00	5.00	4.4776	.85914

The hospital accounts are frequently audited	65	1.00	5.00	4.1538	.83349
The internal auditor works independently	67	1.00	5.00	3.0448	1.50185
There is internal check which operates continuously as part of the system	67	1.00	5.00	3.3433	1.20041

Source: Field survey, Addo (2018)

From Table 6, it could be observed that except for the item “Staff are given up to date internal control manuals for reference purposes” and “Staff are aware of the penalties for breaking internal control procedures” which has low mean values of 2.5735 and 2.8143 respectively, all the remaining items have high value above the cut-off point of 2.9. This is an indication that overall, financial control is high in the financial management practice of the hospital.

Items like “Accounts are reconciled on monthly basis to detect errors and fraud”, “The hospital accounts are frequently audited” and “All financial transactions are recorded in vouchers for future references” have very high mean values to the extent of approaching 5. Their values are 4.1061, 4.1538 and 4.4776 respectively.

As could be observed in Table 7, the study consolidates all the checklists and reports the mean. This is used to determine the overall level of financial management practices of Oda Government Hospital. Like the quality of

healthcare delivery, the various variables of financial management practice the cut-off point or benchmark of 2.9 (less than 2.9 low and greater than 2.9 high). From Table 7, the level of institutional barriers to effective documentation is 2.1625, level of cultural barriers is 3.2140 and level of social barriers is 2.3916. In comparison with the cut-off point, it is only cultural barriers which fall within the high region. However, there is still more concerns as all the constructs are higher than the disagreement region which is 1 for strongly disagree and 2 for disagree. Thus, all the barriers identified may threaten the effectiveness of nursing documentations of Oda Government Hospital.

Table 7: Grand analysis of financial management practices and quality of healthcare delivery

Financial Management Practices	Mean	Cut-off Point	level
Budgetary Control	3.8889	2.9	High
Financial Accountability	3.8889	2.9	High
Financial Control	3.4827	2.9	Average high

Source: Field survey, Addo (2018)

The empirical findings as demonstrated from Table 4 to Table 7 have given backing to the expectation of the study. From these tables, it has been observed that much as budgetary control, financial accountability and financial control is significant for healthcare delivery as far as financial management practices are concerned. Though the financial management practices are fairly good, the expectation of these practices, fall short of the expected level capable of serving the need of the people who depend on the hospital.

The findings have both theoretical and empirical significance. Theoretically, the findings are consistent with the system theory which thrives on the interconnection of individual entities to champion the course of a specific system. The systems theory includes concepts of self-organizing systems and complex adaptive systems, regard economic entities, and thus also organizations, as open systems, that is, systems connected with the environment through various relationships (Valentinov, 2014). The Oda Government Hospital is regarded as a complete system with interconnected entities. This interconnected system is made up of internal and external modules. These modules are the variables (entities) of financial management practices which contribute to the development of the system (Oda Government Hospital).

Additionally, the findings have given empirical support to the system theory. It has revealed that to improve the quality of health care delivery, components of financial management practice such as budgeting, financial accountability and financial control should aim at optimization of factors shaping fundamental attributes of quality health care delivery (Adams, Hester, Bradley, Meyers & Keating, 2014). When financial management practices are engineered in these regards, it would effectively provide financial space for organization and this could smoothen the attributes within the organization (Watson, 2013).

The policy implication of the findings is that management of the hospital should enhance the financial management practices to the highest level as expected to boost quality of healthcare delivery. From the findings, budgetary control and financial accountability is 3.8889 respectively. These financial

management variables have values exceeding the cut-off point of 2.9. However, more is needed if full quality of healthcare delivery is to be attained. For financial control, the value is 3.4827. This is low as compared with the other two variables. Thus, the implication is that management would have to work assiduously to improve the financial control of the hospital.

As indicated in the preceding Chapter, research questions 1-3 employs standard multivariate regression. With the multiple regression, variables of financial management practices, (budgetary control, financial accountability and financial control) are summarised and analysed in relation to quality healthcare delivery which serves as a dependent variable. Prior to running multiple regression, certain statistical assumptions should be met. Examples of these assumptions are normality, linearity and multicollinearity.

Normality and Linearity Diagnostic Test

The normality and linearity assumptions are fundamental to standard regression. According to Julie Pallant standard normal probability plots also called 'Normal Q-Q Plot' provides standard basis for testing these assumptions (Pallant, 2007). The Normal Q-Q plot or graph is generated concurrent when the regression output is produced. According to Pallant (2007), an observation of reasonable straight normal probability plot is an indication of normality and linearity. Where these assumptions are not met, the standard multiple regression will not give reliable results. The results of the Normal Q-Q plot are reported in Figure 2.

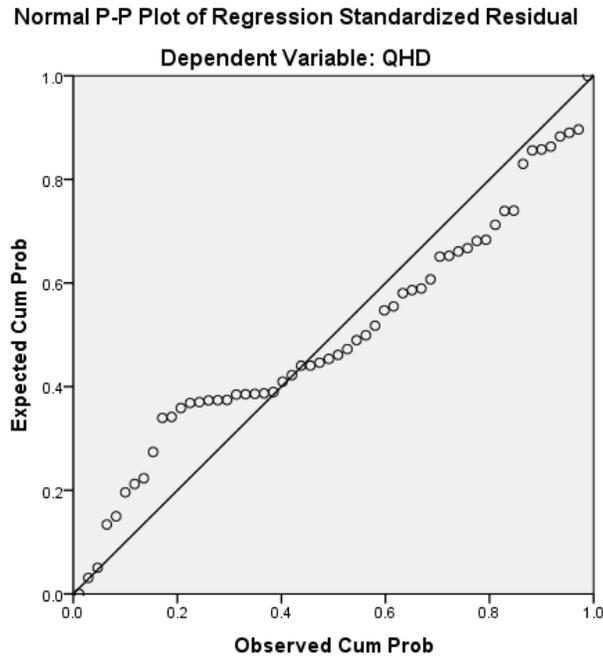


Figure 2: Diagnostic test of normality and linearity

Source: Field survey, Addo (2018)

It can be observed from Figure 2 that the line passes through a number of points suggesting a reasonable straight line. This demonstrates that the normality and linearity in the study variables as assumed by regression have been met.

Multicollinearity Diagnostic Analysis

Standard multiple regression also assumes that there is no multicollinearity problem. If this assumption is violated the results may be unreliable. This problem occurs when the independent variables are highly correlated. The study follows the literature to test this assumption. It is assumed that correlation coefficient of 0.7 or more between two independent variables is assumed to demonstrate evidence of multicollinearity problem (Tabachnick &

Fidell, 2001). Table 8 presents the results for the test of the multicollinearity problem.

Table 8: Multicollinearity Diagnostic

Study Variable	QHD	BP	FA	FC
QHD	1.000	.262	.262	.234
BP	.262	1.000	.262	.507
FA	.262	.262	1.000	.045
FC	.234	.507	.045	1.000

Note: QHD denotes quality healthcare delivery, BP denotes budgetary practice, FA denotes financial accountability and FC denotes financial control
Source: Field survey, Addo (2018)

From Table 8, the highest correlation coefficient is 0.507 which is even less than the threshold of 0.7. This indicates that there is no multicollinearity problem between independent variables. The bivariate correlation coefficient found (0.507) was between budgetary practice and financial control. Having tested the diagnostics, it is appropriate to run multiple regression.

Regression Results

The data collected to measure the variables are consistent with multiple regressions as revealed in the pre-diagnostic tests. Therefore, it is appropriate to run the regression test. The study proceeds to conduct multiple regression analysis to examine objective three and answer the accompanying research question. The summary of the statistics is captured in Table 9. The details are reported in the appendix.

Table 9: Financial Management Practice on Quality healthcare delivery

Model		Unstandardized		Standardized		
		Beta	Std. Error	Beta	T	Sign.
1	(Constant)	2.368	.527		4.481	.000
	BP	.036	.124	.116	1.143	.125
	FA	.222	.154	.218	1.443	.155
	FC	.087	.108	.121	0.803	.425

Note: QHD denotes quality healthcare delivery, BP denotes budgetary practice, FA denotes financial accountability and FC denotes financial control

Source: Field survey, Addo (2018)

It can be seen from the Table 9 that there are two betas, namely Unstd beta (Unstandardized beta) and Std beta (standardized beta). These two betas play unique role in examining the causal relationship between financial management practices and quality healthcare delivery. The Unstd beta measures the degree to which one independent variable predicts movement in the dependent variables having adjusted for the contribution of the joint effect. Thus, it is the normal coefficient used in interpreting regression results.

The std beta measures the extent of the independent own unique contribution to explaining the dependent variable. The t-stat explaining the significance of the independent variable, normally the t-stat is expected to be closer to 2 or more to witness significance p-value. The p-value (sign.) is the basis

to reject or fail to reject the null hypothesis. The details of the statistical discussions have been presented on the objective basis as follows:

From Table 9, it can be observed that the betas for budgetary practice are 0.116 (unstd. Beta) and 0.036 (std. beta). The Standard beta of 0.036 means that running bivariate regression between budgetary practices and quality healthcare delivery, a percentage increase in the budgetary control or practice will lead to 0.036 decrease in the quality of healthcare delivery and vice-versa

However, in normal regression analysis, the coefficient for the analysis is significant level also called p-value. The significant level for the beta of 0.036 is 0.125 which is far greater than even 10% significance level. This implies that the study fails to reject the null hypothesis Financial budgeting has no significant relationship with health delivery at the Oda Government Hospital. From the level of significant value of 1.143, it could be observed that the significant level of how budgetary practices affect quality of healthcare delivery is very high.

It can also be seen that the coefficients (betas) for financial accountability are 0.222 (unstd. Beta) and 0.218 (std. beta) as found in the table. As explained earlier, the standardized beta of 0.218 is the bivariate regression coefficient between financial accountability and quality of healthcare delivery

As the study uses standard multiple regression, the unstandardized beta or coefficient is used to analyse the relationship. The significant level for the unstandardized beta of 0.222 is 0.155 which is higher than even 1% significance level. This implies further that the study rejects the null hypothesis that there is no

significant effect of financial accountability on health delivery at the Oda Government Hospital. Therefore, 1% increase in the financial accountability of the hospital will lead to 0.222 decrease in the quality of healthcare delivery and vice-versa. This decrease and its associated direction are very significant

Table 9 further reports the statistics about the relationship between financial controls and quality of healthcare delivery. The coefficients which explain the relationship are the Unstandardized and the standardized. These coefficients are 0.087 for unstandardized and 0.121 for standardized. The corresponding significant value is 0.425. This is also greater than even 10%. This implies that the relationship is significant.

A critical evaluation of the study findings meets the study expectations and thus rejects the entire null hypothesis. This means that the variables of financial management practices a used in the study have significant relationship with quality healthcare delivery. Additionally, the findings are very significant due to their direction. From the Table 9, it could be observed from the independent t values, that all the variables of financial management practices have positive significant relationship with quality healthcare delivery. This implies that any mishaps with regards to financial management practices would have a corresponding negative effect on quality of health care delivery.

The positive relationship between financial management practices and quality healthcare delivery is well explained in theory. Using the feedback principle of the system theory, it maintains that, in order to achieve the desired results of every organization, it is necessary to shape future activity on the basis

of information on actual results of activities intended earlier (Burrell & Morgan, 2017). From the grand mean in Table 7, it reveals that plans and budgets as formulated and implemented, and this forms the basis for efficient resource utilisation.

The findings are further consistent with other scholars like Cooperrider and Srivastva (2017), who recommends an open-systems approach for studying contemporary government entities like the Oda Government Hospital. The authors maintain that in spite of whatever financial practices adopted for the smooth running of the Oda Government Hospital, managers of the hospital should make it a point to get their priorities right in terms of the finances that comes to the hospital

Empirically, the study is consistent with Abanis, Sunday, Burani, & Elibu (2013) who looked at working capital management, investment, financing, financial reporting and analysis and accounting information systems. The findings from their study point to the fact that failure to comply with sound financial management practices has dire consequences on firms including SMEs that their study treated. Likewise, the findings from this study reveals that financial management practices have positive relationship with quality healthcare delivery, hence a good financial management practice would increase the quality of healthcare delivery.

Moreover, the study is in contrast with that of Armah (2012) who conducted a similar study to evaluate the financial control system in the health sector of Ghana using the case of Korle Bu Teaching Hospital. The outcome of

the evaluation process was that some control components of effective financial control systems are lacking. The author concluded that the challenges render the current control structures ineffective. However, the finding from the current study proves otherwise in the Oda Government Hospital. Though the financial management practice is not as high as expected, it has cumulated to the standard of quality healthcare.

Chapter Summary

The chapter has presented descriptive statistics, and multiple regression analysis of the study. The findings as presented in the statistics reveal that quality healthcare delivery at the Oda Government Hospital is fairly high. This finding is backed with the associated mean values of financial management practices which showed high value above the cut-off point. From the face value of the findings, it could be said that financial management practice at the hospital is also fairly high.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter of the study presents the summary, conclusions and recommendations from the findings of the study. It is the concluding chapter of the study. The chapter is structured in four parts or sections. The first section is presented as the summary of the study. This section provides the summary of the whole study including the key findings which were identified in the study. The conclusions which are drawn from the findings are captured under the conclusion section and it is second section. The conclusions are drawn from each specific objective. The third section of the chapter is the recommendation which reports the relevant suggestions and advices from the major findings in the study. The last section is captured as the suggestion for further studies.

Summary

The main purpose of the study was to assess the financial management practices of Ghana health service using evidence from Oda Government Hospital. In order to achieve this broad purpose, three specific objectives were developed. These were: to evaluate the effect of budgeting on health delivery at the Oda Government Hospital, to identify the effect of financial accountability on health service delivery at the Oda Government Hospital and finally to determine the effect of financial control on health service delivery at the Oda Government Hospital. These specific objectives were translated to formulate three research

questions which the study sought to answer. To test the effect of the financial management practices on quality of healthcare delivery, hypotheses were formulated.

Using purely quantitative primary data, as research approach, the study relied on the survey design to conduct the investigation. The target population of the study was 223, however, an application of sampling procedures and oversampling technique was adopted to bring the sample size to 69. The study applied stratified sampling technique where the population is grouped into three strata. Namely: management, account staff and other staff. The account staff was operationalised in this study to include both account and audit staff while management staff included sectional heads and budget holders and top management. Questionnaire was used as the data collection instrument. The data collected were analysed via Statistical Product and Service Solutions version 17 (SPSS 17.0) for the purpose of generating the relevant statistics and analysing the data.

Quality healthcare delivery and proxies of financial management were quantitatively analysed using the mean scale through descriptive statistics. Likert scale of 1 to 5, was used in the followed by a cut-off point consistent with the literature to determine the extent to which they are practiced in the hospital. Standard multivariate regression technique was used in analysing all the research questions. Having gone through all the descriptive statistics and standard multiple regression analysis, the following observation were made. The observations are

based on general observations and key findings relating to the various specific objectives.

- It emerged from the findings that quality healthcare at the Oda Government Hospital is fairly high.
- It further emerged that the location of the hospital is accessible' and this ranked high on the delivery of healthcare by the hospital.
- Moreover, Doctors/staff are professional and competent and the charge for services at the hospital is affordable'.

Considering the first objective which sought to evaluate the effect of budgeting on health delivery at the Oda Government Hospital, the following key observations were made:

- It was found that budgetary practices are high at the Oda Government Hospital
- It further emerged that budgetary practices are significantly related to quality healthcare delivery and has a positive relationship
- It further emerged that budgets are consistent with the dictates of the accounting and financial management principles
- Moreover, the study revealed that plans and budgets are transparent in terms of their linkage between the hospital priorities and available resources.

From the second objective which sought to identify financial accountability on health service delivery at the Oda Government Hospital, some key findings were revealed.

- The study revealed that financial accountability is high in the health service delivery at the hospital.
- It emerged that financial accountability has a positive relationship with quality healthcare delivery
- The study further revealed that the hospital's accounting practices conform to accepted standards

Lastly, the third objective sought to determine the effect of financial control on health service delivery at the Oda Government Hospital. Some of the key findings of the study were:

- The study revealed that staff are given up to date internal control manuals for reference purposes
- The study revealed that financial control is fairly high at the Oda hospital
- It also emerged that financial control is positively significantly related to quality healthcare delivery

Conclusions

Having brought up the key findings from the study, it is important to draw decisive conclusions based on the key findings of the study. These conclusions are equally based on the research objectives of the study. The following conclusions are made for the study:

With regards to the first objective, the study concludes that budgetary practices have significant effect on quality healthcare delivery. This means that when better budgetary practices are adopted, the extent to which quality healthcare is delivered becomes high. The study further concludes that budgetary practices are high at the Oda Government Hospital

The study draws the following conclusions from the second specific objective of the study. The study concludes that the Oda Government Hospital has good financial accountability. The study concludes that financial accountability directly affects quality healthcare delivery. The implication of this relationship is that poor financial accountability practice has dire consequences on the delivery of quality healthcare.

From the last objective, the study concludes that financial control significantly affects quality healthcare delivery. It further concludes that the Oda Government Hospital fall short in the financial control aspect of the financial management practices. This implies that unlike budgetary control and financial accountability which observed to be high, financial control performs lower than the former.

Recommendations

Based on the key findings and the conclusions from the study, the following recommendations are made. Management of the Oda Government Hospital are encouraged to

1. Draw up a plan to monitor the work progress and performance of all staff of the hospital and reduce the period for evaluation to half of the present period
2. The account handlers of the hospital should deepen their budgeting accounting procedures in the areas of plans and budgets needs to be transparent in terms of their linkage between the hospital priorities and available resources
3. Draw up a plan to review their financial management practices from time to time to meet international standards
4. The management should work to improve their financial control in order to meet the strength of the budgetary practices and financial accountability.

Suggestions for Further Research

Using the findings and conclusions, it is suggested that the study is extended to other hospitals across the country which serves large number of people. Moreover, since the current study explored financial management practices, future study could investigate internal control mechanisms and how it affects health delivery in the health sector.

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APPENDICES

APPENDIX A

**UNIVERSITY OF CAPE COAST
SCHOOL OF BUSINESS
DEPARTMENT OF ACCOUNTING**

Dear Sir/Madam

I am collecting data to support my research with the topic: assessment of financial management practices of Ghana health service using evidence from Oda Government Hospital. This questionnaire seeks to gather your opinion about the financial management practices and quality of health care delivery in this hospital. I wish to assure you that this research is for academic purpose and all data provided shall strictly be used for academic purposes. You are also assured of absolute confidentiality and anonymity. There is no right or wrong answer to any of the questions in this questionnaire. Please respond to the questions by ticking [] the answer that reflects your opinion.

SECTION A: SOCIO-DEMOGRAPHIC DATA

1. Gender [] Male [] Female

2. Age [] Less than 29 [] 30-39 [] 40-49 [] 50 and above

3. Marital Status [] Single [] Married [] Divorced

4. Highest Qualification [] Primary [] Secondary [] Tertiary [] Masters and PhD
- Others (specify).....

5. What is your main occupation in this hospital?

- Administration Support
- Health Practitioner
- Health Finance & Accounting Support
- Other.....

6. Years of Experience Less than 1 year 1-5 years 6-10 years
 11-15 years 16- 20 years 21 years and above

7. How many years have been practicing at the Hospital

- Less than 1 year 1-5 years 6-10 years
- 11-15 years 16-20 years 21 years and above

SECTION B: QUALITY OF HEALTH CARE DELIVERY

For the following questions, please choose from the options provided below, what best suits your response to the questions. Please Tick [√] where appropriate. On a scale of 1 to 5, rate the quality healthcare of the hospital based on strongly disagree (SD) to strongly agree (SA). 1 denotes strongly disagree (SD) and 5 strongly agree (SA).

No.	Statement	SD	2	3	4	SA
8	The hospital has up to date facilities.					
9	The physical environment of the hospital is appealing					
10	The hospital has modern-looking equipment.					
11	The hospital has strong maintenance culture					

12	There is availability of adequate seating at the hospital					
13	The staff provides service on scheduled time.					
14	Doctors/staff are professional and competent.					
15	There is consistency in duty performance by staff at the hospital					
16	Prompt service delivery without wasting time					
17	The hospital had skilled staff to provide healthcare delivery					
18	The location of the hospital is accessible					
19	The charge for services at the hospital is affordable					

SECTION C: FINANCIAL MANAGEMENT PRACTICE

Please tick (√) as appropriate your agreement with each of the following statements. 5 – Strongly

Agree, 4 - Agree, 3- Neutral, 2 – Disagree & 1 – Strongly Disagree

No.	Statement	SD	2	3	4	SA
	Budgetary statement					

20	Plans and budgets for the past years have been evidenced-based					
21	Budgets are consistent with the dictates of the accounting and financial management principles					
22	Plans and budgets are transparent in terms of their linkage between the hospital priorities and available resources					
23	Plans and budget as approved is implemented by going through appropriate authorisation process					
24	No expenditure is incurred without budget allocation					
	Financial accounting					
25	Plans and budgets as formulated and implemented are the basis for efficient resource utilisation					
26	The hospital prepares financial statements on budget versus actual and/ or comparative basis to achieve a better understanding of our finances					
27	The hospital's accounting practices conform to accepted standards					
28	Stakeholders are knowledgeable about most tasks we have to perform					

29	We do not give time for everyone to internalize the subject matter					
30	The hospital prepares cash flow projections					
31	The hospital periodically forecasts year end revenue and expenses to assist in making management decision during the year					
32	The hospital reconciles all cash accounts monthly					
33	The hospital has a review process to monitor whether appropriate and accurate financial information is received					
34	Responsible of ficials in the hospital submit all statutory financial returns to institutions where they are required in time.					
	Financial control					
35	Staff are given up to date internal control manuals for reference purposes					
36	Staff are aware of the penalties for breaking internal control procedures					
37	Accounts are reconciled on monthly basis to detect errors and fraud					

38	All payments are authorized by responsible of ficers before payment					
39	All payment procedures are followed for all transactions					
40	All financial transactions are recorded in vouchers for future references					
41	The hospital accounts are frequently audited					
42	The internal auditor works independently					
43	There is internal check which operates continuously as part of the system					

APPENDIX B

COEFFICIENTS AND ANOVA ANALYSIS

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics
		B	Std. Error	Beta			Tolerance
1	(Constant)	2.363	.527		4.481	.000	
	FA	.222	.154	.218	1.443	.155	.752
	FC	.087	.108	.121	.803	.425	.752

Coefficients^a

Model		Collinearity Statistics	
		VIF	
1	(Constant)		
	FA		1.330
	FC		1.330

a. Dependent Variable: QHD

ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2.032	2	1.016	2.580	.085 ^b
	Residual	20.867	53	.394		
	Total	22.899	55			

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.298 ^a	.089	.054	.62747	1.958

a. Predictors: (Constant), FC, FA

b. Dependent Variable: QHD