



THE IMPACT OF GOVERNANCE ON PERFORMANCE OF NON-PROFIT HOSPITALS IN
MALAWI

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Approval of the Thesis

THE IMPACT OF GOVERNANCE ON PERFORMANCE OF NON-PROFIT HOSPITALS IN MALAWI

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Doctor of Business Administration (DBA)

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Abstract

THE IMPACT OF GOVERNANCE ON PERFORMANCE OF NON-PROFIT HOSPITALS IN
MALAWI

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The board has overall responsibility for the performance of the hospital . Non-profit hospitals, particularly in Sub-Saharan Africa, continue to face governance challenges. Questions remain unanswered regarding the effectiveness of the board in influencing attainment of hospital performance goals. The research purpose was to evaluate the impact of the board on performance of nonprofit hospitals. The study focused on mission hospitals operating under Christian Health Association of Malawi (CHAM). Specifically, the study reviewed the relationship between strategy goal attainment with finance management, quality service management, resource mobilization and regulatory compliance. Mixed method was utilized. Primary data was sourced from 21 sampled hospitals using a survey questionnaire for management and board representatives. A total of 105 participants were purposively sampled to participate in the survey comprised of 42 board members and 63 management team members. Qualitative data was sourced through an interview guide targeting governance experts from CHAM. SPSS and thematic analysis were employed to analyze quantitative and qualitative data, respectively. Multiple regression analysis results for board respondents confirmed a positive association between strategy goal attainment

with board oversight on finance management ($\beta = .297$, $t = 2.631$, $P = .013$), quality service delivery ($\beta = .329$, $t = 2.839$, $P = 0.032$) and regulatory compliance ($\beta = .449$, $t = 3.839$, $P = 0.001$). Results from correlation analysis ($r = 0.391$, $p = 0.007$) demonstrated a positive association between strategy goal attainment and resource mobilization. However, findings showed that strategy goal attainment had no statistically positive significance link with resource mobilization ($\beta = -0.100$, $t = -.747$, $P = 0.460$) from the board respondents as well as management respondents ($\beta = -.021$, $t = 1.188$, $P = .851$). While multiple regression results from Management respondents revealed a similar trend of positive significant effect between finance management, quality service management with strategy goal attainment, regulatory compliance revealed to have no effect on strategy attainment. This was attributed to the failure of most CHAM hospitals to recruit adequate staff to meet their required needs and challenges to attract qualified staff for clinical care and administration positions.

It is recommended that the board should have a strategic fit of its competency and skills with the strategy to provide effective direction and oversight to management towards implementation of hospitals strategy goals. The board strategic control role is an important function that supports positive performance towards implementation of strategic goals and objectives in the hospital setup.

Declaration

I, Ethel Kaimila declare that the thesis entitled Impact of Governance on Nonprofit Hospitals in Malawi, that has been presented in this thesis is my original work. I can confirm that:

This work was solely and mainly done for the purpose of my candidature for the research requirements for the degree of Doctor of Business Administration.

All published works done by other researchers and scholars that I have reviewed and consulted during my research, this has been fully and duly acknowledged and referenced accordingly.

Where I quoted from works of other researchers, scholars and publishers, the source has been fully and duly indicated and well referenced. Except for such quotations all what has been presented in this thesis is entirely my own original work

This work has never been presented to any other university before for an academic award.

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Dedication

This work is dedicated to my mother who has been a great cheer leader and influenced my life to focus on attaining the highest level of education and Professor Dan Kaseje who contributed to my academic and professional growth.

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I am honored to have had my supervisor Dr. Wajdi Ben Rejeb who walked with me through each step of my study dedicating his time and knowledge guiding, coaching, and supporting my academic work. I have made it this far because of his untiring guidance throughout my course and research work. I am appreciative to the support received from my employer through the executive Director Dr. Agness Moses who provided a conducive environment in terms of time and partial financial support. I am very grateful for the support received from my husband Dr. Nicholas Namaliya. I thank him for his understanding and patience with me during the entire study period. Great appreciation goes to the director of Administration and Finance for CHAM Mrs. Inocencia Chirombo for supporting me with a letter of introduction that assisted me with entry and access into CHAM hospitals to collect data. Support received from CHAM is greatly appreciated. I am grateful to the leadership of all hospital/health facilities sampled for this study for allowing me access into their facilities to collect data. Sincere thanks go to all study respondents for participating in this study. There would be no data without them., The support received from late Dr. Bongani Kaimila, Mr. Dan Magoya, Mr. Benjamin Nkandawire, Mr. Moses Chisanga. Thanks to Mr. Paul Phambala and Mr. Sam Malajirathe statistician is appreciated. Their technical support helped to boost my technical knowledge, skills, and capacity to conduct some high-level quantitative analysis in SPSS. Lastly, I thank my mum for inspiring me to aim high in the academic field. This work is dedicated to my mum Esther Naphiri Kaimila. You never went far with your education, but you have continued to push the girls in our lovely family to aim high and focus on advancing our academic qualifications. Education never lies, that is your common motivating statement.

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List of Abbreviations

CHAM	Christian Health Association of Malawi
CEO	Chief Executive Officer
HC	Health Centre
HCOs	Health Care Organizations
HRM	Humana Resource Management
HAS	Health Surveillance Assistant
IOD	Institute of Directors
KMO	Kayer-Meyer.Olkin
MOH	Health Surveillance Assistance
MHSSP	Malawi Health Strategic Plan
MDSG	Malawi Development Sustainable Goals
MMOH	Malawi Ministry of Health
MGDS	Malawi Growth Development Strategy
WHO	World Health Organization
IIA	Institute of Internal Audit
SOCMA	Society for Accountants in Malawi
PFP	Public for Profit
PPF	Private for Profit
PFNP	Private not For Profit
SOCAM	Society for Accounts in Malawi
ECD	Organization of Economic Corporation & Development
SMEs	Small Medium Enterprises

SDGS	Sustainable Development Goals
SPSS	Statistical Package for Social Sciences
OECD	Organization of Economic Corporation Development

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CHAPTER 1: INTRODUCTION

The board provides an internal corporate governance structure and mechanism in the organization (Cardbury, 1992). An effective board plays an important role in ensuring promotion of good corporate governance practices to support efficient performance towards realization of strategic goals. The effectiveness of the board is determined by how well the organization realizes its strategic goals and objectives (Martins & Herrero, 2018). Compared with other stakeholders, the board is key in promoting good corporate governance practices because it holds overall accountability for the organization's performance. The board connects the organization with the key funding partners, clients, owners, and the management (Marti & Herrero, 2018) to increase organizational performance outcomes (Vicnente-Ramos, 2020). An effective board supports the attainment of strategic goals and objectives and ethical culture (Cardbury, 1992). A good board ensures that the organization has a strategic plan which provides strategic direction and guides its operational activities and services. The board provides leadership oversight ensuring the strategic goals are implemented as directed through resourcing for the plan, supervising management, and assessing the strategy execution process (Baird, 2017).

The board sets the goals and objectives that provides guidance to the management regarding priority areas for the organization's work and ensuring effective monitoring systems are in place to monitor strategy implementation, and providing oversight and support to management. The board as a corporate governance structure and mechanism provides the overall system for managing the organization to ensure that strategies are attained (Amartey, Yu & Chukwu-Lobel, 2019). In the hospital setting, corporate governance is led by top management leadership and the board and the board taking takes overall accountability for the organization's activities in support

of set goals and objectives (Eeckloo, et al, 2004). The board provides strategic direction for the organization by defining the mandate and priority interventions that will assist the organization achieve the mandate and the means of assessing the process of implementation (Abor, 2015). The board provides a governance mechanism that ensures attainment of the strategy and provides oversight over management performance (De Reggae & Eeckloo, 2020). It is entirely plausible that hospital boards have the overall accountability and oversight on hospital activities that might have a major impact on hospital performance towards its strategic objective (Jha & Epstein, 2010). However, despite having boards in place governance challenges (i.e., poor financing and financial management, under-resourcing, insufficient service delivery capacity, poor leadership) among others continue to confront hospitals and little is known about whether or how the board impact on performance (Tsai et al., 2015). Continued failures to attain strategic goals in non-profits organizations remains a major governance challenge (Cornforth, 2001:217). The main purpose of hospitals is the provision of quality care to patients and ensuring that the services are accessible while maintaining excellence in the delivery of the services to their clients. (Chambers et al., 2017). Hospitals receive financial and material resources from various sources. Among other the support comes from the state grants, individuals, the general population, and local councils. To prudently manage the resources it demands strong boards that are able to direct and supervise performance towards the accomplishment of priority organizational goals. (Ravaghi, Mannion, & Sajadi, 2015) advise that strong health service governance is required to ensure hospitals can provide health services to communities that they serve. The core function of health service governance is based on the World bank stewardship framework and includes developing organization's plan of work, design of regulation and monitoring compliance, collaboration and

coalition with external institutions, steering hospital direction and ensuring accountability (Dodgson, Lee & Drager, 2017). Integrating accountability and transparency measures coupled with effective and robust monitoring framework by the board supports the attainment of set objectives (Ozochukwu, et al., 2018).

Implementation of strategic health service delivery goals remains challenging (Miller et al., 2015). Hospital boards are being challenged and critically scrutinized to demonstrate their impact on the performance of the institution which they govern (Debie, et al. 2022). Their critical function in strategy formulation, implementation, and evaluation and how they impact on performance of the institutions that they govern is under critical scrutiny (Glass & Newing, 2029). There are several standards that guide governance in the organizations. Question remains regarding how applicable are these codes on hospital boards extent of influencing non-profit hospital performance. This is considering that most hospitals operate using governance codes which are directed towards for profit organizations which is challenging due to difference in contextual operating environment though governance issues are universal (Eeckloo et al., 2004).

While the board is an important governance structure in the hospital, and effective hospital functionality is the sole responsibility of the board (Funzhiro et al.,2022), there is a limited number of studies that have been done on hospital governance and specifically critically reviewing and analyzing how the hospital board impacts on hospital performance. Most of the studies (Culica & Prezio, 2009; Freeman, et al., 2016; Chambers et al., 2017; Molinari et al., 1993; De Reggae & Eeckloo, 2020; Alexander & Lee, 2006) have been done in the western world. There is consensus among several hospital governance researchers that hospitals play an important role in the delivery of health care system (Erwin, et al., 2019; Eeckloo, et al., 2004; Margolin, et al., 2006). Strong

corporate governance practices by the hospital board establish a foundation for enhanced hospital performance to meet its strategic goals as defined in the strategic plans (Healthcare Governance and Transparency Association, 2014). The board provides strategic leadership and takes overall accountability for the performance of the hospital (Culica & Prezio, 2009; Prybil et al., 2009; Margolin et al., 2006; Abor, 2015; Eeckloo et al., 2004) and has high interest of long-term sustainability of the hospital services. (Healthcare Governance and Transparency Association, 2014). Hospital governance is perceived as integrated efforts exercised by the board, executive leadership medical staff (Ditzel et al, 2006; Blum, 2010; Funhiro et al., 2022, Eeckloo et al., 2004). Hospital governance is quite complex as it involves interdependence of multiple stakeholders pushing diverse objectives all geared around patient care from the clinical and administrative sections. Balancing the divergent priorities of multiple stakeholders in a priority task for the board h(Roh & Moon, 2016) hence the importance of inclusive governance (Jalivard et al., 2023). Defining the organization mission and strategic direction is a key function of the board (Margolin et al., 2006; Eeckloo et al., 2004; Culica & Prezio (2009); Prybil et al., 2005; Abor, 2015; Roh & Moon, 2016; Healthcare Governance and Transparency Association, 20145; Dibbs, et.al., 2018) and ensuring that hospital that they govern achieve the best performance outcomes towards their strategic priorities (Prybil et al., 2005 Margolin et al., 2006; Eeckloo et al., 2004; Culica & Prezio (2009; Erwin et al., 2019). Brown (2019) argues that formulating the strategic plan alone is not enough to help operationalizing the strategy. How the strategy is formulated matters. Strategies should be specifically defining priority strategies and expected outcomes and how this will be measured. This helps cascading the strategy and priorities from the strategic plans into operational plans across the hospital's clinical and non-clinical departments. Brown (2019 further argue that

where formulated strategies are not specific, this implies that the hospital board has planned for the failure to realize the strategies. It is the responsibility of the board working with management to define priority strategies and monitoring frameworks to guide the board in tracking overall hospital performance towards set outcomes (Brown, 2019; Chelliah, 2016). Independence of the board enhances the objectivity of the board to monitor management's performance along the specific set targets agreed with the board (El Toukhy, 2021). The survival of the hospital is a priority of the board (Brown, 2019; Chelliah, 2016). The board is a means of soliciting resources, ensuring availability of adequate resources, and ensuring prudent allocation (competent human resources, supplies financial, infrastructure and qualified executive hospital leadership) to sustain the operations and support implementation of strategic priority actions (Margolin et al., 2005). Measuring hospital performance is multidimensional (Minvielle et al., 2008) considering the complexities of hospitals internal and external environment where operations are driven by multiple objectives by different departments in support of patient care regulated by different professional bodies and government regulations and standards (Rahimi et al., 2018).

Traditionally, hospital performance measurement has focused on financial indicators even though the hospital pursues both clinical and nonclinical objectives (Minvielle et al., 2008; Sharad-Addin, 2021). This implies that evaluating performance of the strategic plan should integrate financial and nonfinancial performance measurement parameters (Harningrum & Aisya, 2021). Culica & Prezio (2006) argue that effective boards are associated with greater hospital performance when financial literacy within the board is high. High financial literacy in the board allows better formulation of financial objectives, aligning financial plans to the strategic plan, and effective monitoring of resource management. Culica & Prezio (2006) further argue that while

oversight on financial management contributes to good hospital performance sadly, they had established that financial committees of the board (audit) showed no relationship with high financial especially due to lack of financial metrics literacy. This calls for diversity of expertise within the board to include financial competency to provide technical support to the board on financial matters in support of strategic management. Shared strategic direction and values by the board and management improves hospital strategic performance outcome around quality service delivery, and financial management (Ndege et al., 2020; Leggat & Badly, 2027; Kalumba, 2020). Molinali et al., (1993) advise that board composition is an important determinant of hospital performance particularly around quality care. Hospital governance requires an inclusive and independent board that incorporates executive and non-executive directors (medical and management team). This has been shown to contribute to positive and better quality, finance, and other social performance outcomes (Jalivard et al., 2023). Shortell & LaGertfo, (1981), revealed similar results noting a positive association between strengthened compliance to regulatory requirements and board active engagement with the CEO and the clinical staff due to provision of quality care technical input to the board for decision making. Shortell & LaGertfo, (1981) further argue that while the board's intense monitoring of management performance is assumed to influence hospital performance, no significant positive relationship with hospital performance outcomes was noted in their study. Brown (2019) established an association between quality care outcomes with the board engagement in quality health care governance processes. Freeman et al. (2016) and Miller et al (2015) posit that while the board has a strategic quality health care governance oversight duty, accountability obligations regarding how quality goals are to be realized are not very clear in the hospitals making the oversight function quite challenging. Brown

(2019) identified two key functions guiding how boards should be involved in governing quality healthcare, namely oversight on clearly specified strategies and evaluating progress of implementation. Brown (2019), advise that the board will effectively implement these tasks if the strategic plans define in specific terms the quality strategies and expected outcomes for easy tracking of progress by the board.

Having boards that practice good corporate governance helps the hospitals to realize their strategic goals and objectives (Marques et al., 2020). There are several challenges that affect the performance of the board to effectively support nonprofit hospitals to realize best performance outcomes (Ndege et al. (2022). The institutions are yet to embrace the best corporate governance principles (Ndege et al., 2022). Furthe there is a big gap in understanding corporate governance best practices which risks failure of the hospitals to accomplish their strategic goals and objectives due to role conflicts (Ndege, et al., 2022). There is lack of clarity on the expected roles and functions of the board in providing quality oversight which make their monitoring role challenging (Miller et al., 2015; Brown, 2019). Competencies within the board do not have a strategic fit with their expected roles. Such incompetencies and challenges compromise the board capacity to effectively monitor management's performance towards strategy implementation and realization of strategic goals (Ndege et al., 2020) around financial management, human resource management oversight, patient safety, compliance to professional and other legal requirements that support hospital operations (Brown et al., 2018; Karumba, 2020; Baresa, et al., 2018).

Malawi Health Structure

Understanding the health structure and system in Malawi is important in ensuring efficient health care service delivery. It is also important to understand the health system to help explain the hospital governance structure and issues relevant to the study. In Malawi financing of health care is heavily dependent on external donor support who contribute 61.6% of health expenditure. Reliance on such support demands having the best hospital governance structures capable of influencing performance. Heavy dependence on external support calls for good governance of health facilities at all levels. The Malawi Health Strategic Plan II (MHSP), 2017-2022, acknowledge hospital governance as a big challenge and calls for leadership improvements at all levels.

Christian Health Association (CHAM) of Malawi is the largest health provider second to the Government Ministry of Health covering 41% of health care service delivery complimenting government efforts in health service care provision and training of health professionals. CHAM is an umbrella association for church owned health facilities in Malawi it forms a strategic partner for the ministry of health particularly in the hard to reach most rural areas of Malawi where public health services are scarce, low, failed or not existing. . The secretariate provides technical support, guidance, and oversight on governance issues to all health facilities/hospitals registered and members of the umbrella body. The Christian Health Association of Malawi Strategic Plan 2020-2024 places much priority on governance and leadership demanding greater accountability and transparency. Other strategic priorities include health financing and sustainability stressing on increasing financial resources and management oversight, health service delivery and coordination, human resource management and capacity building, improved procurement

management of pharmaceutical products, and monitoring evaluation and learning. It is mandatory for every hospital under CHAM to have a strategic plan to provide the nexus of the hospital operations in pursuit of the mission. .

The Malawi government is placing more emphasis on good governance. This is demonstrated by existence of the Malawi Code of Good Governance II (2016) which compels all organizations in Malawi to comply to the code by ensuring they have a board in place that sets the strategic direction, resources for the strategies, and monitors results towards attainment of set goals. All organizations, hospitals inclusive, are required to comply with the code. This calls for the importance of having effective hospital boards that can demonstrate impact in driving the institutions that they govern towards achievement of set strategic goals and objectives and demonstrate compliance to governance regulations relevant to running hospital.

The board is an important governance structure that has the mandate to ensure that the organization promotes accountability and transparency across all departments (Health Research and Education Trust, 2007). Little is known regarding the impact of the board on influencing the realization of their health service delivery strategic objectives. Malawi like many countries in Sub-Saharan Africa continue to face growing governance challenges despite having hospital boards in place (Masefield, Msosa, & Gruel, 2020). The minister of finance in the Ministry of Health Strategic Plan 2017-2022, acknowledges existence of serious governance and leadership challenges at all health care service delivery levels that impede the attainment of service delivery goals , compliance to regulatory requirements and strategy goal attainment and calls for the vital importance for boards to demonstrate improved governance performance in the health sector. Most hospitals are

being questioned to demonstrate effective governance that supports realization of set goals (Braithwaite, 2008). Little research has been done in Malawi regarding health care governance (Lipunga, 2023; Masefield, et al., 2020). In Malawi health care governance is faced with multiple challenges that impedes the capacity to effectively deliver and safeguard health service delivery strategic goals, compliance standards for clinical care and professional body requirements and standards (Lipunga, 2023). A situational analysis in Malawi evaluating the legal framework for the governance of public/nonprofit hospitals by Lipunga (2023,) reveal that there are several challenges of accountability, transparency responsibilities while having boards in place. Auditing financial statements is not a common practice which makes monitoring of hospital financial performance difficult. The roles and functions of the governance structures and the management are not clear and well separated compromising the ability to effectively practice best corporate governance. Lack of role clarity compromises the capacity of the board to effectively control and monitor hospital operations. An exploratory study by Masefield et al.(2020) further adds that resource mobilization capacity remains a big challenge as nonprofit hospitals are heavily dependent on government and international donor support to provide resources. This compromises capacity to sustain such services as donor support is declining and government support remains inadequate. WHO (2007) assert that Malawi has for the past decades benefited significantly from donor aid for health care service delivery. However, it is concerning to note that progress towards improving health care indicators is extremely lagging leaving Malawi with the lowest health indicators in sub-Saharan Africa. According to the Ministry of Health Strategic Plan 2017-2022, this is attributed to poor leadership and governance inefficiencies at all levels of health service delivery system.

Adhikari et al. (2023) study evaluating key factors contributing to functioning of Malawian health system revealed that health care financing challenges remains a big problem. International donors provide 81% of the countries budget for health care and support the entire (99%) budget for HIV service. This poses sustainability challenges of health service delivery. The country has a critical shortage of health care professionals. The government that is a major supporter for CHAM hospitals is facing resource constraints such that it fails to meet its commitment to the ABUJA declaration that obliges it to allocate 15% of the budget to health service delivery. Such a challenge requires having effective boards with capacity to complement financial support from the government through effective resource mobilization strategies. Lipunga (2023) posits that it is very concerning to note that the limited financial resources allocated for health service delivery go missing through fraudulent practices, wastage and corruption practices risking withdrawal of donor support which could consequently jeopardize capacity of hospitals realizing strategic health outcome goals. This depicts the failure of boards to provide adequate oversight of financial resources. According to the minister of health statement in the Health National Strategic Plan (2017) realization of universal health care remains a challenge due to poor resource, human resource, and supply chain management systems. While health policies /strategies are developed, dissemination of such policies remains a challenge and there is limited follow up and enforcement for their implementation. Adhikari explains that hospitals in Malawi are under public pressure to meet public and donor expectation regarding achieving health service delivery goals and targets. The hospital board therefore has a huge task to ensure that such goals are attained. With this background, this research was designed at the right time at a point where health care governance remains a challenge in Malawi impeding realization of set goals. Health care governance and

leadership is well acknowledged by the minister of health (Lipunga, 2023; Adhikari et al., 2019; Hanif & Musvoto, 2023; Ministry of Health Strategic Plan 2017-2022) as one of the factors that negatively affects realization of health service delivery outcomes. The study evaluated the effect of the board on hospitals to attain strategic objectives. Specifically focusing on the relationship between the strategy goal attainment and finance management, quality service, regulatory compliance and resource mobilization in health facilities/hospitals operating under Christian Health Association of Malawi. This research is important because it will contribute theory on hospital governance. A relevant model to guide hospital governance will be identified. The results will contribute to improving the board and management strategies to impact on organization performance relating to strategic direction and management, finance management, resource mobilization, regulatory compliance and quality service delivery in hospitals operating in not-for-profit settings. Hospitals in Malawi will have a better understanding of the concept of corporate governance with reference to key roles and functions of the board in setting strategic plans and mechanisms to ensure that the goals are realized.

Statement of the Problem

The board is the axis of governance in the hospital entrusted to ensure superior performance (Chul-Young & Moon, 2016). Hospital governance is complex and challenging. There are multiple stakeholders' leadership authorities (clinical, administration, senior management executives, and the board) with diverse objectives with conflicting interests and with several layers of decision making in the hospital. (Chait, Ryan & Taylor, 2005). Effective boards influence relevant organizational outcomes such as strategy goal achievement, good management team selection, financial performance and effective management decision making in support of organizational

goals (Alzhrani & Hakami, 2022). The board provides a mechanism through which the hospital is controlled and directed through setting goals and objectives, enforcing compliance to health care regulations, and evaluating hospital work to detect adverse issues that impede hospital performance (Masefield et al., 2020). Despite hospitals having governing boards in place, the ability to enhance performance towards attainment of key performance outcomes remains questionable (Abor, 2014). This comes in the wake of several challenges and governance failures confronting hospitals.(Funhiro, Yalezo & Mutambara (2022; Freeman et al, 2016; Francis, 2013; Agnihotri & Arora, 2021; Ndege et al, 2022; Shaheen & Jardat, 2019; Cornforth, 2012)). In recent times, several notable mistakes and challenges continue to happen negatively impacting on hospital performance towards attaining strategic objectives hence greatly questioning the hospital boards impact in influencing performance towards attainment of set goals (Molinali et al., 1993; Ngongo, et al., 2019). Hospitals continue to face severe governance challenges across the six world health pillars of health service delivery requiring radical governance solutions (Oleribe, et al., 2019). Challenges include poor leadership/governance and management, poor organizational performance (Ndege, et al., 2022), failure adopting good corporate governance practices, poor donor relationships, declining revenue, weak financial management/audit systems and capacity, high dependence on donations (finance, equipment, drugs/supplies), poor human resource management, critical shortage of staff, equipment and supplies compromising quality of care and compliance to regulatory requirements for service delivery; noncompliance to regulatory requirements and weak governance and leadership systems (Balakwira 2017). Recently there has been incidents of discontentment from the donor community, government, and the public in the way health facilities are governed in Malawi. From this discontentment the researcher believed

that corporate governance practice within CHAM facilities is problematic (Government of Malawi Health Policy, 2017; CHAM, 2020). Most research have mostly focused on examining governance issues from a developing country perspective and mostly focusing on listed companies hence establishing information gap to appreciate the effect of the board in influencing attainment set goals in hospitals (Molinari et al., 1993; Eeckloo et al, 2004, McDonagh, 2006; Masefield et al, 2020). As hospital performance failures continue to happen in health care institutions, questions remain unanswered regarding how the board impact on hospital performance still exists in Africa. This study examined how the board impact on performance of non-profit hospitals operating under Christian Health Association of Malawi (CHAM) specifically focusing on finance management, quality service delivery, resource mobilization, regulatory compliance relationship with strategy goals attainment. The importance of this research is that it would generate new knowledge in the health sector in developing countries for hospital leadership to use to generate appropriate strategies to improve hospital performance. Business management practitioners will appreciate the complexities of hospital governance to inform designing turnaround strategies to improve performance. The study will establish new governance knowledge and model best suitable for hospital governance to influence superior performance.

Research Questions and Research Hypotheses

RQ1

What is the impact of board oversight role on monitoring integrity of financial management on implementation and attainment of strategic goals and objectives in health care facilities operating under CHAM in Malawi?

RQ2

How does the board oversight on quality service management influence the degree to which strategy goals and objectives are attained in non-profit hospitals operating under Christian Health Association of Malawi?

RQ3

What is the effect of the board strategic oversight on regulatory compliance on the implementation and attainment of strategic goals and objectives in health care facilities operating under CHAM in Malawi?

RQ4

How does the board capacity to mobilize resources to support hospital operations impact on the degree to which strategy goals are attained in nonprofit hospitals operating under Christian Health Association of Malawi?

RQ5

What are the challenges of governance in nonprofit hospitals operating under Christian Health Association of Malawi that impact on performance of attainment of strategy goals=

Purpose of the Study

A variety of governance failures have received a good deal of attention and raise concerns among stakeholders among the public, government, regulators about effectiveness of governance (Xiaoding, 2016). Despite the board providing an internal control and monitoring system on organization and management strategy implementation performance, governance mistakes continue to happen in hospitals (Debie et al, 2022). The purpose of this study aimed at answering the question how the board impact on Hospitals/Health Care Facilities operating under CHAM specifically focusing on the association between strategy goals with finance management, quality

service delivery, resource mobilization and regulatory compliance in a developing country perspective.

Objectives of the study

1. Analyze the effect of relationship of board corporate governance practices regarding finance management, quality service, resource mobilization and regulatory compliance with performance of strategy goal attainment in non-profit hospitals operating under Christian Health Association of Malawi
2. Explore the challenges of the board governance practices in health care facilities under CHAM in Malawi
3. Determine a good corporate governance model suitable for health care facilities under CHAM in Malawi
4. Establish strategies for improving governance of health care facilities

Hypothesis

H1. There is a positive relationship between the board oversight on financial management with attainment of strategy goals and objectives

H2. There is a positive relationship between the board oversight on quality service management with attainment of strategy goals and objectives

H3. There is a positive relationship between the board oversight on regulatory compliance with strategy goal attainment

H4. Resource mobilization by the board positively influence attainment of strategy goals and objectives

Nature and Significance of the Study

A variety of governance failures have received a good deal of attention and raise concerns among the public, government, regulators about effectiveness of governance (Khan, et al., 2022). The board has an important function of setting the strategic focus of the organization and monitoring organizational performance. Despite the boards providing an internal control and monitoring system on organization and management performance, governance mistakes continue to happen in health care institutions (Masfield, Msosa & Grugel, 2020). The purpose of the study aimed at answering the broad question how does the board impact on Hospitals/Health Care Facilities operating under CHAM specifically focusing on the relationship between strategy goals attainment with finance management, quality service, resource mobilization and regulatory compliance in a developing country perspective. The study evaluates the impact of the board on hospital performance in nonprofit hospital in Malawi towards attainment of strategic goals. The study also explores the challenges of health care governance practices in health care facilities.

The governance of nonprofit organizations has long been found to be problematic as evidenced by a variety of corporate failures raising concerns in the way such organizations are governed to maximize service output (Igamba & Karanja, 2018; Guluma, 2021). Even high performing medical centers have experienced performance and governance lapses questioning the capacity of their boards to impose or exercise their proper functions to support strategy execution and realization of strategic goals (Chambers, Harvey & Mannion, 2017). The board is a critical asset of the organization to attain corporate governance outcomes. An effective board is one that has a well-balanced intellectual capital to execute its expected roles. The success of an organization is largely dependent on an effective board (Jamshidy, 2014). An effective board ensures the organization

has a strategy that gives direction on priority work, approved policies and plans that help translating the strategy into action, oversees and monitor progress towards attainment of targets and promotes accountability from management through presentation of regular reports on the work of the organization (Institute of Directors in Southern Africa, 2016). An organization that is successful is the one that ensures that objectives are successfully achieved within available resources (Delima & Ragel, 2017). This research evaluated how the board impacts on organization wide performance of health care facilities operating under CHAM. Mixed approach was ideal and justifiable for this research considering that the numeric data would be generated, responses would be quantified, would measure relationship among variables and results would be subjected to generalized conclusions within the study population (Pathak, Jena & Kalra, 213). The qualitative aspect of the study would help to provide stronger evidence of for conclusion through triangulation. Mixing the two methods would help to avoid the limitation of using a single approach. Purposive sampling was adopted to identify health facilities run by CHAM an umbrella body of Christian hospitals/health facilities in Malawi. Quantitative primary data would be generated by a survey questionnaire administered to 105 survey respondents comprised of 63 management staff and 42 board members. Qualitative data would be generated through face-to-face interviews with three governance experts from CHAM Secretariate and secondary data would be generated through review of existing documents relevant to the study.

Boards provide internal management oversight by monitoring management performance towards strategy implementation, checking management opportunism and guarding stakeholder's interest (Villiers & Dimes, 20210. However, it is concerning that there is slow progress in performance improvement towards implementation of health service strategic goals in health care

organizations. The board has the ultimate responsibility to enforce good performance of hospitals. However, Davies and Shield (1999) argue that poor performance continues to be experienced and noted in hospitals and sometimes with very tragic impact causing much public concern. Good governance is linked to good performance of the firms that the board lead (Ntim & Soobaroyen, 2013). There is a knowledge gap regarding to what extent is the board linked to good hospital performance. Recent evidence has shown that hospitals/healthcare institutions continue to face governance obstacles and performance challenges (Health Research Education Trust, 2007; Figueroa, et al., 2019; Fusheini & Eyles, 2016). The study answers the question how the board impact on performance of hospitals operating under CHAM in Malawi. Specifically, the study will critically review the impact on board oversight on finance management, quality service delivery, resource mobilization and regulatory compliance influence the hospital to achieve set strategic objectives targets. This research will generate a worth of new knowledge in the African hospital governance agenda which will bridge the knowledge gap linking hospital board and performance. The study will also critically review the challenges of governance in Christian Health Association in Malawi. The second significance of the study is that it will establish evidence-based hospital governance challenges that affect hospital performance in a developing country setting. This will guide hospital boards to develop high level governance standards, systems, and procedures and set appropriate strategic objectives with relevant performance tracking targets and indicators.

Most of the governance models applied in Africa have been copied from the developed countries models (Abor, 2015). The third significance of this study is that it will assist to identify an appropriate hospital governance model for this setting to link the oversight role of the board on finance management, quality service, resource mobilization, regulatory compliance with

performance towards hospital performance regarding attainment of strategic goals and objectives. The model will better guide hospital boards to set higher governance standards to influence good performance in the hospital. The board has the responsibility to connect with communities that are served by the hospitals which they lead and govern (Mc Donagh, 2006). The fourth significance of the study will have a social impact on communities. The study will generate findings that will strengthen board engagement with communities that are served by the hospitals. They will in turn inform designing quality services that are responsive to the needs of the community which is a key stakeholder of the hospital. This will enhance building trust from the public. The fifth significance of the study is that it will benefit the research and academic community. The study will contribute to advance the hospital governance research agenda in Africa. Research gaps that may be identified in this study will provide opportunities for further future studies. The study can also be replicated in other African settings.

CHAPTER 2: LITERATURE

The chapter presents a review that was done on relevant literature to this research. The following broad topics were reviewed: definition of governance, roles and functions of the board, relevant governance theories, health care performance measurement and models. Lastly, the review scanned through empirical works on effect on corporate governance on strategy implementation and summary section. The literature review helped to gain more insight into the research problem, appreciate research methodologies that were used by other researchers, understand results from previous studies on the health care governance.

Data Sources

Search for literature utilized scholarly databases such as Google Scholar, Pub med Central, Science Direct, JSTOR, ProQuest, BioMed Central, Scientific Research Publication. These databases provided literature about health care Governance. This research examined the effect of the hospital board on influencing attainment of strategic goals and objectives as defined in the strategic plan. Specifically focusing on relationship between the board oversight on finance management, resource mobilization, regulatory compliance, and quality service with strategy goal attainment. The key terms used for these searches were corporate governance concept, Malawi corporate governance context, Governance codes, governance theories, functions of the board, finance management, resource mobilization, regulatory compliance, quality service and hospital/firm performance, health care governance models, organizational performance measurement, hospital governance challenges, dimensions of health care organizations performance. The outcome of the searches generated scholarly articles related to board,

governance, and organizational performance. The articles were a combination of old scholarly articles (giving foundational information to the topic under study) and the rest relatively new articles which have been cited in text and reflected in the reference sections. In addition, strategic plans from the ministry of health and CHAM, corporate governance code for Malawi and other international governance codes were sought and referenced. These documents provided an insight to the foundation and background to the governance concept.

Theoretical Background

The Concept of corporate governance can be explained and defined from several theoretical perspectives. Several governance theories exist that explain the function of the board and governance systems and structures in the organization to impact on performance. The roles and functions of the board are complex and multifaceted. This implies that it is important to use multiple theories to fully explain and understand the theoretical foundation of the various roles and responsibilities of the board (Hendy & Kiel, 2004). The next provides description of theories that are relevant to the study namely agency, resource dependency, stakeholders theory and institutional theory which complement the roles and functions of the board.

Agency Theory

This theory presents the foundation for the concept of governance and is the most dominant theory within management literature (Barante & Arasa, 2018). Agency theory started from as an economic theory propounded by Alchian & Demset (1972). It was developed with reference to McGregor (1960) theory of X which perceives that managers require strong control to support organizational goals (Donaldson & Preston, 1995).

The agency theory is based on the association between one party, the principal who designates certain tasks and decisions to another party, the agent. The focus of the agency theory stems from assumptions that the agent will behave opportunistically (Bendickson et al., 2016:4). The theory offers a powerful insight into the strategy and control role of the board which arise due delegation of ownership to management. Monitoring and exercising the control role and management holding for performance is an important function for the board (Ambrosini et al., 2015).

The board assigns management to handle strategy implementation. The management is allowed to make decisions and be accountable for performance to the board. The principal provides oversight on the delegated functions to management and holds them accountable for their actions through monitoring and control (Nidomolu, 2018). It is challenging for the board to provide adequate oversight due to lack of adequate information from management to make informed decisions. Agency theory provides a view that risk can be minimized by monitoring through corporate governance mechanisms (Narsanita et al., 2019).

The board exerts control through monitoring of management's performance and promotes management's compliance to organizational business. This is reinforced through setting the strategy which provides guidance on priority areas of work and ensuring that there are compliance regulations (Omar, Sell, & Rover, 2017). Considering that the board does not implement the strategy it makes it difficult to adequately control management's misbehavior. Divergent perception about risks between the management and the board and management moral hazard also contribute to the problem board and management poor relations (Mitchel & Meachen, 2011). It is

assumed that intense monitoring by the principal on the management will result in lowering agency costs (Vargas-Hernandez & Cruz, 2018).

The board sets the direction, delegates decision making authority to management and controls implementation of the operations of the organization Eisenhardt (1989). In the hospital setting corporate governance provides a mechanism to ensure that management are accountable for their actions and compels them not to only focus on their personal interests but invest their time and energy towards favorable outcomes of organizational goals and objectives as expected by the board and key stakeholders (Wagana & Nzulwa, 2019). The need for making sure that the work of the board and management are distinct from each other and need for managers to be controlled to avoid divergent moral hazards using risk bearing and watching mechanisms that check divergent conducts is at center of agency theory (Serapicos, Laite & Fernandez, 2019).

From the agency theory perspective, clear division of roles between board and management is critical. Management implements strategies within approved policy framework by the board. Board exerts greater control on strategy implementation outcomes and provides organizational authority structure (Curry, 2018). Having performance management systems for management teams helps to promote accountability and enhance compliance to contractual requirements and performance outcomes. It is important for the board to put in place strong strategies for monitoring management performance and control misrepresentation of information from management (Peng, et al., 2020). Organizations should note that agency problems come at a cost. i.e., the costs of conducting professional audits, board service through developing contracts for the executive management, appraisal for the senior management, board, and finance/audit committee meetings.

Some of the monitoring interventions ensure that the hospital is complying with all regulatory requirements (Zogning, 2017).

Agency theory is a dominant theory on which functions of the board are built. From this perspective governance functions involve ensuring that the organization has the right and appropriate structure, systems and processes that allow overall direction setting and control across the organization. Agency theory provides the foundation for strategic management through setting strategic goals, resource allocation, controlling and supervising management during implementation of the strategy (Hoglund, et al, 2018). This theory is important in strategic management as it is seen as a method that the board (principals) set up to ensure the management behavior is controlled, directed, and supervised to make sure that strategic goals are achieved and minimizes the agency costs. According to Houn, Thai & Binh (2022) posits that agency theory helps to ensure systems are put in place that will help the board to review progress of strategic goals implementation and ongoing monitoring of performance towards the set goals. Abdullah & Valentine (2009) explain that from the agency perspective this comes in because there is an assumption that humans will always focus on driving their own interests. They are mostly influenced by their own survival in the organization to an extent that their capacity to control effective resource utilization is limited. Resources support strategy implementation, hence, the importance of making sure that they are prudently managed and linked to organizational goals. The success of the organization relies mostly on how the executive leadership translates the strategy into action, controls the daily activities to ensure alignment with the strategy to support attainment of expected results (Dennehy (2012). Alsatian et al (2019) posit that the board's most important role entails providing effective management and leadership that make sure that effective

use of human resource and financial assets to deliver strategic objective with a strong control mechanism. According to Davis (2010) strategy evaluation is an important agency theory task for the board. The board focuses on reviewing implementation of strategies as planned, reviewing prevailing external and internal factors, assessing progress of implementation against set targets; devising remedial interventions where gaps are noted as success today does not guarantee for tomorrow's success. Molinari et al. (1993) posit that clinicians are an important group in effective hospital management. Engaging them as board members they provide technical clinical guidance to inform better decisions on clinical issues by the board. it has been proven that boards that have incorporated medical staff and external physicians in the board exercise more independence in evaluating hospital performance and do better in financial performance compared to hospital board that have not included medical staff and external physicians in the board.

Stakeholder Theory

The theory is considered as a theory for organizational management. Stakeholder theory posits that for an organization to succeed in realizing set objectives, it depends on support from other actors (Austin, 2012; Harison et al. 2015). There are similarities between stakeholder and resource dependency theory as they both consider interdependencies of the organization and stakeholders (Austen, 2012). The stakeholder theory gives a broader overview of organizational management. The theory acknowledges contributions of all stakeholders towards achieving its goals and objectives (Harison, et al. 2015). Relationships with stakeholders should be well managed to ensure survival which is realized through accomplishing long-term goals. Stakeholder theory promotes governance and management practices that promote cooperation, coordination, and conflict resolution (Bello & Abu, 2021). Chan (2021) states that developing strategies for

managing stakeholders is a key function of governance leadership. When stakeholders are well managed, they do provide the necessary support required by the organization to implement its objectives. The leadership should realize the importance of stakeholder's contributions to their work as lack of such support compromises the realization of goals.

Ali and Haapasalo (2021) posits that hospitals are encouraged to effectively manage their primary stakeholders who have a big stake in supporting the implementation of the hospital operations. Austen (2012) posits that managing stakeholders requires having proper systems. The organization should be clear on who are the most relevant stakeholders that can support their work, appreciating their needs and making sure there is a good balance to meet their need to motivate their support to the organization's work. This is more important in the hospital setting where there are multiple internal stakeholders from the clinical side, administration, senior management, and the board having different interests in pursuit of implementation of organizational goals. Ramachandran (2019) posits that hospitals operate in very complex environments where multiple stakeholders have an interest and contribute to service delivery. The main task for the board is the creation of a conducive environment that provides favorable conditions that support realization of set goals. Stakeholder theory therefore promotes coordination, cooperation and participative decision making in all stages of strategic management. Fottler et al, (1989) further explain that health care processes are typically complex and involve multifunctional and multidisciplinary collaboration with many stakeholders. Stakeholders exert influence on issues ranging from hospital governance, resource access and management, finance reimbursement and regulatory compliance. Success of hospital strategies are influenced by its key stakeholders. Olden (2003) posits that an organization can only be effective and reach their goals if there is a shared meaning

among their stakeholders. Stakeholder theory provides a framework for hospital administration through effective coordination, collaboration, and conflict resolution. This helps to maintain ethics, create unity of purpose in the organization towards implementation of organizational goals, helps to reduce resistance to strategic decisions when all stakeholders are treated fairly. Chung & Abbas (2021) posit that all individuals or groups that have an interest and benefit from the work of the organization are called stakeholders. Primary stakeholders are those with high influence on the organization and if not managed the organization faces serious problems in the process of implementation of its organization's activities. This theory articulates transparency as significant and fundamental features of corporate governance (Ferenc, Varmus & Vodac, 2017)

From this theory perspective corporate governance is perceived as a mechanism for effectively managing an organization's stakeholders that can influence the attainment of organizational goals and objectives outcomes. Simon-Oke, Egbetunde & Ologunwa, 2019) indicates that the theory mounts pressure on management to provide fair treatment and ensure important information is shared with all stakeholders. Harrison et al. (2015) adds that managing stakeholders is a key responsibility for the board in its strategy and controlling and resourcing for the support of implementing strategic objectives. The board has the responsibility of fair treatment to all key stakeholders. Fair treatment motivates stakeholders to support the organization in the process of realizing organizational goals. Stakeholder engagement is therefore an important responsibility of the board. Zollinger (2009) advises that it is imperative for board and management to recognize that stakeholder management is fundamental to the success of business operation. Inclusion of stakeholders in the board provides a formal mechanism that acknowledges the important relationship that exists between the organization and the stakeholders .

Resource Dependency Theory

Resource dependency theory was developed by Pfeffer & Salancik (1978) to explain how organizational structure, strategy and survival depend on resources. Health care organizations require resources to support its operations. The board is an important mechanism that supports the organization with opportunities to access resources (Dixit & Sambasivan, 2019). From resource dependency perspective, the board provides a service in the process of strategy formulation for example formulating the vision, mission, values, identifying the organization's threats, determining the internal threats, weaknesses, establishing long-term objectives to provide strategic direction of the organization. The strategy formulation decisions commit the organization to specific products/services, market, and resources over a defined extended period (Udayasankar, 2008).

The board provides a key service through formulating the mission which leads to a determination of the organizations objectives, strategies, and policies. It ensures that all programs and budgets in support of strategy implementation are well resourced to support realization of strategy goals and objectives (Madhan, 2017). The board provides linkage between the organization and sources of resources from outside the organization. The board helps in obtaining commitment or support from important strategic institutions/stakeholders that can support organizations goals attainment. The board enhances the organization's legitimacy and creates a positive public image of the organization. The board brings relational capital comprised of formal and informal ties of the directors that enhances access to resources (Davis, 2010). Increasing uncertainty in finding resources makes it more difficult for the organizations to realize the activities in line with the organization's mission and within the scope of resources available. To increase

organizational performance it is important to have the right board that can ably assist the organization to access resources (Zehir et al., 2019).

The effectiveness of the board relies on the ability of the institution to have a board that has the right match between the experiences, qualifications, and the expected roles (Abor, 2014). This strengthens the capacity of the board to support the management with setting objectives, and ensuring that adequate resources are mobilized to support implementation of the objectives. Directors with more connections support the organization to secure essential resources needed by the organization from its external environment. Resources form a basis for the organization to sustain its capacity to better implement and attain its strategic objectives (Markaryanawati et al, 2018). When composing the board the resource dependency theory asserts that it is important to consider identifying board members who have strong social networks and broader external relationships, better communication skills, better insight, and experience with the business of the organization. In this regard, the capacity is enhanced to provide counsel, advise, and support to management in the implementation of strategic goals and objectives (Raymond & Padia, 2016).

Resource dependency theory perspective views corporate governance as a mechanism which demands the board to provide opportunity for the organization access to resources through business expertise, technical support, community influence and independent oversight to support implementation of policies and plans in a prudent manner. Governance encompasses accountability and responsibility for the overall management of the organization (Glinkowska & Kaczmarek, 2015). In this regard, corporate governance directs the board to go beyond just providing resources but to integrate the agency theory perspective in making sure that there is a framework, systems, and monitoring mechanisms to ensure prudent management of resources to

specifically be directed towards supporting the obligations of the organization. This theory calls for the importance of strengthening internal and external controls to monitor prudent use of resources to only be directed to achieving the strategic objectives end. Resource dependency and agency theories both emphasize the important board of directors' independence to successfully check on management and ability to instill an ethical, transparent, and fair in its business operation (Yousef et al., 2016).

Health care organizations require resources to support its operations. Health care boards mainly help resource mobilization initiatives through provision of linkages for accessing resources (Ansmann et al., 2020). Other services that the organization benefit from the board include participation in the process of strategy formulation formulating the vision, mission, values, identifying the organization's threats, determining the internal threats, weaknesses, establishing long-term objectives to provide strategic direction of the organization. The strategy formulation decisions commit the organization to specific products/services, market, and resources over a defined extended period (Udayasankar, 2008). The board provides a key service through formulating the mission which leads to a determination of the organizations objectives, strategies, and policies. The board provides a framework and a clearly defined direction to guide decision making at all levels throughout the organization (Madhan, 2017). The board sets the strategic direction as a service in liaison with key stake holders. The board primarily provides external environmental resource access linkages and helps the organization in obtaining commitment or support from important strategic institutions/stakeholders that can support organizations goals attainment. (Davis, 2010). Resource dependency theory posits that for the organization to implement their strategic activities adequate resources are required for the continuation and

sustainability of the business operations. Having the organizational strategy in place provides the basis for developing resource mobilization initiative/strategies to assist with resource mobilization in support of strategy implementation (Pfeffer, 1972). Resource mobilization service by the board is an important resource that influences organizational performance (Afrifa & Tauringana, 2015). For organizations to benefit from the resource mobilization service, it is important to engage board members that are experienced and well knowledgeable in resource mobilization. It is also important to engage board members that have good connections that the organization can capitalize on to access resources (Nkundabanga, 2016; Anergger et al., 2014).

Effectiveness of the board to conduct the resource mobilization function depends on having the appropriate mix of experiences and capabilities to support management in defining strategic objectives and ensure adequate resources are mobilized to supports implementation of the objectives (Liu, Wei & Xie, 2014). Board directors with more connections support the organization to secure essential resources needed by the organization from its externa environment. Apart from the board supporting management with generating financial resources, it is important for the organization to make sure they hire competent employees and ensure they are well paid. When organizations have good remunerations, they can attract employees of higher caliber professionals able to deliver the business operations. Putting in place effective organizational structure and well qualified management team coupled with other resources enhances organizational performance(Nkundabanyanga, 2014). It is therefore important that when composing the board to consider identifying board members who have strong social networks and broader external relationships, better communication skills, better insight, and experience with the business of the organization. This enhances the board role of counsel and advise to management

and support to management in the implementation of strategic goals and objectives (Nicholson & Kiel, 2010). Resource dependency theory directs the board to go beyond just providing resources but to integrate the agency theory perspective in making sure that there is a framework, systems, and monitoring mechanisms to ensure prudent management of resources to specifically be directed towards supporting the obligations of the organization (Palmer et al., 2010). This theory calls for the importance of strengthening internal and external controls to monitor prudent use of resources to only be directed to achieving the strategic objectives end. This requires an organization environment that is ethical, transparent, and fair in its business operations.

Stewardship Theory

The stewardship theory is deeply rooted in organizational psychology and sociology, especially in McGregor's theory Y. The theory mainly focuses on managerial behavior and emphasizes that there are non-financial motivating factors that keep managers committed to implementing organizational goals and objectives (Shahwan & Habib, 2019). Stewardship theory was first introduced as a positive alternative to the agency theory by Donaldson & Davis in the 1990's and it is a amoral model of human beings. The theory assumes that giving managers challenging goals motivates them to stay committed to supporting the work of the organization and their expected functions, while exercising responsibility and authority to be recognized in the organization (Paulinus, et al., 2017). Motivated staff are interested in pursuing and attaining set organizational objectives without intense monitoring. The managers focus on improving organizational performance. In this regard, the theory advocates for organizations to ensure that the right well qualified and experienced management team are hired and appropriate governance processes are put in place. It is important for the organization to have the right systems and

processes that promotes collaboration and sharing of information across the organization and having managerial insiders on the board which promotes strengthening management and board performance (Keay (2017)

According to Torfing & Bentzen (2020) Stewardship theory is a motivational theory that moves away from the agency control leadership governance model to trust-based governance leadership that motivates employees through meaningful professional task that add value to the organization and employees feel a sense of connection, empowered, and aligned with the organizational goals. Jacobsen and Andersen (2015) assert that the role of the governance is to understand the different factors that motivate employees in the organization and create an environment that focus on organization wide learning than having a very strict controlled environment an environment that promotes innovation. Vallentin & Thygesen, 2017, argue that it is important for governing bodies to create trust-based management models that focus on staff empowerment, distributive and horizontal leadership. The stewardship theory assumption is that trust-based management is more motivational than control-based management. However, leadership should learn to balance the two models in managing day to day transactions. Castrillon (2021) advises the board to focus on establishing an ethical compliant management system which promotes stewardship behavior through adherence to policies, and mandatory governance framework in the organization.

Institutional Theory

Organizations implement business strategies because they derive legitimacy through implementation of set strategic goals and objectives (Di Maggio & Powel, 1993). Organizations to survive and be able to implement and realize strategic goals they must ensure compliance and

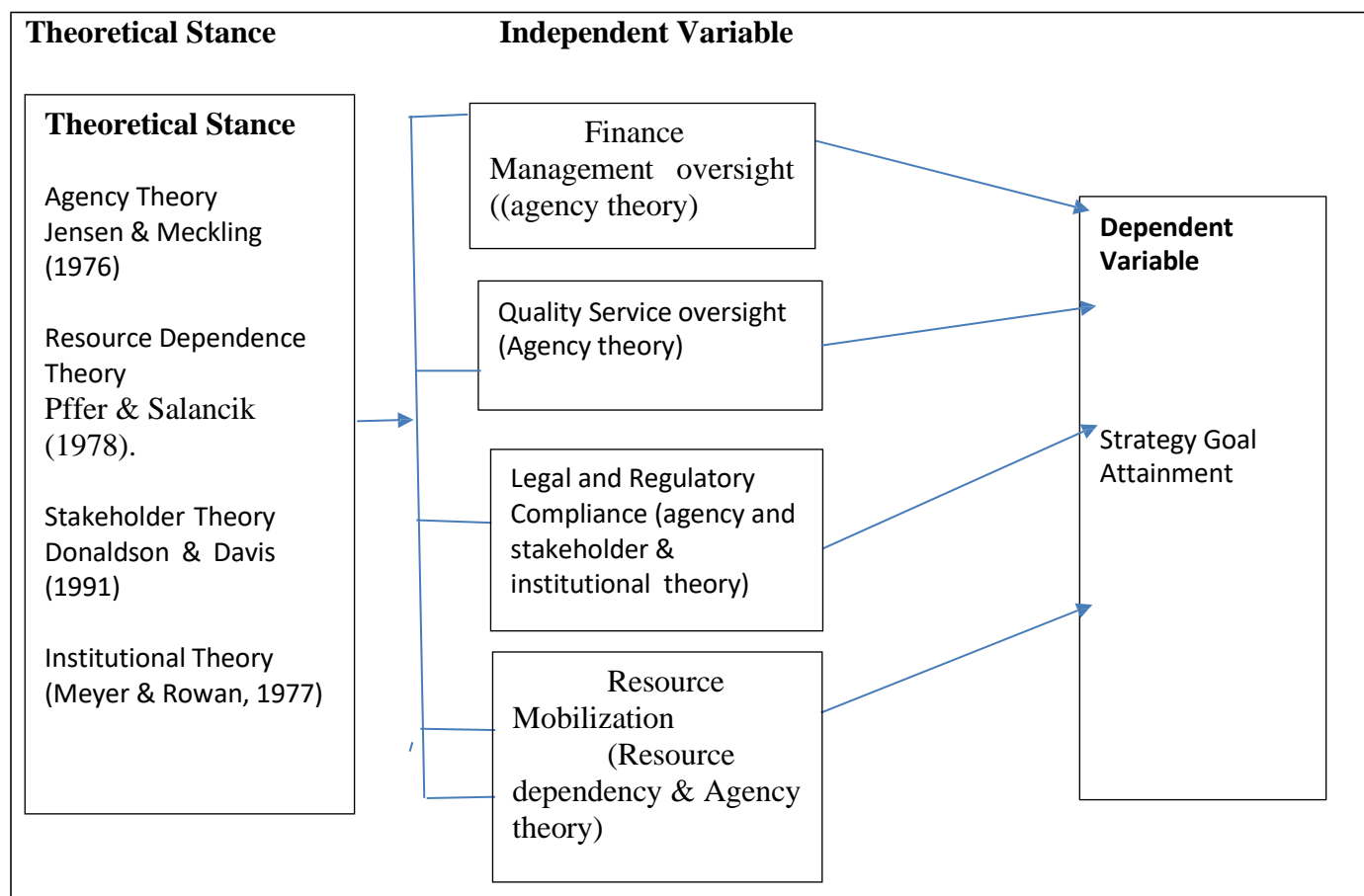
conformity to rules and regulations that guide and regulate the industry in which they operate. Survival of organizations to effectively realize their competitive strategies depends on effectiveness in compliance to mandatory regulatory requirements that guides the business environment in which they operate (Meyer & Rowan, 1977). It is therefore important for organizational leadership to be aware of the business and professional requirements for their business operations and ensure that business activities adhere to required regulations that guide the industry in which they operate. The theory also posits that compliance with regulatory requirements makes organizations that operate in the same industry pursue common operational practices (Di Maggio & Powel, 1993). Organizations do not operate in a vacuum. Survival and success in implementation of their strategic goals is dependent on how effective organizations can manage various external influences on their business operations for example among others are regulators, government policies, suppliers , clients and customers, communities. Organization's strategy formulation and implementation is therefore largely influenced by changes and effective adaptability to such changes in the business environment (Cardona et al, 2020). Organizational strategies are also developed modeled around best business practices demonstrated by other organizations that have proved to be successful in the industry in which the organization operates. Innovation is very key for organizations to remain competitive by ensuring early response to business environmental changes and developing strategies that positively differentiate them from their competitors (Di Maggio & Powel, 1993).

Conceptual Framework

Relevant governance theories were reviewed to support development of the conceptual framework. The review helped to identify key matters raised as illustrated figure 1. The conceptual framework presents theories that are relevant in explaining various theoretical stances on organization performance and governance of hospitals.

This research explored how the board impact on hospital performance specifically focusing on the relationship between board oversight on finance management performance, regulatory compliance, quality service management and resource mobilization on attainment of strategic goals in a developing country perspective. The Agency, stakeholder, resource dependency and institutional theories provide a foundation to the various roles of corporate boards (Madhan, 2017). These theories are relevant to this research. The theories complement one another, and dominant theory is the agency theory. The four theories were useful to guide this study. This position is also supported by the observation of other scholars (Ugoani, 2018; Akram, & UL, Hag, 2022) who established that to adequately explain the concept of corporate governance regarding how it impacts on organizational performance it is important to use several theories.

Review of literature supported the development of the conceptual framework outlined in figure 1.

Figure 1*Conceptual Framework*

Governance functions of the board are multiple and complex namely monitoring and control role , service or resource mobilization role, advice, and counsel role to which not one theoretical dimension can fully explain. Effective governance cannot be explained by one single theory alone considering the multiple roles played by the board in exercising its governance function. All these roles are linked to strategic outcomes and organizational performance (Christopher, 2010). The dominant theory is the agency theory where the board will exercise its control role through oversight on financial management to ensure resources are directed towards

approved strategic activities in support of set objectives and goals. The board must monitor compliance with regulatory authorities during delivery of quality services. The study will integrate stakeholder theory and resource dependence theories to bring resources to the organization. The board must identify key regulators (stakeholders) and ensure compliance with relevant regulations, policies, standards, and guidelines while providing quality services. The board mobilizes resources to support implementation of the hospital's strategic activities. The board sets strategic directions for the hospital. This aligns with the tasks of supporting strategic management processes of setting strategic objectives and goals, resourcing the strategy, and realizing the mission and set goals through advice and counsel to enhance strategic decision making and problem solving. In this regard, the board working with the management is a resource that acts as an advisor and supporter to the strategic management process. While conducting the strategy role, the board integrates the monitoring and service roles which are driven by the agency and resource dependence theories respectively (Shak, Manaf & Abdullah, 2016).

The board provides a mechanism for the leadership in the organization to define the priority activities and assessing how managers implement the set priorities (Guluma, 2021). Agency theory promotes delegation of authority to management and monitoring their work (Zahra & Pearce 1989). The board serves two main functions for the organization the monitoring of executive management and providing critical resources. The monitoring role stems from agency theory that promotes having distinct roles between the board and management to enable the board to conduct objective assessment on the work of the management (Squires & Elnahla, 2020). The board provides a framework for the board to direct, control, supervise and monitor performance of the

management towards implementation of strategic goals and objectives to prevent and minimize risks (Berle & Means, 1932; Fama & Jensen, 1983).

In this research, the agency theory is instrumental to describe how the board influences the ability of the hospital to achieve their expected performance towards attainment of set goals. The board provides oversight and monitors executive decisions in financial management, compliance with regulatory authorities and quality of service delivery, and resource utilization towards strategy implementation. Agency theory encourages delegation of this task to the management team. The board role is to check the progress of work while holding management accountable and taking overall responsibility for organization wide performance (Ansmann et al., 2021). The control role implies the legal duty of monitoring and supervising the organizations strategic planning, implementation operations, monitoring financial/other resources, strategic business management decisions and being attentive to obvious signs of financial management and regulatory compliance problems that may negatively impact on implementation of the hospital strategy. Providing independent oversight over senior management and organizational affairs is a key function of the board (Alabdullah, Yahya & Ramayah, 2014). It is therefore the responsibility of the board to oversees prudent use of financial and other resources and oversees the financial health and sustainability

Resource dependent theory is relevant to the study noting that every organization requires resources from the external environment to support implementation of its strategic activities. The hospital benefits from relational capital, advisory role, and the connections for access to resources that comes from the board. It is argued that board members should have the competency

knowledge, to collectively build strong relations with external environment and capacity to access adequate resources to support hospital operations considering that each member brings both expertise and knowledge and skills for resource mobilization. Evidence from previous studies (Kumar & Zutton, 2013; Rubino & Napoli, 2020; Abdullah, Sofian, & Bajuri, 2015) have demonstrated a correlation between the board capital and performance of the organization. Madhan (2017) narrate that the success of the institution is enhanced by the support received from the board through its service of providing resources in support of implementation of core activities (Madhan, 2017)

The hospital works and collaborates with multiple internal and external stakeholders whose contribution is very key to the attainment of its strategic goals and objectives. The stakeholder theory is appropriate for this research. Stakeholder theory gives a broader overview about corporate governance than agency theory hence it builds a better look for an institution's performance from corporate governance. The theory posits there are multiple stakeholders, and the management must ensure balancing and meeting their needs as they support the work of the organization. Stakeholders' theory sees the board as a critical instrument that puts in place better strategies for managing key stakeholders. Managers are encouraged to identify key stakeholders that support contribute to the attainment of expected targets (Dao & Tran, 2017) The board exercises various roles in the organization which emanate from several governance theories (Abor, 2014). Institutional theory emphasis the point strategy goal attainment is also influenced by the level of compliance to regulatory requirements for the organizations business environment (Meyer & Rowan, 1977). In this research using more than one theory was very practical to assess how the

board influences the ability of the hospital to be able to implement strategies and attain the expected outcomes in nonprofit hospitals operating under Christian Health Association of Malawi.

Institutional theory is another theory that is applicable and relevant to this study.

Corporate Governance Background

The debate about corporate governance was initiated by Bele & Means (1932) who argued about the necessity for imposing internal controls to prevent managers from misusing resources through nonalignment of their activities with the expected results. The principal players of corporate governance are the board, management, shareholders, and stakeholders (Mrabure & Abhulimhen, 2020). Corporate governance includes sound ethical culture in the organization, monitoring system, good performance and legitimacy. Governance is about the willingness to do a better job ethically focusing on the organization's purpose, vision, and strategic objectives (Chantwidze & Obermann, 2016). The interest in corporate governance came in due to the collapse and failures of corporations such as Enron, WorldCom, and Aldophia due to proven or alleged unethical behavior of people entrusted with managing the enterprise acting within or on behalf of the enterprise (Riyad & Sukoharsono, 2019). The main unethical behavior causing such big corporate scandals and failures involved nonalignment of interests with the strategic vision and purpose of the organization leading to fraud, noncompliance to internal controls, systems and procedures, administrative corruption, conniving falsification of finance statements posturing false financial standing and high-risk business engagements. The corporate failures and an increasing competitive environment continue to ignite questions about the efficiency and suitability of

existing governance practices of organizations to influence firm performance (Alabdullah, Yahya & Ramayah, 2014; Dzingai & Fakoya, 2017; Adegbite, 2012).

While corporate governance has been adopted by most organizations from various disciplines across the globe, there is no commonly accepted explanation of corporate governance. There has been a several definitions and description of specific corporate governance characteristics by various authoritative bodies and authors from different professional perspectives (Christopher, 2010; Jensen & Meckling, 1976; Daily, Dalton, & Connella, 2003). The common attributes of corporate governance necessitate that the organization should have leadership that is able to develop plans that guide its work with clear responsibilities and develop the means of evaluating how the plans are realized (Delany, 2015) guided by a set of rules, systems and procedures for decision making in the organization (Rossi & Capasso, 2015; OECD, 2004; Cardbury, 1992). Corporate governance can also be expounded as the instrument that centers on having systems in place that support good management of different players who impact the success of the organization (Pye & Pettigrew, 2005).

Corporate governance is directed by boards that are obligated (Guluma, 2021) to direct and control the organization's performance (Oluwafani et al., 2013). It involves the activities of the board, managers, and other key internal and external stakeholders. It involves the structural systems of the organizational policies, implementing rules and business controls that make the framework for managing the operations inside the company. The type of the organization's proprietorship informs policies and regulations regarding the management of the organization and how decisions are made to influence success in the work of the organization (Krechovska & Prochazkora, 2014; Nie & Ye, 20220). Ndikwe & Owino, 2016; explain that owners of the

organization of the organization invest their resources and entrust the management to manage the work on their behalf. The owner's attention is to ascertain that management does not abuse the delegated responsibilities and that resources are utilized for the benefit of the organization. The practice of good corporate governance will attract more resources for the organization to support implementation of its set goals and objectives. This will be influenced by the integrity of the organization managing financial resources.

Corporate governance provides a foundation for designing mechanisms for monitoring policies and decision-making processes within the management and board, and for responses to social regulatory and market environments. Good corporate governance practices influence good corporate decisions ensuring prudent management of resources to support organizations activities and realizing anticipated organizational outcomes (Castellin & Agyemang, 2012). The board provides the governance foundation for the hospital (Abor, 2015) is the main governance structure for any organization hospitals inclusive (World Bank, 2014a). An effective board defines the mission and establishes the strategy for implementation and supports the performance of an organization through the realization of set objectives (Castellin & Agyemang, 2012). The board exerts leadership that helps determining clear goals and applicable mechanism to support their attainment and as well as measuring progress on goal fulfillment (Delany, 2021). The board provides checks and balances which help to curb any form of unethical behavior from management. The board is interested in ensuring that the institution succeeds in implementation of set plans (Chantwidze & Obermann, 2016). The board provides a governance leadership system that provides direction and guidance on implementation of activities warranting goal realization (QECD 15a:45). The board plays an important role consistently making sure that all strategic

activities act within the organization set strategic direction to fulfill the purpose of the organization and related service priorities for patients and making sure that objectives are realized (Miller, Freeman, et al., 2016).

Situational Analysis in Malawi

Malawi Corporate Governance Context

Corporate governance in Malawi is guided by the Institute of Directors (IOD). The Institute of corporate governance was established in 2003 with the overall mandate for providing governance oversight in Malawi. The institute is a custodian of Malawi corporate governance; enforces compliance to the governance code, promotes effectiveness and proper functioning of the boards; responsible for capacity building for boards and senior managers and monitoring reporting from the boards (Institute of Directors (IOD), 2010). The first discussions of corporate governance started in 1997 during a workshop organized by Society of Accountants in Malawi (SOCAM) (SOCAM) (2001) to discuss the need to establish a committee to discuss the need for developing a governance code for Malawi. A task force was established in 1998 subsequently leading into the adoption of Malawi Code of Governance developed in 2015. The Code was developed with guidance from the Organization for Economic Development (OECD) (2015). The contents include providing effective guidance framework for organizations, equitably management of stakeholders and shareholders, defines clear roles for stakeholders, importance of information sharing and transparency, and the tasks of the board are clearly defined. To ensure compliance with the code, boards are advised to focus on long-term issues such as assessing the corporate strategy, and activities that might involve change in nature of plans for the organization and not to be involved in direct management of activities. Individual board members who collectively form the board

have clearly defined roles and function, incentives, and duties to ensure that they effectively exercise their duties.

One of the governance guiding documents that is used to inform improve governance work by regulation controllers is the OECD code of company governance. Its values have received global acknowledgement as a universal standard for good organization governance. Initially adopted in 1999 and revised in 2004, they have become a reference for all countries all over the world for good corporate governance. Lipunga (2014) state that the World Bank assessed Malawi's corporate governance to ascertain compliance to the OECD (2004) governance principles. The purpose of the assessment was to identify areas requiring improvements in the legal regulatory framework, as well as governance practices and compliance issues assessed using internationally accepted benchmarks. The assessment highlighted the following areas that required improvement actions: 1) the Malawi Institute of directors was found to be under resourced and weak in enforcing compliance to corporate governance regulatory requirements due to financial resource constraints; 2) the existing law and regulations i.e. company act including the code of corporate governance require harmonization; 3) comprehensive review and updating the code of good governance; 4) swift action was required from the government to strengthen corporate governance framework particularly related to corporate governance of public institutions, nonprofit organizations, parastatals and Cooperations, which frequently public services and present possible risk to financial sustainability.

In Malawi it is mandatory for all organizations to make sure that they comply to the national code of governance. The code was developed in such a way that it can be adapted to suit the context of every organization and complies with global standards that recognize that governance

principles ought to be applicable to all organizations. Nongovernmental organizations, parastatals, small medium enterprises (SMEs), government organizations have all aligned their governance policies and guidelines to this code. The code mandates all organizations to comply to this code. Governance systems and procedures provide the organization with the means for controlling and preventing management misalignment with the board's direction and interest (Merendino & Meville, 2009).

In Malawi, consistent with the principles of (OECD 15a:45) of corporate governance every organization is directed to have a governance charter that provides strategic guidance of corporate governance management , the efficient checking of the management by the board; boards answerability to stakeholders, boards should have clear mandate; have vested authority over management and have diversity in their composition. It is argued that the board is in authority for the direction and leadership of the institution and an effective board actively influences the performance of the organization. It is mandatory to make sure appropriate and correct revelation of every significant issue concerning the establishment's financial position, ownership, functioning, and control of the company. Establishments and corporations are mandated to indicate in yearly information updates regarding compliance to the code of governance, and if not mention reasons for noncompliance. The corporate governance framework is strongly influenced by its common law legal heritage and regional harmonization. Significant non-financial disclosures including information about directors, the board (but not executives), details about the board charter, formal statement of risk management, report on compliance to regulatory requirements (SOCAM, 2001).

World Bank (2014a) posits that the board is the main governing body in every organization. The composition and structure of the board differs from state to state based on legal framework and organizational ownership. IOD (2010), explain than in the Malawian context, members of the board are understood as any individual elected to or appointed as a member of the board. Malawi considers the unitary (or one tier) board structure as appropriate to its context, comprising of executive and nonexecutive directors. The unitary type of the board provides greater engagement across the board when conducting their duties. Malawi Code II is also aligned to the Kings Report on Corporate Governance (IDSA, 2016). As such the board is obligated to ensure that it is comprised of c more members who are not part of the management to exercise the board monitoring role independently without any undue influence. Non-executive directors are not representatives' shareholders, have not been engaged by the organization in executive leadership, auditing, professional advisor, or legal advisor position in past proceeding three years and they have no relationship with senior management team. This enhances provision of independent oversight on management.

Malawi Health Care system and Governance

Malawi is a one of the developing states facing high burden of disease and critical shortage of health system shortages. The situation of diseases portrayed by soaring problem of transmittable diseases including malaria, tuberculosis, and HIV/AIDS. The country is experiencing an increase in noncommunicable diseases and maternal child health problems (Zeze et al., 2010). The republic of Malawi is dedicated to offering easily available and inexpensive patient services. Provision of universal coverage is implemented through the essential health package consisting of a set of activities which demonstrate value for money in managing the main

common cause of sickness and deaths in Malawi. These services are provided free of charge (Muula, 2019). Universal health coverage ensures that every person in need of health services promotion, prevention, treatment, and palliation can access them without undue financial hardship (WHO, 2010). The government of Malawi is very committed to ensure that the people access the best health care. This is attained through delivery and entire population coverage of basic health services that is a basic obligation of the government. Predominantly health care interventions are predominantly rendered by state-owned facilities which provides majority (52%) of Health care interventions. The health care package is rendered with the health care system that has four levels which are interrelated and provide a continuum of care and referral. The system predominantly comprised of the community being first point of entry, primary level, secondary and tertiary (Mchenga et al, 2022).

The backbone of health service delivery is the Malawi growth and development strategy (MGDS) the overarching strategy designed to attain Malawi's long-term aspirations. The country's health strategic plan is formulated to align with the MGDS and the global sustainable development goals (SDGs). The strategy directs the execution of the health services emphasizing increased access of high-quality basic health bundle of services and firming the health arrangements in Malawi. There are efforts to strengthen monitoring systems and health financing which remain a challenge (WHO & World Bank, 2017). Health care organizations are categorized under three categories. The first category is public owned and focuses on profit making. The second category is private health facilities whose focus is not to make profits. The last category is privately owned and designed not to make profits. While the government is the prime care provider in the republic of Malawi.

Christian Health Association of Malawi (CHAM) is the second largest organization that is making a considerable contribution in the health care industry in Malawi providing health services in the hardest to reach areas. This institution is present in 75% of the countryside communities (Mchenga et al, 2022). Funding for the health care sector is supported by several institutions, the main financiers being the government that has the primary responsibilities to provide health care to the citizens supported by donors and private institutions . While the state is committed to providing 15% of its budget to health care support, this has not yet been attained (Mchenga et al., 2022). The gap is covered by donor support through direct development budget support to the government, procuring medical supplies, and direct program support. Private funding comes from individuals' companies, and private insurance providers.

The Malawi government signed the Abuja declaration to allocate 15% of the national budget for health care. The government is yet to meet this target from the time it signed the declaration (Masefield, et al. (2020). Funding is an important factor that enhances smooth running of the health sector. Traditionally the republic Malawi has predominantly depended on donors to run its health system operations. It has been challenging for the government to balance health requirements against limited funding. This has created continued reliance on foreign aid to bridge the gaps in terms of funding and technical expertise. Resource constraints have remained the most limiting element to attain millennium development goals (Adhikari, et. al., 2019). According to the Malawi Health Policy (2017) the government through the Ministry of Health provide leadership in determining national health priorities. (Masefield et al., 2020) posit that Implementation of health services is currently guided by the following objectives: Increase impartial access to patient care; improved management of employees, strengthen access to care,

for successful, productive and impartial provision of services; information management; strengthening leadership and governance of health institutions across the state; increase health sector financing and management m

Malawi Health Care System Structure

Primary health care is the first entry of health care, and this mostly takes place through community-based health facilities operated with clinical technicians based in the community without the support from professional physicians (Geoffroy et al., 2014). Primary health care facilities emphasize on preventive and curative services health care and connects the community and health care providers via community-based cadres such as community health nurses, health surveillance assistants (HSAs), volunteers and other community cadre at health center level. Every health Centre is designed to serve 10,000 individuals. Health Surveillance Assistants are the key health care providers at village level and refer their clients to nurses and clinicians for further clinical support (Makwero, 2018). Governance functions at the health centre are led by the health care advisory committee that provide governance leadership and oversight to the management. The governance role assigned to the health care advisory committee promotes accountability and transparency in the provision of care at community level. This structure monitors quantity and quality of services, links the health facility with the community, monitors performance of the health facilities in collaboration with other governance structures at village level for example the village health committees (Lodenstein, et al., 2019).

Secondary level care health services are delivered through district hospitals and Christian Health Association of Malawi (CHAM) hospitals. District hospitals focus on the provision of

inpatient and outpatient clinical care. These facilities provide technical backup to primary level health care facilities through a structured referral system and technical/administrative supervision. These facilities provide both primary and secondary care and cover 9.5% of all health facilities in Malawi. While these facilities operate as referral points for primary level care facilities, they do provide the surrounding communities with both outpatient and inpatient services (Malawi Government National Health Policy II, 2017).

The tertiary level of services is comprised of four central hospitals located in all regions in Malawi. These facilities provide specialized health services provided by specialists in different technical medical fields. The tertiary level provides referral services for district hospitals (WHO, 2018). Strong health systems rely on strong organizational governance (Center for Global Development (2006). Health care facility boards provide a governance mechanism that promotes accountability and Transparency in health care service delivery operations (Bovens, 2007). The ministry of health has overall governance oversight on health service delivery. District health management teams provide the governance functions to all the twenty-nine district hospitals in Malawi. Central hospitals lack autonomy and do not have hospital boards. The ministry of health is undergoing reforms to strengthen leadership throughout the entire health system. One of the key tasks is to set up governing boards at all central hospitals. This will help improve planning, oversight, and efficient use of resources in support of health service delivery (Malawi Government Health Strategi II (2017)

Nonprofit Hospital Governance

Sound corporate governance is key in the health industry because of its capacity to enhance the sectors' ability to cope with regular operations, new regulations and standards , and emerging challenges (Greener, Wismar, & Figueras, 2016). Hospitals are expected to improve the performance of their social mission which is provision of quality of care to patients. It is essential for hospital leadership to ensure that they apply and comply with the best governance procedures and requirements as per country requirements values (Rusydi, et al., 2020).

Arwine (2002) explains that hospital boards are a very valuable mechanism that provide hospital leadership and exercise authority to ensure that the best services are made available to patients. The board is a body that bears the total accountability and responsibility for the realization of the overall expected performance outcomes and is accountable to the hospital, patients, regulatory authorities, stakeholders/partners, community, and staff. Being accountable to the hospital, the board sets strategic direction by putting in place the mission, vision and to provide operational direction in the hospital. Millar, Freeman, et al., (2016) assert that effective hospital boards involve setting the setting direction and the operating model of the hospital and monitoring its implementation. High performing hospitals are characterized by boards that show committed leadership and exercise their measurement and monitoring of quality-of-service delivery proactively. American Hospital Association Center for Governance, (2009) explain that accountability to patients is a key governance area for the hospital board. Accountability to patients is realized through provision of acceptable quality services in compliance with all requirements applicable to the operations and administrative functions of the hospital. Hasan, Ayuningtyas & Misnaniarti (2016) human resource management should be an area of interest for

boards. They argue that staff are an important stakeholder that implements strategies set by the hospital. Good corporate governance aims to achieve the vision and mission through effective people management. Sabiu et al., (2019) assert that effective human resource management practices allow staff to optimally support attainment of strategic targets and priority work intentions of the organization. (Gile, Bulijac-Samardzic & Klundert, 2018) indicate that the board's obligation is to ensure that they put in place adequate number of staff who are well skilled for their roles, operating in a good working environment and their development needs are supported. The structure of the organization should support the delivery of the strategic objectives within available resources. Taylor (2002) proposed a governance model relevant for hospital governance which provides the best mechanism of applying governance in the hospital environment. The principles include ensuring that hospital leadership grasps the concept of governance, has ability to accomplish planned core activities, executive directors and the board coordination in decision making and have common purpose and direction, common understanding of strategy control, liability, personal development, and realizing there is a price for governance interventions.

Governance Values

There are several governance values which include the following elements:

Knowing What Governance Is

This principle posits that every board has the key function of providing oversight to accomplishment of approved planned activities and takes liability for outcomes. Accountability is a crucial element for governance (Tacon, Walters & Cornforth, 2017). The board is obliged to be accountable to the owners of the organization as well as the key stakeholders that have a stake in the operations of the organization. This sometimes involves the formulation of mission

statements, clearly defining performance objectives and expected outcomes, and indicating precisely the duties of the board. An effective board defines the mission and sets the strategy to deliver it as well as the values that shape the organization's culture and the way business is conducted. The board provides performance oversight on management (Watson & Ireland, 2021). Hospital governance includes taking liability for the outcomes for the outcomes of approved plans. While liability for outcomes of approved hospital plans rests with the board, generally general liability accountability of the hospital, governance of the hospital is a team function that involves the board, the CEO, heads of departments and medical leadership all contribute to important decision-making processes (Arwine, 2002). Therefore, governance involves both management and the board. The board supports the development of the strategic plan and related policies and the monitoring framework to support evaluating progress towards the set objectives and making sure that available resources are not misused and only directed towards implementation of strategic objectives, professional management, and competent governance structures (Brown, 2005).

Achieving Strategic Ends

The principle of achieving strategic ends entails that the board is the most important governance structure that has the responsibility of setting the strategic direction within the organization (Rao & Tilt, 2016). The board mandate is to establish the strategic direction that the organization should focus on to realize its strategic key interventions and targets and subsequently the required support of achieving them as well as strategies for gaging outcomes (Nacit, Cesaroni & Pulejo, 2020). A Chen , Hsieh & Hsiao (2021) narrate that the hospital board is liable accountable for overseeing and key strategic activities and monitoring outcomes through setting specific deliverables to be achieved. Strategic management is becoming common with hospital governance (Huebner, &

Flessa (2022). Generally, the task for defining the deliberate strategic plan for the hospital lies with the board. The plan is understood to direct where the hospital intends to look like in the future, its purpose and mandate, values, and aspirations targets of the organization and monitoring performance to provide room for addressing any ambiguities and diversion from the plan in time. All organizational activities should be synchronized around the organizational strategic focus (Harlez & Malaguero, 2015). Carver (1990a), demonstrate evidence of existence of a strong coordination concerning deliberate planning and administrative effectiveness towards achieving set targets. When the board clearly defines its expectations in terms of what success means and how that can be measured in the strategic framework, it becomes easier for the management team to direct their effort towards attainment of strategic ends.

Board CEO Relationship

The Chief Executive Officer (CEO) position is a very significant and influential rank in the organization (Glick, 2011). The most important factor underpinning successful organization's performance is the clear demarcation functioning of the leadership of the board and the Executive Director's roles (Aschak, et al., 2018). Effective governance broadly depends on the ability and capacity of the board and Chief Executive Officer to effectively work together. Boards are advised to exercise their power to hire the right Chief executive officer who is an asset to the board supporting the strategy development and execution processes (Carver, 2001). Good governance requires that the duties of the board and the work of the management should be distinct from each other. The board is obliged to determine the roles and duties of the Chief Executive Officer and monitor his/her performance. Segrestin, Johnston, & Hatchuel (2019) argue that having distinct

duties between the board and management allows the management to focus on priority areas set by the board and the board to provide effective and independent oversight on management. The Chief Executive Officer oversees all departments and provides strategy execution leadership and provide an enabling environment for the board to conduct its governance functions (Hsueh-Liang, Wu (2008). The success of the board to provide oversight on the delegated work of the CEO lies on the amount of power that the CEO exerts over the superior authority. Performance appraisal is thus a strategic tool for the board to keep the CEO's performance in check and ensure that it is in alignment with the priorities set by the board (Azungah, Blonch, & Tembil (2009)

Unity of Direction

Hospitals are dynamic and complex organizations that are comprised of multiple stakeholders i.e., nurses, doctors, managers, supervisors, senior managers focusing on different goals around the hospital strategy but affiliated to different professional bodies. This makes hospital governance challenging and complex calling for promotion of unity of purpose towards service delivery (Sholten et al., 2018). The board has an important function and presents a platform with the capacity to promote unity of direction in the hospital. The strategic plan set by the board supports rallying all internal stakeholders around common performance goals.

Hospital leadership has an important role to ensure that every hospital department and the board work in harmony around the strategic plan, mandate, future aspirations vision, targets, and objectives to ensure strategic performance success (Jiang, Lockee & Fraser(2011). The lack of collaboration and coordination across the organization and the leadership within the hospital governance and management teams has led to hospital quality performance failures.

Unity of direction helps the board to make good decisions that are well informed by the management. Unity of direction facilitates producing upright choices by the board informed by correct reports received from the managers. Unity of direction facilitates good board working relationships. Reporting and accountability across the organization is enhanced with clear reporting lines. (Brown, 2019). Shortel (1998) argue that strategic alignment is the task of the Executive Director under stewardship of the governance superior body. He further explains that high level strategic alignment prevents ambiguity in direction and contributes to the realization of the set goals. (Jensen and Meckling, (1976) indicate that to promote unity of purpose, the board takes a key responsibility of check and balance through overseeing whether the organization is on track towards the realization of the goals and plans and in doing so, the board continues to observe the management team decision making with intention to surveil whether these decisions can be expected to be successful to accomplish the key interventions outcomes and targets. Markayanawati et al. (2018), posit that to promote unity of purpose the board renders its role through taking direct responsibility for making strategic decisions and a more direct role for advising and counselling the top management team in strategic deliberations, whereas the monitoring role refers to control and tends to control constrain the organizations organization's management. The service role is about support, guidance, motivating management aiming to strengthen strategic decision making and aligning all governance systems elements in the organization around common goals, objectives, and defined elements of strategy achievement.

Unity of Command

Unity of command has long been considered important for organizational effectiveness. This means having a single supervisor for each employee. This entails that there should be clear reporting lines and well demarcated and managed administrative units in the organization. The first step of promoting unity of command from strategic leadership of the organization is to ensure that the duties of the CEO and the leadership of the board are distinct and making sure that reporting lines are clearly defined (Krause, Priem & Love, (2014). Unity of command is essential to avoid confusion and manipulation of employees in the organization. Duality of command keeps staff under confusion, and conflicting situation during their roles and function in pursuit of organizational goals. When an employee is responsible for various persons in authority, they will be confused, ineffective and irresponsible, while an employee receiving commands and reporting to one leader or supervisor is methodical, efficient, and responsible (Marume & Jebekanda (2016). From the agency perspective unity discourages dominance of management over the board because such dominance negatively impacts on performance and limits the capacity and independence of the board to provide the needed oversight on organizational performance. Deviation from the unity of command principle is recipe for confusion, threatens stability, breed irresponsibility and when not checked, this negatively impacts on effectiveness and efficiency in terms of focus on the achievement of strategic ends in the organization rendering effective attainment of the goals challenging (Li, et al, 2022)

Unity of Accountability

Accountability calls for collaboration between the board and management in setting the strategic goals and objectives, setting a monitoring or performance measurement framework, and consequences for failure to achieve set goals or unsatisfactory performance (Denis, 2014). The unity of accountability gives an assurance that employees and the organization are evaluated based on the performance or behavior related to the roles and responsibilities that they are responsible for. The agency viewpoint posits that boards delegate the running of the organization to management. Accountability is reflected regarding how the organization regulates the governance functions, clarify structures, systems, and responsibilities of each of the organization's organs which allows that all activities run effectively and efficiently and can be accounted for transparently to achieve sustainable performance (Hassan, et al., 2022). According to Keay & Loughrey (2015) management is expected to manage the delegated tasks efficiently and account for performance to the board. The organization should ensure that all staff have clear job descriptions and are aware about how their work will be evaluated by line authority through well designed performance management systems that are well aligned to outcome targets for key interventions and job roles and functions of the employee. Clear performance objectives should be agreed upon between the officers and their direct supervisors. This helps to ensure effective management of accountability and responsibility in the organization.

Ownership and Needs

The ownership structure and governance will have an impact on organizational performance particularly how they take up the control role (Gwala and Mashau, 2022).

Governance includes the systems and processes that the board is concerned with ensuring that as the overall accountability body for organizations, the board has clear responsibility to set clear missions and objectives of the organization and articulate them clearly to the management who assume the delegated role to manage routine operations in support of the mission. In this regard, the board should entrust and empower the management to be able to manage the tasks that they are delegated to do by the board to achieve the set goals without micromanagement (Bernstein, Buse & Bilimona (2016) .

Ownership concentration in the board serves as a regulatory mechanism for managers that promote ethical and prudent behavior in the management of organizational resources and assets across the board and management structure (Reyna, Vasquez & Valdes, 2012). In the hospital setting, the board has the responsibility of setting the mission and vision. In this regard, the board has the duty to protect against any deviation from the mission and ensure that resources are only allocated to approved plans and strategic activities that support and contribute to the attainment of the organization's mission. Routine assessment of the organization work in comparison with its mandate is a practical means for safeguarding adherence to the approved plans of the organization to ensure that all the work contributes to the needs of the organization which is to meet and sustain its success in achieving its long-terms goals. The management has therefore the ultimate responsibility to ensure accountability to the owners through the board (Cornforth & Brown, 2014)

Self-Improvement

Human resources are the most influential and critical aspect of organizational goals realization which can be driven by implementation of good human resource governance (Zuma,

2018). Organizational performance requires competent and experienced employees and board members with ability to impact on the attainment of strategic outcomes of the plans (Richman, 2015). Self-growth is not only a central individual need but also a requirement for the organizational needs to ensure enhanced performance. Organizational leadership should take deliberate strategy to promote continuous updating of skills and knowledge across management and the board (Woerkom & Meyers, 2019).

It is important to match the skills, competencies, and knowledge of the management team with their expected responsibilities. Performance evaluations should be done further to identify gaps requiring further development and ensure that resources are allocated for continuous board development. This emphasizes the need to recruit board members who have the right understanding of the organization business model, and relevant knowledge, skills and expertise that will make sure that the organization accomplish expected outcomes for its key activities in support of organizational plans (Oluoch, 2019). The organization should put in place performance management tools that allows comprehensive measurement of the board capacity to drive the considered objectives and measure overall/individual results of the board and put in place the right mechanisms to improve boards competency (Olouch, Wagude & Osogo, 2016).

Understanding the Cost of Governance

The function of the board is important to the organization. Good governance requires adequate resources to ensure effective functionality of the boards. Organizations should ensure having governance budgets to support governance tasks (Ditzel, et al., 2006; Panda & Leepsa, (2017). The cost of governance includes expenses and support of board activities and investment in competent

board members and staff. Effective human resource management practices enable employees and board members to competently contribute to organizational goals and elicit behavior supporting goal attainment (Sabiou et al., 2019). Table 1 presents the summary of governance models appropriate hospitals.

Table 1

Governance Best Practice

Principles	Application
Understanding governance concept	The board develops corporate policies and plans and evaluates performance Management is responsible for implementation
Achieving strategic ends	Hospital structure supports accomplishment of strategic objectives outcomes
Management and board relationship	Collaboration is enhanced
Shared goals and direction	Management and the board pursue common objectives and performance targets
Reporting lines	All positions have one clear reporting line of authority
Ownership needs	Goals are set by the board, management implements, and the board is accountability for the end results.
Organization Learning	The organization has a learning culture integrated in organization values and is open to learning to improve on performance towards attainment of set outcomes.
Comprehending the price of governance	Cost of managing governance activities is acknowledged and planned for

Source: Ditzel et al. (2006), p.7

Benefits of Corporate Governance

Buallay, Hamdan & Zureigat (2017) asserts that good corporate governance positively impacts on organizational performance. Wang et al. (2022) contend that the strategic value of the

board depends on the definition of the organization's strategy, setting of benchmarks for monitoring and supervising strategy implementation. The board sets the structure for managing strategic activities in the organization where each layer of the organization is very clear of expected tasks. Guluma (2021) posits that effective governance helps to improve corporate image, increases shareholder's confidence, and reduces risk of fraud due to strong internal controls. Sial, Shivastava, & Mishra, (2018) argue that improved reputation is an essential feature that influences performance and growth of the organization in the market within which it operates. Its reputation is enhanced by the organizational practice of sharing internal information with its key stakeholders. Kumaran & Thenmozhi (2016) indicate that a positive reputation is an asset that brings competitive advantage to the organization. Positive reputation helps to attract quality staff and board members; helps build customer loyalty; attracts consumers and investors. Without a good reputation it is very difficult for the organization to survive. Good governance calls for the development of reputation management strategies and information transparency. Clarity of roles creates confidence and trust building between the employees and the board. Role clarity creates unity of purpose among the stakeholders around the set objectives. Darko, Aribi & Uzonwanne, (2015) argue that good corporate governance provides a mechanism and framework for management to direct managerial decisions that focus on contributing to good organizational performance outcomes. Every stakeholder is clear about roles and functions and related accountabilities.

Thangavelu & Sugdhaher (2017) argue that role clarity facilitates smooth implementation of organizational goals. When employees and other stakeholders know their expected roles, they perform better at all levels. This enhances the ability to make informed decisions which contribute to improved performance and reducing the effects of potential failures. Ugoani (2018) asserts that

excellent management of an organization demands prudent administration of funds and maintenance of professional and ethical standards in pursuit of implementing organizational objectives and obligations. In this regard, good corporate governance provides the ability to improve competitive advantage, efficiency, and effectiveness of organizations. According to (Olugbolahan, 2018) unethical practices can have major consequences for an organization.

Good corporate governance provides an opportunity to mitigate risks in the institution through implementation of effective administration systems and procedures that should be able to thwart or discover risks timely (Olugbolahan, 2018). According to Hausknert, Rodda & Howard (2008) good corporate governance enhances retention of experienced and skilled professionals whose departure would be costly to the organization and negatively impact on performance. The more employees stay in an organization the more they become more experienced and gain a better understanding of the organization's business operations. Sigh (2019); Padhi, Mitra & Paul (2020); & Ma (2018) have argued that employee retention tends to increase organizational performance. They further argue that one of the modern governance issues is retaining talented employees to achieve positive organizational performance through attaining organizational goals. Igbinoba et al., (2022) further advise that organizations will have difficulties achieving their goals without talented employees. In this regard, employee retention is an important goal for any organization hence the need for having staff retention strategies to minimize the costs of staff turnover. Cardy & Lengnik-Hall (2011) explain that employees are a significant asset that establishes viable benefit for the organization hence the need for motivating key staff who perform exceedingly well and poses key skills and knowledge needed to run the organizational business and those that are very difficult to replace. It is argued that it is the rare skills from high performers that create a

competitive advantage for the organization within its industry of operation. It is the competitive advantage that distinguishes the organization from its competitors and helps to sustain its business. According to Gilmore & Turner (2010) good governance recognizes that staff cannot be retained by financial benefits alone . As such, the board and management must invest in developing good staff management policies, good recruitment practices, staff development and creating an environment that promotes staff development and career growth opportunities. The board sets the mission and goals of the organization that attracts employees that have strategic person-organization fit and ensure balance between the wishes of workers and that of the institutions operating within the limits of available organizational resources. Silva, Carvalho & Dias (2019) argue that implementing an effective employee retention strategy helps the organization to ensure that the organization has better performance capacity through effective utilization of human capital and ensuring that the organization has adequate and quality staff in relevant positions to conduct the jobs that they were hired for in support of implementing the organizational goals and objectives. Kossivi, Xu & Kalgora (2016) assert the need for organizations to retain their talent is very crucial for sustainability of business operations. Some of determining factors would include career advancement, promotion opportunities, autonomy, organizational culture, work balance, training and continuing education, openness in internal communication. According to Sarworko (2016) strong corporate governance structures and processes help to improve operational efficiency, support strengthening the accountability culture and strong internal control structures that promotes open communication across the organization as well as ensuring good handling of individuals and entities that support the work of the institution. The accountability structure promotes reliability and integrity of information; safeguarding assets; promoting compliance to

policies, plans, procedures and laws and regulations; promotes the reasonable and competent utilization of funds and the achievement of organizational plans. Vargas-Hernandez & Cruz, (2018) explain that effective good governance enhances operational effectiveness through reducing the risk of fraudulent behavior or self-dealing in the organization by the management team. Monitoring of management behavior helps to identify or detect potential performance problems early enough before the issues turn into full brown crisis that becomes difficult to manage and dents the reputation of the organization to its key stakeholders.

Health Care organizations Governance Challenges

. One of the objectives for this study is to explore the challenges of the board governance practices in the sampled hospitals. Health Care governance system is understood to be the function of ensuring existence of a plan that gives the direction to the employees regarding priority work of the organization, having a body that monitors execution of the plan, and compliance to all regulatory requirements (Bigdeli et al., 2020). The Australian National Audit Office (2003) Council of Health Care Standards elucidate that governance of health care organizations emphasize the necessity for collective accountability and liability of the board, executives, doctors in the delivery of treatment to patients while determined for sustained excellent management and updating registering targeted results. Health institutions are experiencing numerous governance challenges towards the delivery of their mission. Improving health care system delivery is high on the agenda of developing countries (Gaud, 2015). One of the main contributing factors to governance challenges is obsolete governance procedures, for example having decisions only made by one leader, lack of collective decision making, and inadequate willingness for change. As a result of poor leadership the health care system is plagued with increasing costs, poor quality

outcomes and inefficiencies in the service delivery (Weberg, 2012). Leadership and governance system is a complex yet critical building block of any health care organization. The leadership challenges include challenges of policy implementation, challenges with organizational structure and culture, competency gaps, lack of governance structures, poor governance to ensure accountability, lack of and weak boards in majority hospitals and lack of adequate investment in leadership and governance (Malakoane, et al., 2020).

Poor leadership practices exhibit devastating health care disasters owing to disharmony between medical and business leadership practices. There are two main streams of governance led by the clinicians focusing on quality care and corporate governance focusing on financial management, regulatory compliance, systems, risk management, accountability, and other operational issues. The two streams often operate in Silos making clinical decisions for improving quality care challenging (Ghiasipour et al., 2017). The health sector is also constrained with quality human capital at the board and management level to understand corporate governance. Improving health sector governance can be challenging due to rigidity and vested interests of multiple stakeholders in the health facilities (Roncarolo et al., 2017). Learning to improve performance through embracing change by adopting good corporate practice becomes very hard to implement due to resistance from rigid stakeholders (Bakalikwira, et. al., 2017). Shortage of health care workers caused by inadequate production, inadequate recruitment, and deployment especially in rural areas, poor retention and staff mismanagement is a worldwide problem. Most managers are promoted due to long service and knowledge and skills. This creates a competency gap in strategic decision making. Human resources challenges lead to poor service delivery which is also exacerbated by lack of/and ineffective performance measurement (Maphumulo & Bhengu, 2019).

Quality of health care remains a big challenge. Africa has the lowest rates of satisfaction with their health care systems than any other region in the world. Despite heavy investments by both foreign donors and local governments, the health sector is still characterized by lack of access to and infrastructure gaps. Shortage of medications, equipment, medical staff, and corruption. As a result health outcomes of the continent are the worst in the world. African policy makers have not succeeded in prioritizing health care and do not allocate sufficient resources for health service delivery (Signe, 2021).

Good organizational management requires having robust knowledge management system for documenting and examining viability of processes. Good information management help with decision making on quality service management, measuring effectiveness of the health institutions, and measuring hospital performance in various dimensions and help make goals achieved (Jeddie, et al., 2014). However, information asymmetry is noted as one of the challenges that impacts on hospital governance. The board depends on information from management to make effective decisions. The board requires informative and accurate reports from the managers to ensure that they make good decisions that support the execution of set targets towards execution of the strategic plan. . In this regard, they require timely and adequate data for the management to easily identify variations and decide on actions to address unacceptable variation (Frayatt, Bennet & Souca, 2017). It is challenging for the board to make effective decisions if they lack adequate updates from the management. This compromises effective decision making on the part of the board who do not have privy to important information about the performance of the organization (Nasution, Putri, & Farugi, 2019). Several African countries have a weak organizational structure which lead to uncoordinated management of health service delivery planning and delivery at all

levels. High rising cost of health care, frequent stockouts of medical supplies, lack of fiscal resources impedes development of health services. Provision of excellent health services and the enhancement of implementation of patient care remain the foremost problem (Behzadifar et al., 2019).

Literature has shown that there is poor understanding of strategic governance leadership functions and how they impact the performance of organizations (Hanif & Musvoto, 2023). The concept of governance remains the least understood aspect of the health care system. Despite the growing global visibility about the importance of governance leadership, the concept of how the board impact of the performance of the board towards the performance of the organizations towards realization of strategic ends is still poorly understood (Hanif & Musvoto, 2023). This poses challenges in performance of medical activities in the health facility to ensure that set goals are realized (Marais & Petersen, 2015). The current study will identify challenges that affect hospital performance towards realization of strategic ends and provide evidence-based strategies that can be used to improve board governance practices to support realization of strategic goals.

Strategic Management Organizational Performance

Strategic management is fundamentally the procedure of selecting the most appropriate organization's goals, determining the strategic direction, the programmes necessary to achieve the specific objectives and establishing the methods necessary to assure that policies and strategic programs are implemented over time (Madjuchova, 2003; Cole, 2021). The plan sets the vision, mission and provides an understanding about the organizational focus and direction. The implementation of approved plans requires input of all players in the facility for it to be effective (Hunger & Wheelen, 2011).

The use of strategic planning has been widely used in all types of organizations activities and its serious application has become an urgent necessity to increase competitiveness of organizations and improving a and developing their performance to reach required performance in the long-run, to ensure survival and continuity (Almansoori, Al-Tahitan, & Battour, 2021). An organization's strategy consists of a unique plan that the employees implement to grow the business, draw, content clients, compete significantly, conduct operations, and achieve the targeted levels of organizational level of performance (Tapera, 2016). Strategic management is an organizational management of the process of setting goals, allocate resources, enhance operational capabilities, make sure that stakeholders and employees rary around common goals and assess performance while aligning and adjusting accordingly within changing environment (Dyer, et al., 2016). Strategic planning and management involve setting targets and committing resources. It increases operational efficiency and provides a clear road map that facilitates alignment of activities with available resources to realize the set and realistic goals to high efficiency of business operations (Braduten & Sarbu, 2012). Strategic management could be described as the process of articulating, executing, and assessing priority choices that apply across all departments that assist the institution to realize its goals. This is a routine exercise of developing, executing, and assessing how the plans directs overall work of the organization and measuring the effectiveness of the plans to realize set goals and outcomes (Hendry et al, 2010). Kabeyi (2019) posit that more effective strategic management requires the participation of all staff across the organization and executive leadership to actively participate in development and execution of long term plans that directs the activities of the organization; examining the context in which organization operates to make important decisions about core activities, advising modifications to the plans, and enhancing

coordination routinely, improving the manner of doing business and capacity to review progress of execution of plans (Oyebamiji (2018); Bakotic & Rogosic, 2017) advise that managerial practices that receive employee input encourage a united vision, shared values, problem solving skills, job satisfaction, and a heightened sense of ownership, promoting adherence to strategy implementation. Ojukuku & Sayuyigbe (2014) posit that employee participation in decision making is a managerial tool for improving organizational performance of strategy implementation.

Brayson (2010) strategic planning assists the organization to identify its capabilities to obtain the best performance commensurate with it and the nature of its work and the work of its employees. Strategic management is an ongoing process in the organization that enhances the fulfillment of the organization's mission, meeting the organizational mandates and sustained creation of organizational value. Strategic planning produces important choices and activities that determine the mandate of the institution; identify its operational industry and environment; and determine the organization's strategic actions. Thomson, Strickland and Gamble (2015) assert that the strategy making and execution process consists of five interrelated and integrated phases: 1) determining the vision where the organization is heading to over a defined period time and what its future products/markets/customers focus should be and defining the mission (what the organization stands for, what it does, and its purpose/mandate); 2) developing objectives and utilizing them as benchmarks for evaluating the organizations performance based on set performance measures; 3) crafting strategies to achieve the objectives; 4) efficient and effective strategy implementation and 5) monitoring and control and making changes accordingly.

Strategic Management and Performance Management

Institutional performance implies the extent upon which managers utilize income and other materials to achieve their goals. Leadership is key in identifying strategies and creating a cooperative working environment in pursuant of the objectives (Contu, 2020). Improved performance is viewed as an explicit goal of strategy. Performance is occupying great importance in strategic management literature as it is a central axis for measuring the success and failure of an organization in their strategic decisions and plans. Performance in organizations is being given much attention on the grounds as it represents the main motivation for the survival and sustainability of the business of the organization. It is considered an important attribute mostly contributing to achieving organizational goals and objectives, which is survival and continuity (Meresa, 2019) Madhi & Belkacemm, (2017) defines performance as a reflection of how the organization uses financial and human resources efficiently and effectively in a way that makes it able to analyze and achieve its goals. Thus it can be envisioned as the sum of the results of the activities and practices of the organization, which are expected to correspond to the planned and established objectives, it is also perceived as the result of the activities of the organization as defined by its corporate strategy. Monday et al, (2015) explain that performance can be measured using financial and non-financial measures. In the private sector, achieving strategic financial objectives is the primary means to realize the organization's missions while in nonprofits financial measures are not the only primary measure for performance. Realizing excellence in operational processes in meeting service goals correlates to increased customer satisfaction leads to mission fulfillment

Basic Model of strategic Management

According to Phiri et al. (2019) strategic management tasks go through five main elements in strategic management comprising of examination of the environment, developing the plans , execution of the plan, and monitoring implementation. These four elements constitute the strategic management process of an organization. Strategic management in an organization is generally related to organizational performance (operational performance, financial performance, and level of competition). Oyedijo (2013) advise that before any organization can start formulating a strategy there is need to conduct an environmental scan which entails reviewing and assessing the context in which it operates within and outside the organization, sharing knowledge gained from the assessment. This process assists to establish the goals that determine the future of the organization. According to Rozmi et. al. (2018) to conduct an environmental scanning, there are several models that are used. The tool called Strengths Weaknesses Opportunity and Threats (SWOT) analysis has become one of the fundamental tools for organizations to evaluate their position in the market and it is widely used to analyze the internal external environments of the organization. According to Benzaghta, Elwada & Mousa (2021) strengths are internal factors that support goal attainment while weaknesses create internal barriers for goal attainment. The variables include the organizations' structure, culture, and resources, shareholders, customers, creditors, competitors, employees, labour unions, communities, suppliers, suppliers, and governments. Opportunities are external factors that can support realization of goals and threats negatively affect goal attainment (David & Creek, 2019). Strategic management therefore involves

deploying an organization's inner capacity and limitations to capitalize on its exterior opportunities and minimize its exterior risks (Adeleke, Ogundele, & Oyenuga, 2008).

Strategy Formulation

This stage is often referred to as strategic planning or long-range planning. It is involved with developing a comprehensive mission, objectives, strategies, and policies. It involves the process of finding strategic fit between the external opportunities and internal strengths while working on limiting or eliminating threats and weaknesses (Ronchetti, 2006). Mission, vision, and value statement are defined at strategy formulation level. The mission and vision set the institutions foundation. The mission describes the mandate of the institutions existence that distinguishes one organization from the other (Achua & Lussier, 2016) and forms the basis for formulating strategic goals and objectives. It communicates what the organization is providing to society. The objectives are the end results of the activities, they define what wants to be achieved, when and in quantifiable terms. Strategies state how the mandate and goals will be achieved, and the policies serve as broad guidelines for decision making that link the formulation of a strategy with its implementation (DBA, 2018). The board and senior management should provide strategic leadership in analyzing internal and external environment data to identify strategic issues easy to pursue within the available resources. By understanding prevailing weaknesses in the organization, an organization can identify what processes need to be improved to support strategy execution (Fauzi et al., 2021). A well formulated strategy helps the organization to allocate resources into strategic priority actions that will help attainment of the set strategy dependent on its inner abilities and limitations, predicted changes in the environment and strategic actions by smart competitors. During the

strategy formulation stage, a strategic performance management system is developed to help with monitoring implementation of the strategy. At this stage, the organizational leadership and operational managers should determine what is to be measured, what aspects to focus on during ongoing and end of strategy reviews and set standards for conducting ongoing and end of strategy performance reviews (Abu et al., 2011).

Strategy Implementation

The most effective means of attaining organizational goals and vision is through successful implementation of strategies (Nwazu and Babaola, 2019). Organizational strategies refer to the actions and approaches created by the management aimed at ensuring the success of the organization (Schweiger, 2019). Organizations implement three types of strategies namely organizational strategy which gives the strategic direction, business level strategy which helps gaining competitive position in the market and operational level which assists implementation of the organizational and business level strategies (Gagnon, et al., 2014). Implementation mostly takes place at the middle and lower management levels with senior/executive managers providing review, direction, supervision oversight. Strategy implementation is the utmost critical but challenging phase of managing strategic plan administration processes that creates accomplishment or failure of an organization. The whole organization is involved in strategy implementation, and it is important to ensure that there is collaboration at all levels and across different departments of the organization (Chirwa & Biokayo, 2022; Kheyles & Ragui, 2018).

The factors that support strategy implementation comprise of personnel, resources, organizational culture, organizational systems and organizational systems and leadership quality.

Employees are an important factor that supports strategy implementation. Human Resources executes the strategy. The organization should not only have staff to execute the strategy but ensure that the staff are adequate, with the requisite skills to enhance the attainment of stipulated goals in an organization. Staff should be capacitated to acquire needed skills to implement the tasks that would support executing the strategy (Rani, 2019). Strategic planning contributes to organizational success, not by providing exact plans, but instead by involving personnel, increasing understanding about strategy, and hence enabling successful implementation and organizational performance. Improved understanding of organizational goals enables employees to align their goals to those of the organization (Kohtamaki, et al., 2012). The organization's human resource management practices and systems are important for creation of capabilities needed to facilitate successful implementation of strategies. Employees are an important element that supports strategy implementation. They bring personal expertise, competencies, and capabilities gained through education and experience. Organization's competency and expertise regulate the way the strategic plan is executed. Organizations are called to ensure effective recruitment, development, deployment, and retention of their human resources (Greer, Lusch, & Hitt, 2017). The combination of human resource practices and the effective management of its capabilities, coupled with workforce engagement is needed to support effective strategy implementation. Workforce engagement influences good coordination and collaboration across the organization (Sull, Homkes, & Sull, 2015) and enhanced responsibility towards strategy implementation. Responsibility and motivation are enhanced when performance is rewarded and input into the strategy management process is appreciated. According to Shonubi & Akintaro (2016) effective communication is an important factor that unites employees towards organizational goals. It helps

employees to understand their expected roles, allows them to execute such roles, in a well-coordinated approach in support of overarching goals, strategies and objectives of the organization. It is very difficult to execute the strategy when employees lack comprehension of the strategic plan. Management should clearly define lines of communication and reporting in the whole organization (Liaw, et al., 2016). Resources are key to ensure effective and successful strategy implementation. Organizations will fail to implement good strategies in the context of resource challenges such as financial, human resource, time, and infrastructure. It is important for leadership to promote effective management of resources making sure resources are directed to priority activities that support strategy implementation (Muthoni & Kavale, 2015). Mwai et al. (2018) posit that weak leadership in terms of controlling allocation and consumption of funds and other material support, this turns into an utmost impediment to effective execution of the strategic plan, resulting in unsuccessful institutions.

Strategy Evaluation

Strategy evaluation is a vital component of strategic management as it triggers the review of objectives, values as well as the strategy. During strategy evaluation the efficiencies of the organization's plans are identified as well as potential problems. Evaluation is important because the best strategies of yesterday will be outdated. To avoid being stagnated, organizations need to proactively evaluate their strategies and discard, maintain, revamp, or develop new strategies to remain competitive (Persaud & woodhouse, 2016). The starting point of strategy performance evaluation is a shared understanding of the strategy context of the organization. You cannot measure what employees do not understand. Strategy performance measurement is about

challenging strategic assumptions, refining thinking, and facilitating strategic decision making and learning at all levels. It involves engaging all in strategy execution, to allow organization performance to become everyone's everyday job. It adopts an organizational learning approach Marr, (2006). Successful strategy implementation requires an appropriate strategic plan control and monitoring system which should continuously track progress of implementing strategies into action and establish areas that may need improvements or adjustments. It is therefore the obligation of the board and managers to constantly review whether the organization is on the right track or not towards strategy implementation (Sadeghi Fer et al., 2015) and evaluate the appropriateness of its strategic vision, direction, objectives, and strategy and modify accordingly where need arise. Performance measurement is very important in strategic management processes as it provides a feedback mechanism that allows management to learn about the actual success or failure of the strategic activities compared with the set organizational objectives (Tapera, 2014).

Benefits of Strategic Management

Businesses that understand the environment and clearly understand what strategy is and design their future based on those strategies, are going to be more successful than their competitors operating in the same business environment (Durmaz & Dusun, 2016). Strategic management allows the organization to be more proactive than being reactive to the conduct of its business. It is easy to track progress towards long-term objectives through milestones that are expressed in specific terms and achieved incrementally through short-term objectives. Strategy management allows the organization to orient itself with its markets and consumers and set right and realistic strategies (Starmeska, Dimitries, & Stankovska (2019). Strategic management helps the

organization to improve on human resource management implying that employees are effectively utilized in such a way that they deliver value to the organization by giving it competitive advantage thus leading to vision, mission, and goal attainment (Gatuma & Beyene, 2018). Strategic management helps create unity of purpose across the organization towards the bigger picture outcomes. The organization can determine the strategic capacities required to remain competitive in its industry. It also helps to determine the structure that is required to effectively implement set strategies. Strategy management helps to create a culture of performance and result orientation where performance is linked to rewards. It helps consistency in decision making across the institution. Enhances collaboration and coordination across the institution at all operational and functional levels within the organization (Imane, 2017)

The Functions and Duties of the Board

The board is a collective body that operates to represent and safeguard the best concerns of organizational investors/stakeholders (Fuzi, Hlim & Julizaerma, 2016). The board is a key governance mechanism in the organization that ensure successful performance of the managers and organizations while making sure that resources are made available to support the work of the organization (Pugliese, Mini Chillim Zattoni, 2014). The leadership is held legitimately accountable for the success of an organization . All organizations make every effort to achieve a higher level of corporate governance to influence positive firm performance. The board is considered a very important internal mechanism of corporate governance (Velnampy et. al., 2014). The board performs diverse functions related to organizational performance which are influenced by several theories mainly the agency, stewardship, resource dependency, stakeholder,

institutional theory, and resource-based view theory. Table 2 presents typologies of board functions.

Table 2

Typologies Roles and Functions of the board

Axerlod (1994)	Block (1998)	Houle (1997)	Ingram (2003)	National Center for Nonprofit boards
Determine mission of the organization	Determines organization mission	Determine mission and ensure alignment with set standards	Determine mandate of the organization	Determine the mandate of the organization
Select and support CEO Appraise CEO	Hire , evaluate, and terminate CEOs contract where necessary	Select CEO and sets condition of employment	Select and support CEO Appraise CEO	Select and support CEO Appraise CEO Support CEO
Strategic planning	Develop standards strategic plans	Endorses strategic plans and monitors execution	Guarantee good strategic planning and management processes	Participates in strategic management processes
Approve monitor client interventions		Monitori service provision in support of organizational goals	Verify, check, and improves client interventions	Authorize and check client service packages
Ensure Effective management	Budget, establish fiscal control	Resource Mobilization and prudent use	Monitor prudent utilization of resources secure adequate resources	Raise money Ensure effective fiscal
Advance organizational image	Develop organizational visibility	Integrate the organization with its social environment	Enhance the organizations public standing	Enhance the organizations public image
Strengthen own board effectiveness	Board policy and records are up to date governance records	Continuously appraise Compliance to regulations	Hire new members and evaluate performance	Board development is enhanced

Note: Adapted from Miler, Millesen, J.L. 2003, pp. 526.

There are four key functions that are performed by the board related to firm performance. These functions include (1) participation in strategic management processes (establishing strategic plan, determining institutional mandate and purpose, ethical standards, and framework of the institutions strategic plan), (2) control role also described as monitoring role, (3) service and resource mobilization and (4) advice and counsel role. Advisory activities are an integral part of the strategic role, control role and service and supervisory roles (Asahak et l., 2019). The next section presents specific details under the three board roles.

Strategy role

Corporate governance constitutes all the aspects concerning efficient management of and controlling organizations (Velte, 2021). The board provides leadership oversight in determining the goals and objectives of the organization and is legally responsible for the organization's corporate strategy (Kamau et. al., 2018). Boards are legally responsible for strategy performance and are in excellent position to contribute to strategy through provision of knowledge and expertise that contribute to the strategic management decision processes, resource provision, and evaluating performance (Barroso-Castro et al., 2017). Actualization of strategic objectives relies on the leadership system and structure adopted by the organizational leadership (Adegboye et al., 2019). The board provides its service and control role by supporting the management through scanning the environment for trends and opportunities from the external environment, analyses internal strengths and weaknesses, identifying strategic gaps, setting long-term goals, objectives, development of strategic options and advising management in the final selection and formulating corporate strategy (Bruacer & Schmidt, 2008; Hendy& Kiel, 2004). The mission defines the

purpose of the organization and helps management and external stakeholders to understand why the organization exists and its purpose and links with corporate strategy goals activities (Onu, Akinlabi & Egbuta, 20180). The board is legally accountable for the success or failure of the institution's strategic plan and its performance is measured by the level of performance in actualizing the strategy. The board has the responsibility of reviewing and approving the corporate strategy making sure that appropriate strategic choices are adopted in alignment with available resources and alignment with internal capacity and external environment (Tanui, 2022). Strategic objectives and goals are only recognized and approved by the governance leadership when reflecting potential to contribute to sustaining the competitiveness of the organization and enhance the good reputational stand in the society. The board has the responsibility to formulate policies and guidelines, ethical standards, internal control systems and procedures critical to guide strategic decisions during the implementation and evaluation of the strategies and act as a safeguard against mismanagement of resources by management. The board combines its service and control role in strategy formulation (Lambe Isaac, 2014). The boards' strategic role is grounded in a multi-theoretical approach as there are several corporate governance frameworks that describe this role. There are various duties that the board exercises in their w routine work with the organization that are derived from several governance theoretical grounds. Key to these theories is agency, resource dependence, institutional theory and stewardship theory (Bordean, Crisan, & Cristiana 2012) From the stewardship theory perspective, the board provides a service to the organization through advice, counsel, and support to management to effectively do their delegated work regarding the strategy formulation and management process that is duly authorized by the board. Resource dependence theory posits that the board's human capital (experience, firm industry

knowledge, expertise, knowledge of the organization) is an important resource which is used to provide critical advice in all performance of the organization. From the agency theory the board provides its control role by critically reviewing strategic choices, objectives and goals and monitoring implementation process (Younas, 2022). A poor understanding of the strategy among the workforce is a key barrier that would affect the implementation of the strategy. Strategic communication enhances familiarity with the strategy across the organization by all people who will be involved in supporting execution of the strategic plan. Communication should target external and internal stakeholders particularly staff from all departments at all levels in the organization along with exterior shareholders with interest on the impact of the work of the organization (Munala & Mwasiaji, 2023)

Service Resource Mobilization Role

Resource dependency emphasize that the board has the obligation to connect the organization to stakeholders with potential to provide resources, particularly those resources that are not readily available in the organization is an important governance function. The board intellectual capital (knowledge, experience, and skills) is a vital resource for the organization (Goyal, Kakabadse & Kakabadse, 2019). The board supports and builds the capacity of management to mobilize resources and strengthen collaboration with external stakeholders that could open access to scarce resources to benefit positive implementation of strategic actions and strategies for the organization. The relational capital of board members is an asset for the organization that helps to advance public image with the environment (Axelrod, 1994). The board acquires relevant information, expertise, and different perspectives from other stakeholders

relevant to inform and aid corporate strategy formulation, fund raising and superior performance (Kaplan and Norton, 1992).

Control Role: Monitoring Strategy Implementation

Board oversight on strategy implementation is very crucial to ensure success of the strategy objectives. The board's oversight on strategy implementation is a very critical function to safeguard managements support for the strategic plan performance outcomes (Gasela, 2021). Strategy implementation translates the strategic plan into actual activities across the organization that contribute to attaining the plan. It follows the strategy formulation stage, and success of strategy execution is based on its capacity to ensure that the results are in line with the expected targets as per design of the strategic plan (Lee & Puranam, 2016). Effective board's control function on the implementation process contributes to successful realization of the institution's mission, and strategic objectives. The board is an important structure that offers strategic leadership by ensuring that there is consistency in the implementation of approved strategy, effectively manages the organization resource portfolio, establishing balanced organizational internal control system and procedures, promotes compliance to organizational values emphasizing on ethical practices and culture (Jooste & Fourie, 2009). The board oversight on strategy implementation is directed towards ensuring there is operational competency i.e. proficiency, relevant experience, having a good match between employees positions and job requirements, with clear alignment of individual tasks to the strategic commitments; ensuring commitment to the strategies and with good communication and coordination across the organization as the strategy is translated into action across the organization so that the whole

organization succeeds (Hitt et al., 2016). Oversight of resource management is a fundamental role for the board to ensure effective strategy implementation. The board has a responsibility to approve the business unit's strategies and allocation of resources (Maritan & Lee, 2017). The Monitoring function of the board over strategy implementation limits problems that may arise due to poor strategic decisions by management that do not support implementation of the strategy. In this regard, continuous review of managements reports operational and financial against set goals/targets is paramount (Asija & Ringor, 2018). The board has a responsibility to monitor strategic actions in the organizations to ensure consistent alignment with the approved plans and budgets to support realization of the goals of the organization (Boivie, et al., 2016). The control function of the board is derived from the agency theory foundation . This theory is concerned with creating a common understanding across the organization regarding the priority areas of work in the organization and ensuring unity around the strategic plan. It also assumes that executive staff are opportunists with the capacity to serve own interests than driving the interest of the organization. Having distinct functions between the board and the management supports the improved ability of the board to independently provide leadership in checking progress of strategy execution. This helps to improve strengthening the board's control duties (Van, Vuuren, Mans-Kemp, & Viviers, 2022). Division of power roles and functions prevent conflicts between board and executives and weakening the board's oversight mandate which can be compromised if directly involved in strategy implementation. Conflicts between management and the board has potential to derail progress of strategy implementation which would negatively affect organizational performance (Hopt, 2015)

Intense monitoring by the board provides check and balance to influence management to focus on the organizational goals and interests. The board executes significant oversight tasks in the organizations through controlling the decisions and choices made by executive management in managing the delegated roles (Sanchez, Guerrero-Villegas & Gonzalez, 2015). The board ensures that the organization has put in place measures and a conducive operational base that supports effective monitoring by the board and external monitoring mechanisms. The external monitoring mechanism are controls which external stakeholders exercise on the organization (i.e., stakeholders, external auditors, industry regulating bodies including government, regulatory legislations) that promote good governance (Ayandele & Isichei, 2013). Internally the board should strengthen its monitoring role through establishing board committees that support the work of the board. The three most important committees are the audit committee, the nomination, compensation/remuneration committees. These committees help to monitor effectiveness of the integrity and strength interventions that are put in place to prevent or obstruct execution of the plan (Eric, 2014).

Purpose of Monitoring

The main purpose of the monitoring role is to warrant that executive staff actions in the implementation of the strategic plan and management of resources in the organization do not divert from the organizations purpose, mission and interests and that management do their best to work in favor of the board's set direction, expected results and outcomes as defined in the approved corporate strategy (Banerjee, Nordquist, & Hellersterdt, 2020). There are several areas of focus for the board to monitor in the organization. These include assessing and directing the strategy

objectives and outputs, monitoring the budget and prudent management of resources (financial, material, assets, human), reviewing human resource information, monitoring compliance to implementation of board policy, tracking and resolving conflict of interest, reviewing effectiveness of communication systems and procedures, and reviewing compliance to internal controls. The board will effectively conduct their monitoring role if they have access to documents, data, and information about the overall organization; access to staff and external stakeholders as well as external control elements such as auditors and donor (Sukmono, 2015). The board has the responsibility guarding and protecting misuse of organizational resources and assets organization and detect early any opportunistic risks and challenges from receipt to utilization of resources. It is the responsibility of the board to create and maintain the organizations control system that decreases management's opportunistic behavior and increases positive firm performance (Mahrani & Soewarno, 2018). The presence of a strong board and structure with effective communication and collaboration through frequent meetings, internal audit function, engagement of well reputed and experienced external auditors, establishing internal audit and compliance units help ,to mitigate agency problems through careful scrutinizing of financial and operational reports to detect mismanagement and misappropriation of resources (Khan, Khidmat, Hares & Mohammed, 2020). The presence of a performance management system and tools to evaluate management performance help to root out nonperforming managers who do not add any value to the institution's overall performance. Performance evaluation supports overall attainment of business goals (Samwel, 2018). Ethical culture has been considered one of the reasons for the emergence of many corporate failures. The board monitors compliance with organizational values, ethical standards, and code of practice which help to promote ethical culture within the organization which is a

crucial element to successful execution of the strategic plan. This limits occurrence of unethical behavior that would negatively impact organizational performance (Silveria, 2022).

Challenges and Barriers of Effective Monitoring Role

There are several barriers that compromise and limit the effectiveness of nonprofit board monitoring role at the organizational, individual and group level (McMullin & Raggo, 2020). The board is crucial in setting the strategic direction and monitoring performance. However effective monitoring is affected by lack of knowledge and skills which results in poorly defined goals and monitoring frameworks with indicators that do not bring good information for strategic decision making (Chelliah, Boersma, & Kettner, 2020). Role confusion when the board does not know what to do and what to measure impacts on boards monitoring capacity. This may lead to conflicts amongst the governance and employee's structure as well as conflicts within the board itself (Denny, 2015). The difficulty to develop appropriate measures of strategic actions and outputs contributes to challenges to ensure adequate oversight on strategy execution. When executing the strategic plan, developing a clear monitoring framework that defines what is to be measured and standards of performance measurement is paramount. This helps to compare the actual performance against the set measurement standard to determine progress made towards attaining expected results and operational outputs as well as identifying areas for improvement or requiring modification. It also helps management to set appropriate performance targets that are in line with the monitoring framework, (Olouch, Wagude & Osogo, 2016). Information asymmetry impairs quality of monitoring. The greater the information asymmetry the greater the monitoring challenges and strategic decision-making challenges (Alduais, Almasria, & Airout, 2022). Lack of

adequate relevant and timely information leads to the board's decisions being misguided, compromised and not that useful to influence organizational performance. The board can only sufficiently and effectively fulfil its monitoring role if it is given the right information by the executive management to detect and avoid activities that cause loss of value to the firm and failure to meet organizational goals at an appropriate time and intervals (Segui-Mas, Bolas-Araya & Polo-Gorrdo, 2018). Failure of the board to engage the right staff and board members that have the strategic fit regarding expertise, experience and capabilities with the organizations business operations compromises its ability to monitor consistent realization of the strategies, detect divergence from the intended corporate strategy and proposing remedial activities to management to improve strategy execution (Torres & Gutierrez, 2016). Failure to develop monitoring and evaluations plans that are aligned to the strategy and failure to develop annual operational plans negatively impacts on the leadership monitoring quality and proactiveness to ensure goals, strategies and objectives are monitored routinely and progress is measured towards their attainment as per expected targets (Leskaj, 2017).

Health Care Organizations and Organizational Performance

Health care organizations are complex social organizations with the primary responsibility of providing satisfactory quality health care to requirements of patients/clients (Donabedian, 1997). Health care organizations' performance is multi-dimensional in nature focusing on both financial and social aspects of the organization and noting that health care organizations pursue social goals. This demands performance measures to include both qualitative and quantitative aspects (Chmielewska, et al., 2022). The core purpose of hospitals is to maximize patient benefits and improve care experience through service integration to ensure a cost-effective distribution of

resources according to their needs. Performance management requires improved data collection and use and linkage of clinical objectives with the overall organizational strategy (Vainieri et al., 2020). Health care organization performance systems help management to identify performance issues and plan specific improvement actions. Performance measurement enhances hospital leadership decision making and promotes innovation through benchmarking with other organizations to identify best practices that can be adopted to improve operational effectiveness and performance (Dermartini & Trucco, 2017). Health performance management systems help to improve accountability both internally and externally which helps to build confidence with potential donors and other stakeholders with opportunities to provide resources to the organization (Denis, 2014). There are several types of accountability namely community accountability which promotes public trust from the population served by the hospitals; clinical accountability that is concerned with the intrinsic value of services provided to the clients or patients; political accountability involves the hospital responding to its various mandates externally imposed on the organizations for example regulatory authorities, funding institutions, accrediting organizations, and government and professional body standards; and lastly commercial accountability is about creating value for the services offered (Leggat, et. al., 1998). HCOs have been slow to develop and implement formal performance measurement systems due to several factors. The primary problem has been culture, organization, and management practices that are inconsistent with the competitive business, including operating practices that are not cost driven. Hospital boards are composed of members lacking experience in competitive environments, lack employee participation particularly among doctors, and because many individuals regard hospital services as intangible and impossible to measure (Walker & Dunn, 2006). Health care performance

measurement is challenging due to the complex nature of the hospital setting which is characterized by high dependence on physicians for service delivery, and a high level of several, distinct professional autonomy. Aligning all the professional silos around strategy, goal setting and enhancing engaging resolves most of the conflicts (Fere, et al., 2019). Multiple stakeholders contribute to hospital strategy implementation. Measuring performance helps improve hospital services and operations (Harley & Malagueno, 2015).

Medical professionals are one of the primary key stakeholders of the hospital apart from patients and families who access care from the hospital. Designing health care organization performance management systems should ensure inclusion of clinical leadership who are part of the hospital executive leadership team. This has demonstrated to have bearing on health service delivery, financial control, and prudent utilization of resources (Savage et al., 2020). Evaluating health care organizations is quite challenging due to multiple objectives pursued in the hospital. Multi-dimensional performance management systems have been shown to be the ideal mechanism that is able to measure the various objectives that are pursued in health care facilities. Holistic models allow both clinicians, managers, and the board to have a holistic organizational performance looking at internal and external factors (financial and non-financial metrics) related to hospital performance (Amer, et al., 2021). Holistic hospital performance models help to balance the expected performance outcomes of the multiple stakeholders in the hospital (Gesso, 2019; Muller, 2019 (Gesso, 2019). Overall effective strategic performance management links organizational goals with individual performance goals, provides information to make right administrative decisions and improves functional performance through constructive feedback across the organization (Mandlabana, Mashamba & Petersen, 2020). An effective board supports

the hospital management to realize approved strategic goal priorities (Qahatan, et al., 2020). Performance measurement is a very important aspect for hospitals. This helps the organization to examine and appreciate how it is progressing in terms of performing towards achieving its set strategic objectives. Performance evaluation also helps to identify the strong areas and weak spots to identify areas that require adjustment in the set strategic direction of the organization. Performance measurement should start with formulating the strategic objective, determining what to measure and integrating measurement as one of the routine ongoing management and board activities (Purbey et al., 2006).

Models of Health Care Organizations Performance Assessment

This research objective 3 focus is to determine a good corporate governance model suitable for hospitals under CHAM in Malawi. Hospitals are established for the purpose of delivery expert care to patients that is accessible, affordable through the provision of universal health coverage (Kruk, et al., 2018). Hospital governance plays an important role by steering general performance and efficient execution of hospital leadership through setting the mission establishing the strategic plan goals, and examining their execution at all levels (Dibbs, et al, 2018). Hospital governance involves collaboration among the board, management leadership and medical professionals (Roh & Moon, 2016). Proprietorship of the hospital influences the type of governance arrangements that are applied in the hospital (Kuntz, Pulm, Wittland, 2016). Many countries' health systems include a variety of hospital ownership types namely public, non-profit and profit (private) hospitals. Public hospitals are legally owned by the government (Jeurissen et al., 2021). Hospitals whose focus is not to make profits are generally managed by religious proprietors and organizations that do not belong to the government. The health care environment is rapidly changing, therefore it is

essential for health service providers to enhance their performance (Raja, et al., 2013). These changes will entail that success of the board ideally count on its capacity to put systems as well as formulating strategies that help to meet the higher expectations for quality of care from patients; invest in continuous development of their professionals to strengthen their capacity to comply to current standards and protocols of care as well as investing in board development (WHO, 2018). Governance processes for hospitals have remained entrenched in very traditional governance behaviors despite calls for improvement (Donabedian, 1998). There is growing attention for health care organization's performance in developing countries Malawi inclusive due health market failures, high cost of health care, demands for accountability from donors investing in health care service delivery, and new developments within the health industry i.e. new global health goals to which developing countries are to align their goals (Kruk & Freedman, 2008). There are several models that have been developed to assist measuring performance of health care organizations. However, no universally accepted best practice model has been agreed upon for hospitals. The choice of dimensions depends on the purpose of the assessment and views of the leadership (Noorihekmat, et al., 2020). There are several dimensions that could be considered in a multidimensional performance framework. However it is of paramount importance to appreciate that hospitals pursue several objectives in support of health care provision. As such, the best monitoring framework should have the ability to assess all the priority goals. Hence a multidimensional system is the most ideal model to support measuring performance (Rahimi, et al., 2018).

Types of Hospital Governance Models

The third objective of this study was determining the corporate governance model suitable for hospitals under Christian Health Association of Malawi (CHAM). The next section reviews several governance models namely the Donabedian Structure Process Outcome Model, Balanced Score Card, Path Governance Model, Policy Governance Model and Phinthropic Model. From Literature the models were analyzed in terms of strengths and weaknesses and the most suitable is indicated.

Donabedian Structure, Process, Outcome Model

This is one of the models that is considered as a reference point for quality health service management systems (QMS). It is based on the principle of ongoing enhancement of delivery of health care interventions. This model is universally accepted and widely used in the development of quality care standards. This model assumes that health care measurement must adopt a multidimensional approach and should be based on three components namely Structure, processes, and outcomes (Ammenwerth et al, 2007; Kunkel, et al., 2007). Since its introduction, it has become a popular tool globally facilitating improvements in quality of health services (Santry et al., 2020). The assumption of this model is that each of the three components has a direct influence on the next one. Any good performance model should integrate assessment elements of structure, process, and outcomes. The major preoccupation of designing a performance system should focus on the structural characteristics which form the backbone of performance in HCOs (Donabedian, 1998). The outcomes reflect all contributions to the care provision process by various disciplines in the organization which brings the importance of collaborative work environment in the production and delivery of health services. Health care service outcomes are difficult to measure precisely. They provide an administrative device that is used to monitor performance to detect whether it continues to remain within acceptable bounds (Ranson, et al, 2005). In the Donabedian model,

structure denotes the attributes of the settings in which care occurs. This includes attributes such as material resources (finance, facilities, equipment), human resources (such as number of qualified personnel) organizational structure (such as medical staff, methods of peer review, and methods of reimbursement. Structure indicators include financial, personnel, equipment, facilities, and information system (Donabedian, 1997). Process includes all related activities to patient treatment which could also be called patient treatment process. The process component focusses on the technical aspects and interpersonal relations between the patient and clinicians (National Round Table on Health Care on Health Care Quality, 1999). This component also focuses on compliance issues on standards, guidelines, and ethical considerations during provision of health services. Technical and interpersonal qualities of health care service represent the essential for improving quality healthcare services. These are important factors for strengthening excellence in provision of patient care (Moayed et, al., 2022). Table 3 presents the measuring indicators of the Donabedian Model Component

Table 3

Quality of Indicators

Structure Indicators	Process Indicators	Outcome Indicators
Financial resources	Preventive care	Health Outcomes
Personnel	Diagnosis	Outcome of delivered preventive care
Equipment	Therapeutic care	Patients well being
Facilities	Rehabilitation	Patients' satisfaction
Information system	Patient Instructions	Good use of resources

Note. *Quality of care between Donabedian, Model* Haj, et. al. 1998. pp. 21.

The advantage of this model is that it promotes resource management, measurement of performance and process effectiveness, the measurement of customer satisfaction and how much information they are getting. The model highly promotes patient involvement and strengthened coordination among the various actors in the Health Care Organization in the process of healthcare provision. The model also focusses on reducing expenses towards delivery excellent patient interventions. The weakness of this model is that it does not provide any indicator to measure management's contribution in the process of providing care to patients (Haj, Lamrini & Rais, 2012).

The Parsonian Model

The Parsonian model builds on the understanding that health care is complex and multidimensional hence measuring hospital performance should focus on a multidimensional tool that is able to capture all aspects that go into delivery of health care. Health care measurement is challenging and requires a comprehensive multidimensional measuring framework. (Kruk & Freedman (2008). This model integrated the perspective of four dominant organizational performance models including the goal attainment model, human relations model, resource acquisition model and internal decision process model. Integrating the four models' performance perspectives helps to overcome fragmented approach to HCO performance assessment (Sicottee et al., 1998). The model posits that organization should be goal oriented, should have the capacity to acquire adequate funds and materials to support and sustain production and delivery of its health services, ensure integration of all its internal processes in the production and delivery of services and see to it that values and norms of the organization are aligned and integrated in all functions

across the organization (Marchal et al., 2014). According to Hills (1968), the goal attainment model measures performance regarding the level of attainment of set objective's targets. The component that deals with the human aspect issues appreciate involvement of multiple stakeholders in the hospital performance design and evaluation. Performance measurement focuses on internal dimensions such as human development, coordination, climate etc. The fourth model is the internal/decision process model where the focus is on quality-of-service delivery. Gill (2006) posits that resource acquisition model evaluates the extent to which the organization can access resources from the external environment. Integrating the four dominant models provides room for complementarity of the four dimensions which are important for assessing health care organization's performance. According to (Trevino, 2005), Parsonian model emphasize the fact that for an organization to sustain its operations it should be able to realize its goals, be able to adjust and fit to changes in its industry to remain competitive and improve service productions. Adaptation function ensures organizational growth and survival, and performance is measured based on the ability to mobilize resources, strong links with the community and provision of appropriate services, maintaining relevance in the industry, and the ability for improvement as well as ability to transform. According to Parsons (1977) service production function is connected to the coordination of production factors measured by service volume, coordination elements measured by service volume, excellence in patient care interventions (availability, stability of service provision, depth, professionalism relevance, expertise, patient contentment). The productivity dimension monitors finance management in support of production of services and quality care service delivery. According to Muhinuddin (2022) goal attainment measures ability of an organizations to set actions that culminate into attainment of target health outcomes),

efficiency (adequacy and efficiency in resource allocation) and stakeholder satisfaction (with outcomes). Culture, values, and maintenance focus on ethical and professional norms of the governing body that guides operations of the HCO. Oyedukun (2016) assert that Parsonian action theory helps managers to understand how human beings behave in an organization. The model helps to have a comprehensive appreciation of performance and how different stakeholders value certain dimensions of performance than others hence the need to have a multidimensional performance evaluation framework that profiles a comprehensive overall organizational performance taking into consideration all functional sections of the organization (Habermas, 1984). In addition to the four HCO functions, the model strengthens strategic alignment of all sections of the hospital by ensuring that all the work across the organization is linked and directed by the strategy goals and values while allocating adequate resources to enhance effective delivery of the strategy activities (Sicotte, 1998). Table 4 illustrates the summary of the Parsonian Model.

Table 4

Operationalizing Parsonian Model

Dominant models of organizational performance	Traditional dominant dimensions of HCO performance	Dimensions suggested in the new model to Operationalize the Parsonian Model of HCO Performance
Resource Provision		Ability to access resources Active community engagement Openness to community service demands Strong presence to the public Connections with other organizations prudent resource utilization
Goal attainment	Productivity Efficacy	Competence , good organization, and stakeholder satisfaction
Excellent services	Efficiency in service provision Excellence in patient care	Collaboration across the organization Service diversity

	Strong internal processes and procedures
Human resource management	Good policies for managing workers Capacity enhancement interventions
Strategy Adaptation	Relevance of modification activities in relative to goals Alignment of all organizational work to goals Influence of competencies on goal implementation

Note. Adapted from a conceptual framework for analysis HCOs performance p. 38.

According to Fox, Lidz, & Bershady (2005), the model integrates all critical hospital performance dimensions into one framework and the connection with the external environment the source of resources. The model is best suited to the reality of managing and analyzing HCOs performance. Ara (2014) asserts that while there are some benefits , limitations have been noted. The model implicitly assumes that all stakeholder's perspectives are equally important and ought to be weighed equally. The role of managers is not specifically acknowledged in the process of health care production and delivery. The proposed model broadens the field of HCO performance without specifying which dimensions are most important in general within the various types of health systems or organizations or and for which stakeholder.

Balanced Score Card Model

This is a performance measurement tool which is widely used in various organizations including health care institutions to translate the strategic plan into work activities assessed by using fiscal and non-fiscal dimension which are linked, and all contribute to the success to the execution of the strategic plan (Harningrum & Aisya, 2021). It is also used as a strategic managerial tool which is easy to use and adapt to any organization. The balanced score card is a

tool that strives to go beyond conventional financial measures and is based on the organizational strategy (Sharaf-Addin, 2021). The Balanced Score Card aim to develop a mechanism to evaluate the progress of implementation of the strategi plan by setting incremental targets that are continuously evaluated to ensure implementation is on track and changes are made where need arise (Wagdi, Mamdouh, 2022). The Balanced score card is a management system that views the organization from several views. The advantage of the BSC is that it is easy to adapt to any organization. Ramada (2015), argue that the Balanced Score Card provides a balance between specific short-range and long-standing objectives and targets, fiscal and nonfiscal indicators. The scorecard also balances the results that the organization wants to achieve (financial and customer perspectives) with drivers of those results (generally operational systems and procedures) that help better execution of the strategic plan. While the BSC was initially developed for the business sector, (Abu & Nashwan (2022) argue that over the years evidence demonstrate that the balanced score card has been adopted by health care organizations with modification to reflect the industry contextual needs. HCOs have applied the BSC to extend application beyond strategic management to include perspectives such as quality of care, outcomes, and access to care. Madsen & Steinheim (2015) state that the BSC helps the staff working in the institution to understand the general plan of the organization, appreciate how it will be measured, and how their work will contribute to realization of set targets. Salem, Hasna & Osman (2012) posit that the main advantage of the Balanced Score Card is the articulation of linkages between performance measures and the strategy which helps to translate the objectives into actional measures to guide routine work in support of the strategy. The advantages of applying the BSC in the hospital include providing opportunity to strengthen communication and collaboration across the organizational teams, assigns

accountability at all levels of the hospital, strengthens continuous improvement through timely adjustment to objectives, aligns the hospital more around patient focused strategy, facilitates and monitors and assesses the implementation of the overall strategy (Zelman et al. 2003). Voelker (2001) argue that the Balanced Score Card provides a holistic methodology that converts an organization mission into a comprehensive set of linked performance indicators and actions measures that provides a basis for successful strategic measurement and management. The major strength of the BSC is the emphasis it places on linking performance measures with business units' strategy. The weakness of this tool is that it does not express the interests of all stakeholders, it is constructed as a controlling tool rather than being an improvement tool, it is inappropriate to benchmarking (Stritseska & Spickkova, 2012). The BSC fails to provide a competitiveness dimension and does not fully develop the dimensions that consider human resource management, supplier performance, product service quality, community perspectives and social responsibility (Soysa, et. al., 2017).

Path Model

The World Health Organization (2003) developed a comprehensive and flexible tool to be used to evaluate the excellence in implementation of quality patient care services in hospitals globally. According to Veillard et al., et. al., (2005), the model classified six dimensions for evaluating performance in health institutions which focus on medical care efficiency, protection of clients from harm, client focused services, cost effective services, capacity development of workers, and governance leadership authority. The model asserts than a high-performance HCO should aim to have a human resource management system that allows recruitment of appropriately

qualified staff and invest in staff development opportunities to enable them to be up to date with medical science professional and technical developments. The work environment should be safe and positively enabling. Systems and strategies to motivate staff should be put in place. The HCO should have adequate resources to support health service delivery and maintain staff. Hornby & Forte (2001) posit that the model promotes efficiency in use of resources to generate optimal results. The model promotes client centered health care services free from risks and harm. Clinical effectiveness dimension focus on competency of clinical service delivery, alignment with current knowledge, and achievement of desired patients care outcomes; The governance should provide leadership oversight and ensure responsiveness to community needs, promote community engagement and participation, sustenance of patient services and collaboration, and encourages equity in care access. Mesaric et al. (2011), posit that the PATH model tool is regarded relevant in different national contexts and hospital settings. Evaluation of performance is understood as a tactical approach that managers use to evaluate and improve excellence in the delivery of hospitals services. World Health Organization (2018), posit that the model adopts a multidimensional approach where all dimensions are interdependent and provides a good foundation for the leadership to make right decisions about the hospital service delivery and expected outcomes to ensure excellence in patient care. The advantages of this tool are that it helps hospitals to make evidence-based decisions and actions to ensure provision of the best health services. It contributes to improving information and data quality management systems, strengthening credibility of performance measurement systems and confidence in the hospital's performance

The Policy Governance Model

Successful institutional performance relates to the effective functioning of its board. This model accommodates the uniqueness of different boards and is universally applicable to boards that are built on the fundamental principles that are expected from the governance work and functions of the board (Emslie, 2003). This model was developed by Carver (1990) and is for any type of organization (profit, nonprofit, public) including the hospital setting. This policy model is premised on the idea that boards have overall responsibility and accountability of the organizations that they govern. According to Nobbie & Brudney (2003) the policy governance model is a highly prescriptive and widely promoted governance model. The policies revolve around the means (organizational mission), the ends (outcomes of services), governance processes, board staff linkage, and executive management limitations. Carver (1999) posits that the policy governance model provides a comprehensive set of integrated principles that are consistently implemented in an organization, it enables accountable board leadership. The board governs the organization as trustees, setting the foundation of the organizations and providing oversight on the operations of the organization. Board leadership and the employees' functions are distinct from each other. The role of the board is to exercise overall high-level authority in the organization and provide linkage with the external environment. Oliver (2002) present that the governance policy model integrates four policies that provide guidance on governance processes in the organization. The governing policies are categorized under four headings: 1) the ends which define the benefit of the organization to the population that it serves. The board decides the mission, products/services to be offered, costs implications and the target population. 2) Executive leadership limitation which obligates them to support implementation of the institutional plans 3) Governance processes detail the rules of engagement for the board and its functions; 4) Board management relationship defines

the board delegation and accountability linkage with the CEO. Effective boards are defined by their capacity to execute the expected duties, the quality of systems and procedures applied in line of duty, determination of the strategic plan and support given to management in the execution processes and ensuring that the plan is realized and having the right board structure with the right people (Leblanc and Gillies, 2005). The policy model embraces strategic leadership through strategic policy setting, separation of functions between management and the board. This is guided by the principals of governance through policy formulation, delegation of authority to management, executive leadership limitations, and setting the plans (Curry, 2018). The CEO coordinates implementation of the organization's work guided by policies set by the board. The policy governance model requires regular and rigorous monitoring of all board policies to ensure their fulfillment based on known expectations (Carver, & Carver, 2001). The policy governance model is grounded in the agency, stakeholder and resource dependence theory outlined below:

Defining the Ends Policy

Agency theory mandates the task of determining institutional goals and monitoring performance of the organization towards the boards set expectations. Corporate governance demands setting values and clear roles of the board which should be distinguished from routine work of the managers (Gymaerah & Aggyei, 2016). In board policy model, the board sets the strategic direction through defining the mission which outlines the purpose of the organization (Zogning, 2017), the customers to be served, priority recipients of the services, cost of the services and expected outcome for the services (Ishak, et al. (2016). The board defines the means policy which describes clear duties and functions of executive managers and governance authority and

determines what it intends to achieve from the set services and financial objectives (Squires & Elnahla, 2020). Resources availability is critical in driving the success of the organization and resources support continuity of organizational operations. The board policy model posits board to be an asset for resource access (Klepezarek, 2017).

Board Management Delegation

Delegation of authority is the fourth principle of the policy governance model. This promotes delegation of authority and empowers the CEO to pursue running the organization on behalf of the board, provided the executive limitation policies are not breached (Blair & Stout, 1999). Executive limitation entails the board clearly defining the delegated authority to management and how the management will be held accountable. The limitation clearly states what the chief executive officer should do, what is not acceptable or not ethical management practice. The board is clear about what it wants, how it should be done, and what it will reasonably require from management in terms of accountability (Emslie, et al., 2006).

Traditional Hospital Governance Model

Every organization is expected to have a functional board (Madhan, 2017). The hospital board influence performance through exercising three roles the strategy role, control role and external relations role (Brown 2019; Chambers, 2019; Lee et al., 2008). The traditional governance model gives top priority to clinical activity and promotes professional bureaucracy particularly among doctors who have specialized expertise upon which the institution base to organize its work (Ayed et al. (2015). Traditional hospital governance is a framework through which the hospital is held accountable for continuously providing and improving quality of health services to their

clients in compliance with quality standards for care (Chabot, 2005). There are two main actors in the hospital, the administrative team, and the medical team, with different objectives that are antagonistic and create a good source of conflicts. Medical doctors are very autonomous in their decision making and focus more on clinical care than administrative and financial management processes. (Contandriopoulou & Souteyrand, 1996). There is lack of synergy and alignment between the clinical governance objectives with the overall hospital strategy. Doctors tend to neglect the needs, goals, and interests of the hospital other than quality of care. The divergent values and interest compromise the intent to continuously provide quality of care due to lack of support from the administrative leadership (Wardhani et al., 2009). The traditional hospital governance models make hospital management very challenging due to existing professional bureaucracy. The hospital operates in a highly decentralized structure where much power over operational work is located at the bottom of the structure and shared by professionals of the operational center. This model function well in producing standard services but slow to adapt to change and alter production methods (Mintzberg, 1995)

Social Stakeholder Model

Stakeholder theory was developed from the business management and it is designed to describe, understand, analyze and the management of stakeholders in any type of an organization (Cleland, 2006). It derives from the value of community accountability that directs organizations good management of stakeholders to ignite positive support to organizational strategies and objectives (Moloney, 2006). A fundamental principal of stakeholder model is that the organization perceives stakeholders do have control over resources that support implementation of

organizational objectives as such, there should be a deliberate strategy to manage only those stakeholders that add value to the work of the organization to avoid them undercutting or thwarting its objectives (Berman, et al., 1999). This model is applicable in the hospital work environment and tries to execute corporate governance model into the social area. The model assumes that without support from stakeholders the organization will not be able to sustain its business operations (Rudyanto & Sireger, 2018). This model demands a more participatory approach for accountability and accommodates all key stakeholders to influence strategic decision making, implementation and evaluation of decision outcomes. This model considers input from key stakeholders when formulating the organizational strategy. The focus of management is realizing the needs and expectations of clients. The model creates a framework in which management has the task of appeasing the different objectives and viewing motivation of different stakeholders as the leverage to increased and improved performance (Verdeyen, et. al., 2004).

The social stakeholder model is applicable in the hospital setting whose organization design involves sharing of responsibilities and capabilities of influence among the different entities that compose the hospital. The divergent interests between the management and medical doctors pose opportunities for conflicts. The stakeholder model provides a framework which strengthens collaboration and dialogue between the management and medical doctors which help to minimize conflicts and lead to overall acceptance of policies, objectives, and strategic choices on utilization of available funds prudently and justification of key strategic actions (Van Hulle et al., 2002). The Model is applicable in the strategic management process because effectiveness of the governance leadership is determined by the ability to meet expectations of key stakeholders supporting the work of the hospital. When organizations manage stakeholders well, this has shown to be better

satisfying their constituents interests which culminate into excellent organizational ability and performance results (Harrison, Freeman, & Abreu, 2015). The social stakeholder theory can also be used from the strategic management angle. It incorporates an economic dimension (creating value for the organization), a social dimension (managing relationships) a moral dimension (fairness) when managing stakeholders in support of the organization's activities (Bridoon & Stoelhorst, 2022).

The objective of the social stakeholder model is to balance realization of expectations of key stakeholders and achieving organizational goals hence direct involvement of stakeholders into key decisions is extremely important to ensure achievement of set goals in the organization (Lysate, 2019). A key board responsibility in the social stakeholder model is effective stakeholder management. The organization should be sought as a group of stakeholders. The role of the board is to strive to develop strategies that fit both available resources and the aspirations of all stakeholders (Austin, 2012). In exercising accountability, the board takes the position of the owner of the organization and managers, medical doctors, and employees are delegated to work on its behalf serving patients. In this regard, the social stakeholder model finds it important that there should be continuous engagement and dialogue with each key stakeholder a process that will lead to a more congruent set of strategic orientation between the board, management, and medical doctors. Operational challenges with the social stakeholder model are that it is not easy to find the most suitable representatives of the multiple stakeholders. The other challenge is the lack of accountability by stakeholders for the decisions that they are involved in (Chambers 2012).

Philanthropic Governance Model

The philanthropic governance model has conventionally related to hospitals and nonprofit organizations. The hospital boards have a formal and legal responsibility for mobilizing resources for the hospitals and focus on sustaining the viability of the hospital operations (Barrett & Windham, 1984). Board Source (2010) describes the roles of nonprofit boards as follows: setting organizational direction and strategy, monitoring or oversight on CEO, assets, and programs of the organization, and ensuring necessary financial and human resources availability. The philanthropic model focuses on how the interests of multiple stakeholders are aligned to each other in the organization and ensure that all the stakeholders are sufficiently represented in key decisions. As a result they tend to have large voluntary boards (Chelliah, Boersma, & Klettner, 2016).

The board tends to be self-perpetuating hence members may serve indefinitely. There is little management participation in selecting the new board members as new members are referred by colleagues on the board. The boards operate on a voluntary basis and there is no compensation for the services of the board and this impact on term limits (Morlock, 1986). Philanthropic organizations heavily depend on their boards to provide strategic leadership, Strategic guidance, and financial oversight. Mission achievement and prudent finance management are key performance organizational performance indicators (Hodge & Piccolo, 2011). The boards are mostly called upon to provide governance leadership through developing organizational strategies and facilitate resource acquisition, develop mission statements and oversight on organizational performance (Gehringer, 2021). The corporate governance model streamlines its decision-making process with greater integration of governance and management, allows for a more rapid strategic

response to volatile market conditions and is more adaptive to a competitive health care market than philanthropic model (Alexander, 1993). The specific differences between philanthropic and corporate governance model are summarized in table 5.

Table 5

Philanthropic and Corporate Governance Models Characteristics

Philanthropic model	Corporate model
Diversified backgrounds	incorporates experts
More volunteers on board	Higher representation from corporates
Less medical professionals in the board	Physicians actively involved in the board
The size of the board is big	Small boards
More community representation	Expertise aligned to need in the board
Less management involvement in the board	Management more engaged in the board's work
Management do not select board members	Management contributes to board member identification
No time limit for board members	Board has term limits
Board not paid for service	Board paid honorarium for service
Fundraising is key	Strategy role is key Emphasis on strategy activity
Multiple committees	Few committees

Note. Adapted from Corporate and philanthropic models of hospital governance: A taxonomic Evaluation , Alexander, J.A. & Weiner, B.J. 1993 p. 328

Clinical Governance

The clinical governance model is applicable in all hospital settings and provides the structure within which health care institutions are held answerable for continuously enhancing excellence in the way patients' services are delivered and sustaining high-level quality services (Veenstra, et al., 2016). Clinical governance builds on corporate governance foundation where the board is the central governance mechanism leading governance activities and the CEO leading the management team (Braithwaite & Travaglia, 2014). The emphasis is provision of improved quality of care promoting a multidisciplinary, cooperative, and collaborative working culture across the clinical and administrative units/departments to all work together towards common goals to strengthen capacity for excellent patient care services (Price et al., 2020). Clinical governance obliges health service providers to adhere to the principles of providing exceptional service care and demonstrate liability for maintaining quality of the service they provide (Vassos et al, 2019). Clinical governance is defined as health care mechanism that promote coordination and coordination across all units of the hospital in the delivery of quality health care services supported by prudent management resources and a good organizational supportive environment. The focus is to ensure ongoing improvements in the way health care is delivered and promotes an organizational wide focus towards delivery of quality health care services (WHO, 2011).

Clinical governance is perceived as a system for facilitating cultural change, provides opportunity for quality health care service capacity enhancement that allows provision of services that are satisfactory in meeting the needs of its clients (Brennan and Flynn, 2021). Clinical governance is closely related to corporate governance. It is concerned with accountability, transparency, separation of roles and functions, ethical behavior, effective end results, acceptable

resource use and appropriate ways of working among medical professionals, other professionals, and the board (MacFarlane, 2019).

Clinical governance is an important issue for health practitioners. To ensure compliance with good quality care, clinical audits are done as a component of clinical governance. Clinical audits ensure that health services are delivered in line with the right and suitable norms by assessing and checking existing practices versus acceptable excellent practices (Manser, 2013). Ghavamabad et al., (2021) posit that clinical governance is a shared responsibility between clinicians, management, and the board to ensure optimal better patient care. General oversight and liability for clinical governance is entrusted with the board.

The board has the overall responsibility and accountability of clinical governance performance. Behzadifar et al. (2019) add that alignment of clinical governance to the overall strategic goals and objectives is a key responsibility for the board. For smooth running of hospital activities it is important to ensure that effective communication and reporting structure that promotes liability for decisions and work done towards provision of care for patients and clear clinical governance and risk management policies are in place. Halligan & Donaldson (2001) posit that clinical governance leadership is a shared responsibility between the board, senior managers, and clinical leadership. The organizations should invest in staff and clinical leadership development to be competent and well prepared for patient quality care. Support from top management is essential during quality planning and implementation processed, Monitoring is central to clinical governance hence the need for good data management and processing systems. Hampel and Haduova (2023) advise that overall, the leadership should provide an enabling

environment for staff through effective human resource management to sustain continued quality service for patients served.

Conceptual Analysis of HCOs Performance Models

Hospitals are unique institutions . Hospitals are public service organizations with a social role to preserve and improve the health of individuals and the general population which they serve. Review of the various performance models has revealed that well-functioning health care organization are goal oriented, acquire resources from external environment, strengthens and enhances procedures that support service delivery and they comply to all relevant regulations to achieve core functions. The performance models are multidimensional functions where financial measurement alone is inadequate to provide a true overall picture of performance of HCOs (Macinati & Rizzo, 2016). Good corporate governance, board leadership and staff are very central to performance management. The performance model should be conceptualized and integrated around the key HCO functions and priorities, noting that organizational success relies on mutually dependent activities of different units that participate and support care provision. It should lead to strengthening performance feedback mechanisms and developing operational improvement strategies in both clinical and financial dimensions and processes to influence positive desired results (Kaisi, 2014). Table 4 presents a summary conceptual overview of HCOs assessment frameworks.

Synthesis of the governance models literature and application in the proposed research

From the literature of the various perspectives presented in table 3, it is evident that HCO organizations are public service organizations whose main mandate is to deliver social patient

care interventions to individuals and communities to preserve health and improve quality of life. HCO are complex organizations where multiple stakeholders are involved pursuing multiple objectives and interests. This requires an organization assessment model that adopts an integrative and multidimensional approach with performance indicators relevant to the organization (Donabedian, 2005). HCO performance is multidimensional to capture the interests of multiple stakeholders who pursue multiple objectives and interests in the process of production and delivery of health services. A well-functioning HCO is goal oriented, acquires adequate resources and ensure prudent allocation and alignment to manage its strategic activities in line with its mission (Zehir, Findikli & Kudret, 2019). Governance leadership is of ultimate importance to ensure that the HCO acquires adequate resources to provide patient and community responsive services while ensuring prudent management of available resources and decision making on the priority strategies that support realization of goals (Kaplan & Norton, 2001). While goal attainment is important, measuring health outcomes is very difficult due to limited availability of valid indicators that can measure complex outcomes or health care improvement. One can measure other indicators such as presence of an organization strategy, mission, and allocation of resources to strategic goals.

Literature review on HCOs performance as summarized in table 2, shows that performance measurement should be aligned around the key functions of the organization (Sicotte, et.al., 1998). The Parsonion model is an integrative model that has attempted to integrate the dimensions from the four models. The proposed research will adopt with the Parsonion model variables with some modifications as presented in table 6.

Table 6*Proposed Health Care Organization Conceptual Perspectives*

Dominant model of organizational performance	Dimensions suggested
Internal model	Adequate qualified staff Customer satisfaction Service innovation Good organizational structure Effective human resource management Strong governance and management Strong operational systems
Open System	Finance systems and policies in place Compliance to regulatory requirements Organizational growth and learning Community engagement Prudent financial Funds growth Compliance to finance management systems Resource mobilization capacity Strong partnership management
Rational Goal	Existence of strategic plan Organization wide monitoring systems Performance management systems in place Compliance to reporting requirement
Human relations	Strong communication systems

Note. Author developed from literature review.

Dimensions of Health Care Organizations Performance Measurement

Human Resource Management and Hospital Performance

Employees are the dominant organizational resource and key to achieving organizational performance. Organizational performance is enhanced through effective human resource management (Nafari & Bherooz, 2022). Human Resource systems rather than individual practice

are the appropriate level of analysis to estimate the HCOs level effect of human resources to organizational performance. Progressive human resource management and development systems, procedures and decisions have a considerable and distinctive influence on institutional capacity to realize its goals (Hameed & Mohamed, 2016). Having human resources with the necessary skills contributes to organizational success towards the realization of its goals and objectives. Leadership therefore has a duty to hire competent, experienced, knowledgeable employees with expertise to fill the right positions at all levels both in terms of numbers and qualifications which is essential to the organization to be competitive (Butari & Njoroge, 2020). Employee engagement ignites commitment towards individual and strategy goals. An engaged employee is aware of the organization's strategic plan and actively collaborates with fellow workers supporting the execution of the plan for the benefit of attaining organizational goals (Khalifeh & Som, 2017). Leadership promotes high level employee engagement in organizational processes. Employees are aware of how their work contributes to organizational performance and are also clear of their performance measures and the importance of achieving excellence in their duties. Staff turnover is very low in high performing organizations which reduces staff rotational levels and costs related to recruitments (Bartuseviciene & Sakalyte, 2013).

Achieving organizational effectiveness is the goal that any organizational leadership puts great effort in engaging employees (Shrestha, 2019) and maximizing task performance in support of organizational strategies, gaining commitment, and maintaining intrinsic motivation to work well towards attaining their goals (Narayanama & Neelima, 2022). The role of human resources is to improve organizational performance towards attainment of objective outcomes. The right or implementation of effective human resource management practices will improve organizational

performance towards strategy implementation (Riyanto et al., 2021). The purpose of human resource management is to ensure effective implementation of the strategic plan through an efficient personnel management system. Leadership should demonstrate appropriate management capacity by ensuring that human resource management systems, structure and processes are in place that support the operations of the organization's and managing staff performance (Anwar & Abdullah, 2021). This calls for having employee performance management systems to have a strategic congruence with overall organization's strategic objectives across the organization (Ghonim & Khashan, 2020). High performing organizations, according to Neher (2019) create an organizational climate that promote effective performance and measurement by 1) instilling a culture that promote improving quality of services; 2) considers performance measurement as a tool and framework which provide opportunity for organizational learning, growth and continuous improvement; 3) does not use performance measurement to victimize employees deemed non performing but rather use it to build their capacity (knowledge and skills); 4) use performance measurement to give direction to staff on key priority performance areas and strengthen communication and engagement with staff at all levels; 5) promote regular use of data to make evidence and informed strategic decisions to influence positive HCO performance.

Finance Management and Hospital Performance Towards Strategy Goal Realization

The second objective of this study was to analyze the relationship between the board oversight on finance management, quality service management, resource mobilization and regulatory compliance on hospital performance towards realization of strategic goals. Hospitals operate under constant pressure to contain costs and improve quality of care (Stadhouders et al.,

2019). Hospitals that are more financially stable might have better quality of care, they have better capacity to finance better wages, attract more skilled staff, invest in new technologies and maintain systems and resources for quality care. Lack of resources can lead to failure to implement hospital strategy and may lead to hospital closure (Dubas-Jacobczyk, et al., 2021). There is an association between Sound financial management and quality service delivery. High quality service management contributes to financial saving, limits wastage, and increases revenue due to high demand from patients seeking quality services ensuring sustainability of future operations of the hospital (Barnes et al., 2017). The board's ability to support the hospital with access to resources is key to organizational performance. Lack of financial resources prevents the hospital from making safety care improvement initiatives leading to higher rates of morbidity and mortality (Akinleye, et al., 2019). Effective financial management is complex within the health industry due to the unpredictable nature of patients' needs as well as ever shifting policy regulations to improve health outcomes. The board has an important function to ensure that financial resources are used to support service delivery and not misused. This demands efficiency in checking how the board conducts its duties (Washia & Goudge, 2021). The board takes a proactive role to ensure integrity in the management of institutional funds. The board provides resources to the hospital and financial management oversight on financial information to make decisions. An effective board contributes to high hospital financial performance. The board specifies financial objectives and targets and monitor performance. It is important to ensure that the strategy integrates objectives for prudent utilization of funds. The board should have members with financial background to provide effective financial management oversight (Fung, 2014)

In the 1970's the board's main role was linking the hospital to communities with a view to mobilizing resources to support the operations of the hospital. From the 1990's the organization of the hospital has evolved and so have the duties of the hospital board. Governance roles have expanded beyond just focusing on resource mobilization but also focusing on fiscal management and control (Hindert, 2003). The board is now legally accountable for fiscal management and quality service delivery. The board is now getting more strategic to look for financial ventures that would augment revenues and instill prudent culture of managing resources. Hospital governance requires that the board be actively involved in internal decision making and monitoring financial performance to ensure that resources are only directed to approved activities (Hamdan & Albar, 2016). An effective board has demonstrated to be related to high financial performance. The board plays six financial management functions: 1) specify financial objectives; 2) Review and align the management financial plan with the stated objectives; 3) to enhance credit worthiness; 4) ensure capital is affectively allocated; 5) monitor financial performance and 6) verify the financial statements (Culica & Prezio, 2009). The board's responsibility is to establish processes of operational planning and budgeting and of budgeting and monitoring reporting process. The board should have the capacity to understand the financial reports and statements to be able to identify gaps, variances and propose remedial actions from management (Mpaata, et. al., 2015). The board requires appropriate and accurate data to make good decisions. The board therefore has a key role to ensure the organization establishes sound financial management systems that provide quality accounting information and commitment to a transparent information environment (Kim et al, 2014). In addition, governance structures should play a key role in enhancing quality and transparent financial reporting processes that are able to curb inappropriate management earnings

and ability to distort or manipulate financial reporting. One of the essential duties of the board is to ensure compliance to accounting regulations and standards when reporting (Samani, 2015). The internal audit committee assists the organization in meeting its corporate objectives that are achieved through establishing and ensuring the performance of internal control systems and compliance to accounting regulatory requirements (Institute of Auditors, 2014).

The costs of delivery of health services are quite significant. Having enough financial resources is important for hospitals to ensure quality health service delivery. Boards have a very important role to ensure that hospitals have resources to support the core mandate of service delivery (Alhasan, 2020). In sub-Saharan Africa funding remains a big challenge. Scholarly works have established that while boards have the key function of mobilizing and ensuring prudent utilization of resources. In Malawi despite having boards in place, health funding is still limited and financial management remains a big challenge that impedes attainment of strategic outcomes and compliance to regulatory requirements in support of health services (Alhasan, 2020). Inadequate funding compromises quality of health services, compliance to regulatory requirements is compromised as well, quality service strategic outcomes (Rao, et al., 2018). Shortage of staff, corruption, equipment, supplies negatively impact on compliance issues to regulatory requirements and poor outcomes of health care service goals (Mchenga et al., 2019). CHAM hospitals depend on support from the government to complement its minimal resources. Unfortunately, the Malawi government provides approximately one third of health funding and depends on external donors to subsidize health financing (Micah et al., 2019). As donor funding is declining by 70.7% (Hanif & Musvoto, 2023) there is great need for nonprofit hospitals boards to strengthen resource mobilization, enhance financial management which in turn would contribute

to better service delivery and compliance to regulatory requirements therefore ultimately attainment strategic goals obligation outcomes (Hanif & Musvoto, 2023). Limited research work has been done in Malawi nonprofit hospital sector addressing impact of funding challenges on capacity to delivery strategic goal outcomes (Hanif, et al., 2023; Mchenga et al., 2020) and specifically related to the one of the specific objective of this study analyzing the relationship of board governance practices performance regarding finance management, quality service, resource mobilization and regulatory compliance with performance of strategy goal attainment. Addressing this objective will contribute to evidence-based strategies on the role of the board to improve hospital performance through improved capacity to mobilize resources, oversight on financial management, quality service delivery and compliance to regulatory authorities.

Finance Performance Measurement Metrics

Measuring financial performance is a challenge in hospitals because of various methods of measuring performance of health care organizations and challenges with interpretation. Hospitals require strong organizational and financial structures to maintain current services, develop new ones and increase quality services while maintaining financial margins (Oner et al., 2016). The setting of hospitals makes it very challenging to determine the most appropriate method given the multiple objectives that hospital pursues. Globally, hospital leadership are exploring the means to work on continued growth in financial resources , reducing waste and improving value for of care (Evans, Leggat, & Samson, 2023). The ownership (Public, profit/private, nonprofit) of the hospital has implications on the type of methods to be employed to measure financial performance (Shen, 2005). Before choosing a financial performance measure, it is important to understand and be clear

on the definition of financial measurement methods, what it measures in the hospital and how to interpret the result to meet the intended results. Finance performance could include information related to revenues, income, expenses, assets, liabilities, or cash flows (Agyei & Gyaerah, 2016).

To measure performance in nonprofit hospitals it is essential to start with a consideration of the hospital mission to appreciate whether the financial resources are sufficient to support the mission, how financial resources are allocated and used to support the mission and examine whether financial resources are applied efficiently and effectively to support the mission, check goals of the organization are consistent with the financial resources needed to finance the goals and determine whether the financial resources sustainable (Chen, Hsieh & Hsiao, 2021). Financial ratios can be chosen depending on relevance and applicability to the hospital type (nonprofit, profit/private and public). The ratios include profitability, liquidity, capital structure, capital intensity, hospital operating margin, net income to patient revenue, return on assets, bad debt and charity, hospital occupancy rate, income and expenditure, cash flow. Finance management indicators are effective measures of overall hospital performance (McDonagh & Fache, 2006). Assessment of Hospital financial strength refers to evaluation of hospital's financial viability, stability, and profitability/ revenue surplus. The analysis often uses dimensions such as profitability (the ability to generate profit), solvency (ability to pay creditors and other liabilities) as well as liquidity. Hospital financial experts agree that measuring hospital performance should use both financial and non-financial indicators to capture the broader picture of the institution's performance (Bwana, 2018). Nonprofit hospitals do not pursue the objective function of maximizing profits. However, regardless of the aims of the hospital, profitability is still an essential indicator because it is a useful measure of management efficiency. Nonprofit hospitals

rely on surplus revenue as a key part of producing a sustainable financial position. Surplus revenue/profitability supports sustainability of hospital operations in the competitive health industry (Rosco, Al-Amin, & Tovako, 2020). Monitoring financial health allows the board and management leadership to act proactively and take corrective action to prevent further deterioration of financial health. The board will define financial objectives that aim at increasing financial revenue generation and controlling expenses to only support strategic actions that enhance attaining organizations mission. Prudent management of financial resources is very key important in hospital management. When hospitals have financial problems, operations and clinical issues emerge as well (McDonagh & Fache, 2006).

Internal Controls and Performance

Internal control is an organizational arrangement that ensures lawful actions and adherence to regulations, security of resources, dependability of fiscal statistics, enhancing effectiveness in accomplishing the organizations plans (Li, 2020). Internal controls are defined as governance and management mechanisms devised to motivate individuals and teams in the organization to have a cooperative focus towards the achievement of objectives. (Simon, 2020). Key elements of internal control include monitoring the work of executive staff, identification of risks, separation of roles and functions, effective communication (Ville, 2000). Internal controls help the hospital to achieve its goals by taking an organized mechanism to assess and enhance performance and effective management procedures. Internal control is sometimes divided into administrative and accounting controls. The issue of effectiveness of internal controls remains a challenge in the hospital sector (Mpata et al., 2015). Institutional survival relies on the effective utilization of resources (financial and non-financial). A good control system encourages accountability in resource management,

efficient operations, less risk-taking, superior adherence to regulatory requirements, policies, and procedures (Zakaria et al, 2016). Internal controls promote reliability of financial statements which serve to provide the basis for making strategic managerial and board decisions. Prudent fiscal management is a significant determinant of the excellence of financial reporting which gives assurance of the organizations attaining their objectives (Anuruddha & Mahanamahewa, 2021). Internal controls support the board with its monitoring and control function attain objectives, prevent loss, waste, and misuse of resource, allow generation of credible reports, promote adherence to legal requirement, and prevent fraud (Alemu & Agegrew, 2020). Internal control processes are designed and effected by those with governance and executive leadership authority to give confidence concerning the realization of organizational goals, ethical and reliability of reports and compliance with applicable laws and regulation (Savitri, Andreas & Gumanti, 2020). Successful implementation of the strategic plan requires strong internal controls must be applied across the whole organization (Ayagre, et.al., 2014).

Control Environment

This establishes the foundation for monitoring activities of any institution, the health care organizations are not exceptional. The effectiveness of control environment is determined by the better management of control activities (Omoniana & DaSilva, 2019). It reflects the organizational boldness oversight awareness that is developed and upheld by executive leadership and employees of an institutions (Pham, 20021). The most subcomponents in the environment are the values of integrity, commitment to competence and professionalism, ethical management philosophy and human resource management (Ilyas, Sustina, & Saudi, 2021). The board sets the control

environment through defining values and policies which sets the control foundation and influence control consciousness among management staff; defines organizational structure and levels of authority. Policies define what should be done, what is acceptable and procedures to affect the policy. (Nyakundi, et. al, 2014). The control environment is crucial to the organization's current and future strategic development. The duty of the board is to make sure that the organization provides a structure that promotes ethical behaviour towards the implementation of the strategic plan enhanced through internal control applied across the organization (Kabir, 2014). Internal auditors ensure that the confidence of the board in that organizations goals and objectives are realistically, attainable, that the organization is conducting its activities in conformance with adopted strategy, which approved budget is being fulfilled and that its financial reporting is credible (Akhmetshin, 2017).

Control Activities

The board and the senior management portray an ethical culture to be emulated by the rest of the employees. An appropriately developed internal control strengthens the monitoring system and procedures which assists the institution's ability to identify risky initiatives early enough and allows development of remedial interventions to prevent negative impact on the attainment of goals (Grant & Thornton, 2009). The monitoring and control actions is assured enforced by policies and processes that assist minimizing the risk of failure to achieve the organizations objectives by its functional departments and executive senior management (COSO, 1994). Control activities include among others the segregation of duties and control, approval processes and authority, permissions, authentications, and analyses of operational performance, (Agyapong, 2017). The

institute of Internal Audit (1994) posits that control activities can be categorized as directional, protective of organizational resources , focused on identification of risky areas in the organization and used to decide on remedial actions. Directional interventions activities are used to steer the entire institution to rally around the expected goals. Policies, protocols, standards rules help with enhancing compliance to focus on execution of goals (Henk, 2020). It is the function of the leadership to deter undesired actions that derail strategy execution. Detective activities (Sari et al, 2020) are designed to identify undesirable events, alert management, and the board where inappropriate behavior is detected and implement remedial actions in time. Corrective activities help in setting up procedures to prevent reoccurrence. Mahadeen et al., (2016) advise that independence of the governance leadership enhances provision of oversight on managers execution of internal controls which culminate in efficiency in accomplishment of goals. The board should establish clear reporting lines and an oversight and accountability structure.

Monitoring

Weak and poor internal controls account for business failures, loss of income, fraud, and conspiracy. This calls for the importance of monitoring the internal control systems (Muhunyo & Jagongo, 2018; Hoai, Hung & Nguyeni, 2022). Having internal controls alone is not enough, hence there should be deliberate ongoing monitoring on the efficiency of the system to be able to identify risky behavior, protect poor management of resources and ensure support over execution of organizational plans and quality of organizational reports (Otoo, Kaur, & Rather, 2022). Internal audit is an independent objective assurance function in the organization. It is one of the monitoring mechanisms that is used to review and assess the effectiveness of the oversight system to

determine whether financial and operating information is accurate; establish compliance to internal policies and external regulations; review prudent and economic use of resources and progress towards attaining organizational goals (Kewo & Afia, 2017). Monitoring enhances creation in an environment of transparency and accountability. The board must exercise the monitoring role through subcommittees, approving internal control monitoring framework and follow up of implementation of internal control improvements (Michelon, Bozzolan & Beretta, 2015).

Risk Assessment

Corporate governance is about how the board directs and controls the organization. Risk assessment is a significant task entrusted with the board. Both the board and administration management have the responsibility to implement governance and risk management effectively (Sari et al., 2020). The board provide leadership in identifying all internal and external risks significant to the organization, assess likelihood of cause and establish plans to prevent/reduce/avoid the occurrence of these risks associated with financial, strategic, operational, and other risks (International Finance Cooperation, 2021). The responsibility of the board is to provide a strong mechanism that is used to assess risks control misbehavior, and conducting examination of risk response plans. The board should make sure that the environment gives confidence that substantial risks are detected, and relevant remedial plans and actions are developed (Yudianti & Suryandari, 2015). Failure to adequately manage risks may be caused by insufficient acknowledgement, deficient examination of substantial risks and poor development of remedial plans and activities, poor communication on the remedial plan and expected accountabilities, and failure to attain organizational objectives (Hopkin, 2017)

Information and Communication

Internal control is among the main functions of administrative processes which require effective communication across the organization to establish a mutual grasping of the objectives across the organization and the control system in support of attainment of the goals Simon (2021). Communication is essential for effective decision making and ability to accomplish goals depends on efficiency of communication and joint interaction of different organizational units (Naser, Shobaki & Ammar, 2017). Effective information and communication transferring across the organization internally and externally help to improve efficiency and effectiveness of internal controls, hence it provides accurate and comprehensive information for decision making with the management and board (Wu, 2013). Communication should help staff to understand their responsibilities, accountability requirements, appreciate the control environment systems and processes and impact of noncompliance to internal controls. The board and management should take leadership in disseminating control policies, guidelines, codes of conduct and walk the talk to demonstrate commitment to internal control activities (Bilgil, Mihaylova & Papazov, 2017).

Benefits of Internal Control to Hospital Performance

Strong internal control systems assist with the realization of hospital activities aimed at the goal of providing quality service are attained with the support of strong internal control systems (Alawaqleh, 2021). Internal control system strengthens quality and reliability of financial

statements, enhances compliance to regulations, safeguards organizational assets, improves accuracy of hospital records, positive reputation attracts new customers hence increasing revenue supporting sustainability of hospital operations (Njagi & Mwangi, 2019). Internal control enhances the monitoring function of hospital leadership which creates an ethical conscious culture in the organization and reduces information asymmetry. Minimizing information asymmetry using internal control systems enables the hospital to achieve quality reporting and transparency (Ajao & Oluwadamilola, 2020). Internal control systems need to be monitored on a regular basis to check proper implementation of organizations objectives (Mary, 2017). Monitoring internal controls helps the board and management to have a comprehensive picture of organizational performance around all dimensions of the strategic objectives. Most hospitals that have internal controls and promote adherence and compliance can mitigate fraud and attain organizational objectives. Internal control helps to improve efficiency of operations, dependability of fiscal updates and conformity to relevant rules and protocols (Akisik & Gal, 2017). Internal control guarantees the safety of hospital assets, improves operational efficiency, improves excellence in delivery of patient care interventions. The quality of health services attracts new customers. In addition, effective and efficient internal control helps with prevention and early detection of fraudulent activities (Zelie, 2021). Internal control systems strengthen human resource management processes i.e., through active engagement in internal control processes, competency is development, improved supervision across the organization is realized. Competencies are a critical element in implementing internal controls (Magdalena, Rapina & Mulianto, 2022). Integrating clinicians , and other support staff supporting health care delivery and their greater participation in management control system, decisions making in control activities, as well as board engagement

is positively associated with increased engagement in quality improvement, improves dialogue between top-level-managers and clinicians hence supports adherence to internal controls leading to improve performance (De Harlez & Malagueno, 2015)

Internal Hospital Stakeholder Management and Performance

Hospitals have adopted business -like governance models as an alternative to the traditional models. The Executive Director provide leadership to managers who are responsible for managing various institutional activities. The board is composed of members who are drawn from within and outside of the organization with a function of developing the strategy and holding management accountable. Overall leadership resides with the board chairperson (Lopez et al, 2019). The most important hospital stakeholders are patients (service recipients), health care professionals (direct service providers), hospital management (indirect service providers) and professional staff (administration support), the board and regulators. The hospital depends on physicians to offer health services to patients (Kaur, & Rathinasamy, 2017). The clinical work operated under the leadership of medical director who has the overall service delivery oversight, and compliance to regulatory authorities. Medical personnel focus on clinical care and quality of services and do not pay much attention to the requirements of external regulators, nor supportive of internal administrative mechanisms to contain costs. They focus on comprehensiveness, technical quality, appropriateness, and competency of execution (Kossaity, Rasputin, & Lahoud, 2013). The efficiency and effectiveness of the hospital to a larger extent depends on management and effective use of resources. Hospital managers do through management functions such as planning, organizing, directing, fostering high standards of care, internal controls, cost control and good

fiscal management. Hospital managers should have the right competencies to coordinate performance towards goal attainment (Bastani, et al., 2021). Managers have a legal and moral obligation to provide exceptional patient care services and strive to improve care services . Poor performance of managers in hospitals can cause poor patient care, delays in treatment access, increased deaths, increased costs and waste and failure to achieve set goals. This calls for the board's proactiveness in supervising the work of managers and consistent checking of quality of patient care interventions (Paranu et al., 2014). The board is a key stakeholder due to its overall leadership and accountability authority. The board represents a broad spectrum of influential citizens in the community, concerned with community needs, customer centered services increasing the image and reputation, sound fiscal management and overall hospital performance. Fundamental task of the board defining the mission and providing oversight to make sure that objectives are met and compliance with regulatory authorities is satisfactory (Fottler, et. al., 1989). Patient engagement has become a cornerstone for quality care, and it is a frequently stated goal for health care organizations. Patients are interested in obtaining accessible, high quality of services and are interested in value for money tradeoffs between quality outcomes and the cost of purchasing the service (Bombard, et. al., 2018). Customer satisfaction is a good service quality measure. Patient satisfaction is of interest to all internal stakeholders, hence the need for a good collaborative culture in the hospital. Greater coordination has been associated with favorable patient experiences, cost management and lower utilization of services (Tans et al., 2014). The divergent objectives and interests pose a challenge of conflicts among the multiple stakeholders in the hospital. Promoting a collaborative culture and participatory management helps to create organizational focus and motivation of stakeholders around the goals and objectives as they feel

that their input is valued and meets their expectations (Onyebuchi, 2003). Involvement of clinicians and other key stakeholders in quality service decision making processes enhance the understanding that they contribute to the attainment of the mission. When physicians are involved and have a meaningful role and when their needs and expectations are taken into consideration in the strategic management process, strategic resource acquisition and allocation, the hospital will more likely improve its market position and financial performance (Saleh et al, 2013).

Empirical Literature Review

This section reviews previous research work done by other scholars related to this research. Empirical literature review helps the researcher to appreciate what has been previously done by other researchers, understand the methodologies applied and key findings. Review of Literature has demonstrated that the board plays an important role in ensuring that the hospital is able to attain its goals and objectives (Abor et al. 2014). The section provides a framework for analyzing the influence of the governance leadership of hospitals in Malawi towards attainment of strategic goals. There have been several studies done in different contexts around the subject of the impact of corporate governance in health care organizations. Findings from these studies will be very valuable in guiding the proposed study and provide a framework for data analysis.

Governance Awareness and Organization Success

Hospital governance awareness means that there is greater comprehension across the organization regarding what the board is and what it is supposed to be doing in the management of the hospital in comparison with available local and international governance best practices (Stanciu & Bran, 2018). Experience in developing countries has revealed that there is limited knowledge of what governance is and its significance on the institution which is a major cause of

suboptimal organizational performance results (Fu et al, 2017). Hospital governance comprises of three components namely constructive governance (focus on policies and organization of health delivery; directive governance (facilitates conditions for realization of strategic goals and outcomes; and organizational governance which is about the management processes (Schneider, 2018). The board derives its governance roles from organizational governance. Effective governance recognizes the significant importance of having the board and appreciates that governance activities are guided by county laws, codes of governance and institutional policies that defines roles and functions of the board and management, structures, processes (Bertoncello, et al, 2015). Segregation of roles and functions between the board and management is a precondition of effective governance. The board should have knowledge of the regulatory frameworks to match well with the hospital specific governance model.

Lipunga, Tcherani & Bakuwa (2020) qualitative study explored organizational governance awareness among public hospitals in Malawi. Results demonstrated weak understanding of governance; the majority failed to clearly articulate the key governance players in the hospital attributes to low academic qualification. The low level of awareness was attributed to educational background. The existing governance systems are founded on conventional arrangements that do not differentiate the work of the board and that of managers (WHO, 2016). Assumptions should not be made that every arm of the organization understands what governance is and how it is applicable to the work environment. Leadership must take a deliberate effort through training for all governance actors in the hospital (Saundean et al, 2019). Optimal governance awareness strengthens the governance systems which in turn contribute to good organizational performance i.e., increasing supervision on allocation and utilization of funds and other materials, improved

human resource management, promoting determining the right actions, and delivery of a strong oversight system that support excellence in delivery of patient care (Ayed, et al., 2015).

Governance and Organization Performance

Increasing focus on the leadership of the board has developed due to the dire need to improve the performance of organizations. For corporate governance to be successful it should promote accountability, be fair, transparent, good leadership, and promote assurance and good stakeholder management (Yilmaz, 2018). Having a board has an influence on excellence in the execution of the work of the of hospitals (Gomez & Bernet, 2019). Hospital governance is multidimensional. It requires motivation from individuals within the organization, favorable organizational arrangements, and mechanisms for enforcing those arrangements (Pyone & Mirzoerv, 2022). The governance of hospitals ensures that hospitals provide quality health services that meet the needs and are appropriate to the service users. Corporate governance assists management team and clinical team in regulating the entire health facility operations .(Alemu Agegrew & 2020). To evaluate the impact of governance leadership on the hospital , Agnihotri & Arora (2021) study explored the viewpoints of managers, medical personnel, funders, and service clients. The purpose of the study was to find pointers for good governance leadership in India where the government controls provision of patient care. Results revealed excellence in hospital governance is determined by the good relationship between clinicians and the clients, competency of the medical personnel, reduced time spent at the hospital and good supply of medications. Capacity development of medical staff and participation in decision making is important to

improve excellence of patient care and motivates employees. Accessibility to medicines boosts the clinician's efficiency in patients care and enhances their motivation to service. These findings align with WHO (2008) principals of health care governance. According to the WHO it is paramount to have governance protocols to direct governance activities and responsibilities in the hospital.

Masefield, Msosa & Gruel (2020) explored obstacles to enhancing health care governance in Malawi employing a qualitative study design. Respondents were sampled from Christian institutions and local and international organizations. Results showed that the state republic of Malawi through the National Health Plan, has made significant policy strides to enhance hospital governance systems. Result demonstrates that while the state promotes excellence in service delivery, lack of allocation of resources in leadership development, poor enforcement of regulations and health care protocols are inhibiting provision of essential health services which will consequently affect the achievement of universal health coverage in Malawi. Results also demonstrated that involvement of stakeholders in decision making contributes to better services.

Al Hamamadi & Hussain (2019) examined factors that affect sustainability of hospital performance in the Arab Emirates and identify key factors maintaining good capacity for patient care performance. The study adopted a quantitative approach. Findings revealed that it is important for hospitals to ensure that they develop monitoring systems that assist to evaluate progress of execution of the strategic plan. The study identified medical errors as a major performance issue with high potential of causing negative hospital reputation. Other factors included community engagement as it serves as channel for clients, leadership and resources, patient safety. Hospitals should focus to minimize clinical errors. This can be undertaken through promoting adherence to

patient care rules and regulations where if violated damage the public standing of the hospital and compromise the ability to accomplish set goals. Abor (2015) considered structural measures of hospital board and how these impacts on accomplishment of goals. Two hundred hospitals were sampled to participate in the study. The study relied on primary data through a questionnaire that was administered and followed up with personal interviews. The study showed that existence of a board in the hospital supports better performance than those without hospital boards. Hospital boards that have more independent board members with gender diversity perform better. Inclusion of clinicians on the board of the hospital governance mechanism supports improving hospital performance. Roh & Moon (2016) conducted their study to determine the impact of the governance leadership on the hospital in Tennessee, United States of America. The specific objectives were to evaluate the connection between hospital governance leadership and ability to influence realization of goals. The study also reviewed the importance of governing boards by asserting which types of governing boards influence hospital performance. Key findings from this study demonstrated that governing boards are a critical body that ensures that performance outcomes are met in the hospital. Results indicated that hospitals that implement the corporate governance model achieved set targets than those health care facilities applying a philanthropic model. The study also established that hospitals perform multiple functions hence one single dimension of measurement is not adequate to measure hospitals performance. The study is quite important to the proposed study for it offers an insight into the importance of using a comprehensive multidimensional framework to measure hospital governance and performance.

Ndege et al (2022) study evaluating influence of the board on the management of faith-based hospitals with regards to board accountability and strategic direction of the hospital,

established that boards with shared strategic direction perform better than those with diverse interests. Better results were recorded under health service delivery and having a strategic plan improved the performance of hospitals. Leggat & Balding (2019) reviewed the influence of the board on excellence of provision of patient care in Victorian health services. Findings elaborate that good governance leadership is a significant element that enhances excellence in the provision of patient care. Elements that contribute to quality health care service delivery were found to be focused on organizational strategy, successful quality implementation, strong monitoring, and board oversight of quality service delivery. Rabkiri & Frein, (2021) evaluated obstacles to developing high performing teams in health care organizations to influence organizational performance. Results revealed that obstacles to performance include failure to establish supportive organizational structure, failure to develop leadership capacity, failure to curb abuse of leadership power, toxic organizational culture, lack of clarity of roles, poor conflict management and lack of engagement of key actors in governance processes. Kiratu & Moronge (2016) examined the effect of boards on agricultural state companies adopting a survey research method. Findings demonstrated that there is a positive relationship between executive and governance leadership, institutional culture, client management system with capacity to accomplish organizational plans. This research recommended to institutions to invest in management training on leadership, financial management and strategic management skills to enhance organizational performance.

Mudashiru, et. al. (2014) applied a quantitative method using a survey questionnaire that examined the effect of the board on performance of the organization. Specifically, they examined the relationship regarding how the board leadership influence from various perspectives e.g., better decision making, effective asset management, better competitive advantage, improvement of level

of confidence, board, and management skills, among others. The study established that corporate governance practices enhance transparency of organizations operations, protects shareholder/stakeholder interests, controls management opportunism, strengthens accountability and improves organization's profitability. The study is very relevant to the proposed study because it contributes to understanding the key roles and functions of the board in an organization.

Tregoning (2000) in her study focusing on hospital changing form and changing issues in Australia, adopted a survey method to collect data from 150 sampled nongovernment and government hospitals to examine effect of the board's structure on the functioning of the hospital. The examination focused on skills mix of the board (constitutional obligation for attributes required for specific mix of representation on the board), selection and tenure, performance appraisal and staff development. Results demonstrated that organizations that do not have pre-developed a policy of the profile board skills and expertise sets required for their board, characteristics of the members are externally influenced, and the board was mostly dominated by insiders. Failure to have the board with the right skills/expertise sets befitting with the board tasks relevant to support the work of the hospital, brings individuals who lack knowledge about the health care system hence constrained to provide the needed support to managers. To enhance organizational performance the study recommends recruiting board members with the right skills and processes required to undertake board business.

Brown (2005) research explored six elements targeting 538 human service organizations in Los Angeles and Phoenix metropolitan area. Key findings established that good boards determine the priority interventions for the organization and routinely assess how the activities are

implemented. This is linked to good fiscal outcomes. Institutions deemed to be performing well exhibit having boards with the necessary expertise and leadership in all aspects of hospital priorities. This research suggested that investment in board development enhances the capacity of the board to manage its governance functions.

Sarto & Veronesi (2016) study aimed to assess the evidence that clinical leadership influence hospital performance. Key findings revealed that clinician participation at strategic decision-making level enhance efficiency and effectiveness of hospitals along several performance indicators related to improved patient care, management of fiscal and material resources. The benefits are justified by their contribution in terms of clinical expertise determining priority areas for patient care, higher adoption of medical policies by clinicians, attraction of talented staff and improved hospital reputation, commitment to cost reduction and greater attention to patient need and compliance to professional norms. Ugoani (2018) study reviewed the association between the board and institutional effectiveness in Nigeria using quantitative technique. The study established that good corporate governance with 95% confidence significantly influences better organizational performance in terms of building competing advantage. The study recommended that to ensure organizational performance board must ensure supreme accounting policies are adopted and consistently being used, proper applicable accounting standards are adopted, and respected, supreme audit is done to improve financial performance. Decisions of the board should reinforce principles of transparency and accountability.

Strategic Human Resource Management and Organizational Performance

Organizations that desire to be effective are increasingly realizing that the most critical factor contributing to attainment of strategy goals and objectives is human resources. Human resources are used to enhance organizational effectiveness (Makonnen & Azab, 2020). The study by Lowe (2012) examined how employee's engagement influence hospital performance. Specifically, the study examined how job, work environment, management and organizational factors influence levels of engagement among healthcare employees sampling 10,000 staff from 16 hospitals in Ontario. Results established that high performing organizations have a healthy engagement with employees, have a culture that values employees, invests in staff development goals and creates support systems that enable staff to excel in their jobs. High level employee engagement is consistently demonstrated to be a strong relationship with organizational performance related to staff retention, patient centered care, protection of patient from harm, excellence in care services. The role of the board is to increasingly take steps to strengthen employee engagement as part of risk management strategy. Dele, Ezekiel, & Alani (2015) established that good management of employees motivates them to focus on their work. Results suggested that apart from training and development and career planning system, integration appraisal system as well as compensation system are key dimensions influencing organizational performance.

A cross sectional survey conducted by done by Azilaku et al. (2021) examined the perception among health workers on governance leadership on hospital effectiveness in Lagos Nigeria. Findings from this study determined that good governance enhances compliance with national health care and service delivery guidelines. Good governance helps to improve human resource management when performance appraisal is compulsory and aligned to the strategy and

for promotional purposes as well as identifying training needs. Performance management that is aligned to using results to inform strategic decisions for staff development and career growth (promotion) contribute to staff motivation which is critical for maintaining standards of patient services and enhancing work fulfillment among employees.

Strategic Management and Organizational Performance

Strategic management is about making sure that the organization establishes goals and striving to make sure that they are accomplished. Good leadership can transform an organization through its ability to meet its strategic goals which bring value to the shareholders or stakeholders. The organization can fail to attain its strategic goals if strategies are not properly executed in the organization (Wheelen & Hunger, 2004). The section below presents empirical literature related to strategic management and organizational effectiveness. Samad, et al., (2014), concluded that formulation of strategies (policies, vision, mission, goals, and strategic choices), and implementation (organizational structure and strategy, human capital, culture, and leadership) are important elements that support organizational performance. Meresa (2019) examined impact of strategic planning practices on the institution. Results revealed that good planning impacts on good outcomes on fiscal management, particularly profitability. Findings further demonstrated that aligning activities with the strategy; budgets with team/department performance, organizational structure with strategy, staff comprehension of the strategy, monitoring and appropriate adaptation of the strategy have a substantial contribution to the success of the organization. Research of Ansoff and his associates (1993) examined performance of applying major strategic management

decisions and practices, established convincing superiority good performance in the areas of sales volumes, the volume of assets, income, earnings per share etc. compared to companies that had not integrated strategic planning in their institution. Findings concluded that any organization should implement strategic management processes to achieve efficiently as possible its objectives and sustain their business operations in the continuously changing environment. Greenly (1994) conducted a study to evaluate whether a relationship exists between planning and institutional effectiveness through a review of 29 previous research. Results established that organizations that are involved in strategic planning and management do out-perform organizations that do not apply the same practices across all levels in the organization. Mougbo (2013) investigated the effect of planning on institutional development. Results confirmed that strategic management practice is an important factor that positively contributes to organizational growth and development and helps the organization to survive and sustain its business operations. Monday et al. (2015) carried a study in Nigeria whose main objective was to provide evidence on the effects of planning on manufacturing industries. The results demonstrated convincing evidence that planning had a positive effect on the companies' ability to improve fiscal outcomes. Strategic management has other benefits i.e., helps managers and staff to be consistently monitoring the external environment to timely identify new opportunities and threats, be able to overcome risks and uncertainties and thus contributing to organizational success. The study concluded that good planning helps the organization to stand out within the industry in which it operates. A positive link exists between planning and the ability to accomplish expected outcomes. It is imperative for organizations to make strategic management a topmost priority as it has been confirmed to be a critical success factor in organizations. A study done by Rani (2019) evaluated the impact of effective strategy

implementation in the organization. The study also examined the elements that lead to strategy implementation failure in the organization. Broadly the study concluded that strategy implementation is the most crucial aspect of strategic management that contributes to success of the organization when well executed and failure of the strategy when poorly managed. Results revealed that there is evidence that strategic management enhances organizational capacity towards accomplishing set strategic objectives. Effective strategy implementation is dependent on five elements namely the capacity of the team involved in strategy implementation in terms on knowledge skills, experience, and competency to execute the strategy; availability and prudent management and allocation of resources in support of strategy implementation, organization's culture that is result oriented towards the set strategy, supportive systems, and organizational structure that has a best fit with the strategy. Njagi & Kombo (2014) established that effective strategy implementation is fundamental to the realization of the organization's set goals and plans . Creating a strategic fit between the strategy and organizational operations is key. Results revealed that capacity to accomplish strategic plan objectives depends on better management of the strategic implementation processes. Organizations should ensure effective strategy implementation. An investigation by Almasoori, Al-Tahita & Battour (2021) examined the effect of strategic planning (finance resource, management skills, information systems, organizational culture, and innovation). The study established that the capacity to sustain business operation of the organization relies on efficiency in the implementation of the strategic plan. The study emphasizes the importance of decision makers and policy makers to embrace strengthening planning and implementation processes in the organization to obtain the best performance outcomes commensurate to the nature of core activities.

Governance and Financial Performance

The board of directors of nonprofit hospitals has the obligation to provide oversight on managers working for the hospital and assessing progress towards implementation of strategic goals (Goodall & Poremba, 2012). There is evidence that good governance practices in hospitals where there is demarcation of governance structures and board and management roles, culminate into open determination of priority areas of focus for the organization which the managers are responsible for implementation, while the governance authority provides oversight on management's performance (Pourcq et al, 2017). Sound financial performance management provide assurance for sustainability of hospital operations (El-Chaarani, Abraham & Skaf, 2022). Chen et al., (2021) study showed a considerable association amongst the number of directors having hospital administration education and experience with positive fiscal outcomes. It is therefore important that directors must be good in controlling managers delegated work to them, have sound familiarity with the work of the hospital, and expertise to influence hospital performance in exercising their governance functions. Paulinus et al. (2017) evaluated the influence of governance leadership on fiscal reporting. Findings demonstrate that governance leadership influences quality of fiscal documentation and updates. A positive association was evident between financial reporting quality and governance leadership variables. Afriyie, et. al. (2019) study in Ghana health sector showed that hospitals can attain better financial and operational (non-financial) performance when good corporate governance practices are applied and this ensures that systems of people, procedures, values, standards, processes, and methods of the hospital are managed properly and directed towards the mission and vision. Directors who are recruited from outside the organization influence better utilization of funds, and have a positive

effect on financial performance, particularly the net profit margin as well as rate on assets. In addition, the study established that the board key roles involve providing strategic guidance on implementation of goals (strategic role), oversight on managers (control role) as well as shareholder/stakeholder management through reporting (service role). Ibrahim, Diibuzie & Abubakari (2017) examined the impact of internal control on financial performance of health care institutions in Ghana. The study established that internal controls are measures that organizations implement to ensure achievement of objectives, goals, and the mission. Managers and the board focus on strengthening internal controls to enhance attainment of expected outcomes. Results revealed that health institutions that had invested in strong internal controls had a positive effect on the realization of expected fiscal outcomes. The study recommended to health care leadership to intensify control measures to curb fraud and mismanagement of resources because a good internal control system facilitates attainment of financial management objectives as well as trustworthiness of fiscal reports. Culica & Prezio (2009) examined hospital infrastructure and functions in association with duties of the board regarding financial management. Findings revealed that an effective board has been shown to be related to high financial performance. The board provides effective financial oversight through setting financial objectives, aligning financial objectives with the strategy, ensuring effective resource allocation, monitor the financial performance and take time to verify the financial statements. The board puts in place an effective financial oversight infrastructure to provide financial oversight and expeditiously review financial information. The study established a strong association between hospital financial oversight infrastructure and effective and efficient financial oversight.

Board Strategic Role and Performance

Strategy usually is concerned with setting goals, determining actions and resources to be used to achieve goals. Boards choose strategies for delivering services and competing effectively. Board conducts essential duties in the hospital (Phiri et al., 2021). One of the significant tasks of the board is determining the goals and providing the means for implementation of the activities for the hospital (Bakalikwira et. al., 2017). The board presents a mechanism for setting business aims, and the plan for supporting the attaining those objectives and determining the evaluation processes to check progress towards set aims. Saleh, et. al. (2013) explored the use of strategic plan processes in Lebanese hospitals and to investigate its association with financial performance. Data was sourced using the survey technique and review of secondary data from MoPH database to extract data on hospital characteristics. To investigate the research, the study focused on six strategic planning domains which included planning, developing the strategic plan, implementing the strategic plan, governance involvement in the strategic plan and physician's involvement. The results showed that hospitals with the most environmentally aligned strategic plans usually perform best both financially and operationally. It also revealed that hospitals with flexible strategies can effectively respond and act swiftly to adapt their strategies to environmental turbulence. Ford-Eickhoff, et. al. (2011) demonstrated that hospitals should have the right mix of board expertise to manage the threats and opportunities from their external environment. Boards with the right breadth of expertise mix demonstrated to influence positive hospital performance. The nature of the organization's orientation, composition of the board expertise and how the board participates in strategic making processes highly positively impacts attainment of organizational goals. Recommended hospital board to enlarge their functions beyond monitoring and advisory and be fully engaged in strategic making processes and decisions in the organization they serve.

There should be a right mix of expertise matching the board functions to support the business of organizations that they serve. Madhan, 2017, study adds when the board exercises its leadership duties as a component of the organization leadership this leads to organizational performance through the various roles and responsibilities that they perform. The board is seen as the foundation of leadership in the organization. It is obligated to link the organization to access significant resources in support of activities. The board monitors implementation of activities through periodic updates on strategic direction and promoting transparency in financial reports.

Governance and Quality Care Performance

Clinical governance integrates a wide range of strategies to improve quality of healthcare services including continuous learning, evidence-based performance, clinical audit, research and development, risk , management, patient, and healthcare professionals' participation (Rashidian, 2012). Askari et al, (2017) investigated the challenges in implementing clinical governance from the viewpoints of program executives. Results established eight major obstacles that compromise quality service namely inadequate human resources, resource constraints (financial and physical), insufficient knowledge and attitude towards clinical governance, unsupportive culture, weaknesses in managerial performance and unsupportive culture. Hospital leadership is advised to resolve the obstacles to enhance quality health services delivery. Ravaghi et al, (2014) national study that explored viewpoints from senior managers regarding challenges in implanting clinical governance identified similar results. Unsupportive management, lack of commitment to quality health service delivery, staff shortage, not accepting change, lack of acquaintance and comprehension of the concept of clinical governance and discipline were recognized as main challenges to implementation

of quality health service delivery. Identification of barriers to clinical governance can have a positive impact on resolving existing problems. Tsai, et. al. (2014) examined the relationships among hospital boards, management practices of frontline managers and quality of care delivered. Key findings showed that more effective management was associated with higher quality hospitals. High quality management hospitals are likely to have better management processes related to operations, monitoring, target setting and human resource management than low quality hospitals. Management performs highly in hospitals where the board pays more attention to quality metrics and effectively uses quality metrics data for decision making. The research provides more insight to understand key variables other than finance valuables to measure how hospitals implement the strategy to support goal attainment. The study presents valuable advice for enhancing nonperforming boards and managers to influence positive overall hospital performance.

Jones et al, (2016) explored how hospital boards govern quality improvement. Results revealed that boards that contribute to improved quality service demonstrated use of data to make informed decisions. Different sources of data from all sections that support quality service delivery are reviewed to have a comprehensive insight into quality improvements operations. Management provides clear comprehensive reports to the board. The quality care committees routinely meet to review and discuss quality reports. Quality action points are followed through. A culture of continuous improvement is instilled, and staff and patients are consistently engaged. The board routinely review complaints from patients and improvement strategies are monitored. Board leadership enables quality service delivery. Brown (2019) designed his study to understand corporate governance of health care quality sampling . This targeted eight Australian public hospitals. He argued that most research in this field has employed quantitative methods. The study

adopted qualitative case study. Key findings showed aside from integrating patient care interventions in the strategic plan, hospitals should strengthen the function of evaluation processes to influence the ability to accomplish the goals. The governance leadership should carefully select quality performance, monitor the process of services, and promote compliance to quality standards. The study demonstrated that the board members could exercise influence over staff, and it is through this influence that staff are encouraged to rally their focus towards enhancing organizational performance towards delivery of quality services.

Board Monitoring Internal Control and Performance

The board has a key responsibility to direct and control hospital operations to ensure that objectives and targets are met towards quality service delivery. It is argued that boards that exercise their control and service role through robust methods of measuring and monitoring the quality and safety of patient care are associated with higher performance (Chambers, 2012). The board control role is driven by the board's fiduciary responsibilities (Nicholson & Newton, 2010) and derives its foundation from the agency theory which focuses on keeping agency problems to a minimum. Monitoring and control assure that management's behavior is congruent with stakeholders and board's expectation. Monitoring supports strategy goal attainment and monitoring involves both financial and nonfinancial key performance indicators. Monitoring also includes monitoring compliance to regulatory, professional, and legal requirements relevant to the organization (Miller-Millesen, 2003). Risnawati et al, (2022) examined the effect of internal controls on hospital managing risks that could derail strategy implementation adopting comparative causal research with a quantitative approach. Results demonstrated that implementing a sound internal control

system creates an environment that supports realization of goals. Results demonstrate that board monitoring and oversight on management's implementation of internal control significantly contribute to improved hospital operational performance. A study by Kakooza, et. al. (2015) to determine the influence of management practices over public hospitals effectiveness of the implementation of the strategy , established that for the board to effectively conduct the control and monitoring role, organizational communication is a key factor. Communication leads to achievement of goals in the complex hospital setting where quick and efficient communication is necessary for the work processes to go uninterrupted. Good management practices are influenced by competent boards that hold management accountable for their actions and decisions through effective control and monitoring of hospital operations. Good management practices and strong monitoring and control enhance the efficiency and effectiveness of quality services delivery, a key function of the hospital. Hospital policy makers are challenged to invest in board development and reinforce internal procedure that support the work of the staff as they implement organizational plans, in addition to organizing monetary resources, personnel, and assets for the hospital. The control role promotes efficient use of resources, promotes engaging qualified professionals and competent governance structures to direct overall functions of the hospital. Hillman & Daniel (2003), posit that the board has two central roles that are interdependent monitoring and provision of resources. Theoretically both are related to board performance. Their study established that the key responsibility of the board is to evaluate the work of the CEO and strategy implementation. The board has a fiduciary duty and makes sure that managers conduct the business in alignment with the expectations of the organization. The control role focuses on minimizing risks that arise due to the distinction between the duties of the managers and the board. Failure to control

management selfish behavior is very important as it impacts negatively on realization of organizational goals outcomes. Maarufi (2022) investigated the effect of internal control on institution performance in Morocco. Results demonstrated the existence of an association between internal control system and organizational effectiveness in accomplishing expected objective outcomes. Application of internal control model and monitoring implementation of internal controls by management enhances organizational performance. The board needs to develop continuing monitoring tasks to provide oversight of essential elements of the internal control. Internal control helps management to minimize risks during management processes. Boivie t. al. (2016) study concurs with the assertion that board control and monitoring influence positive hospital performance. This study defined the monitoring role to include monitoring management actions to deter challenges that arise due to managers misalignment with organization's priorities that develop because of having distinct duties between management and the board. This research concluded that the board is well positioned to be an effective mechanism to monitor actions of management to reduce agency costs and consequently lead to positive performance. Asija & Ringvov (2020) went further to provide some specific processes detail regarding how to improve quality of the monitoring to impact on organizational performance. This demands continuous monitoring as part of the board role. The board apply the following three strategies to improve the information gathering mechanism to improve monitoring quality: 1) focus on quality information by taking steps to increase reliability, availability and timeliness, 2) proactive information seeking which helps to reduce management's opportunistic behavior through misinformation and misrepresentation of information and 3) interacting with the organization at higher frequency which helps to keep the board well versed with timely information. The three information

strategies foster improving monitoring quality and are important to controlling agency problems. By reducing the potential agency costs that take place due to managerial opportunism, board monitoring and control function improves firm performance.

Zahra & Pearce (1989) empirical review on published research on the contributions of the board to finance and organization performance established that the board exercises its control role by adopting an organizational wide and multidimensional approach focusing on financial, social, and systemic criteria. The study identified factors that affect effective board monitoring and control e.g., failure to conduct thorough CEO performance, approval of managerial decisions without thorough review and analysis, poor board selection and retention based on loyalty to the CEO than competence, CEO board capture develops in situations where the management team exercise more authority over the board, information asymmetry hampering informed decision making, irregular superficial meetings. Miller-Millesen, (2003) comprehensive review of agency, resource dependence and institutional theory assert that the control function directs the need for distinguishing the work of the board from that of management. In this regard the management is protected from the risk of initiating and implementing their own decision without boards review and ratification. Management transfers the risk of decision accountability to the board who ratify management's strategic decision proposals and monitors implementation of such decisions. The oversight function provides the board with the legal mandate for overall organization's performance and accountability of decisions that influence organizational. In this regard the board should take the control and monitoring role seriously.

Accountability Role and Performance

Balawira et al (2017) governance entails the control role, accountability and transparency are key fundamental values. The board sets the organization's direction and takes overall accountability and responsibility of hospital performance. Ullah (2016) established that accountability and transparency have a positive influence on effective institutional management to realize its key activities in support of organizational goals. It was observed that those firms which were accountable and transparent in their business operations performed better than those that have not had any system of accountability. It is imperative for organizations to adopt accountability and transparency principles to achieve good performance. Scherer (2016) further posits that accountability and transparency help to improve financial performance. Accountability builds stakeholder's confidence and ensures market confidence in the organization. This has potential of improving hospital performance through customer loyalty and increase in market share (Agegneu, 2020) Reporting internally and externally are key elements of corporate governance that are mandatory to support compliance with regulatory requirements and internal policies and voluntary in line with the principal of accountability and transparency. Reporting can be done internally and externally (Villiers & Dimes, 2021). The board has the obligation to ensure development of systems that promote open sharing of information and monitoring framework that promote a culture of transparency and accountability. The structure of the organization should ensure clear definition of accountability attributes for the different players and actors in the organization (Fung, 2014). The collective, individual role and accountability should be clearly defined and communicated. Collective accountability is about the organization wide accountability to which the board takes overall responsibility accountability. Role accountability is about ensuring that roles, functions, and accountability priorities are clear to all accountable actors (Keay & Loughrey,

2015). The mandate of the board is to make sure that the hospital is compliant with all professional and legal requirements and monitor the CEO to ensure that managerial accountability is functioning well. Transparency is the mechanism of accountability. It is the responsibility of the board is to monitor that strong and effective transparency mechanisms are in place e.g., progress reports, strategic performance report, various board committee reports including audit committee, financial reports, and directors report (Brennan and Solomon, 2015). Balakwira et. al. (2017) demonstrates strengthening accountability in the hospital. This requires investing in strengthening professionalism, developing staff to enhance knowledge in the subject matter and ability to perform assigned duties and responsibilities. Employees should be very clear of their roles and accountability parameters as well as reporting and supervisory lines should be clear. This implies that the board intellectual capital should match with the accountability task and emphasis should be put to developing the board intellectual capital to effectively manage the governance accountability function

Board Service Role and Performance

Board of directors are part of the integral part of an organizations governance system providing oversight on management and advising management and providing resources to support implementation of organizational strategic activities (Kolev, et al, 2019). The board of directors provides services at individual and group level. Collectively the services include providing access to resources, advice and counsel, provision of strategic information to which contributes to strategy development and modification, assisting actual strategy development, enhancing organization's legitimacy, and supporting management (Mentari, Zahroh, & Erymayda, 2018). Nicholson & Kiel,

(2004) examined the previous work regarding how governance theories influence duties of the board in support of strategy planning and execution processes. The board provides a service to the organization through linking the organization to external networks with capacity to provide channels for accessing funds, human and other material support to support the work of implementing the strategic plan of the institution and ensuring strategic goals are accomplished. The board acts as a strategic consultant to management, especially the CEO. The board shares knowledge, experience, skills and provides advice and counsel to management to effectively manage the organization and ensure that objectives are achieved. Mwai, Namada, & Katuse (2018) examined the influence of fiscal and other material assets on institutional efficiency in nongovernmental facilities adopting a descriptive and explanatory design. The concept of effectiveness was described as the ability along which an institution achieves its goals by realizing intended results within available capabilities and avoiding wastage (Lunenburg, 2012). Findings demonstrated that when an organization has adequate resources, this supports the ability to implement its goals and expected outcomes. This implies that ensuring that the organization has adequate resources is a fundamental task for the leadership to support strategy execution. Fundraising was noted to exhibit a good association with organizational effectiveness. The results demonstrate that resources are an important asset that influences organizational performance. Organizations should strengthen their resource mobilization and development capacities to support goal attainment. Brown (2005) suggests the board has an obligation to provide resource access opportunities to the institution and subsequently the means to support the realization of expected results as per existing plans. The survey revealed that board functions are perceived to be a service resource to the organization. The study established that governance leadership that participates in

mobilizing support e.g., fundraising providing financial resources and other material support to the organization are more likely linked with enhanced capacity to successfully implement plans and accomplish outcomes. The oversight function of the board contributed positively to better financial performance and perceptions of optimal financial performance. Efficient institutions receive good counsel on strategy management from the board. This emphasizes the need for the board to strengthen their service role in resource mobilization.

Summary

The board offers the organization a mechanism for determining strategic objectives, the capacity to support accomplishing the goals and reviewing progress of implementation. The structure clearly defines the functions of management and the board and the guiding governance rules, systems, and procedures (Asogwa, 2019). Governance regulations and procedures along which action choices are done. Governance shows the plan to pursue to accomplish organization's objectives and the subsequent capacity required of achieving them and how attainment of results will be evaluated (L'Huillier, 2014). The board performs several functions to demonstrate to support the implementation of the institution plans. Key functions involve determining the objectives of the organization which are expressed through the mission and aspiration and organization's strategy. The board determines the ethics and culture through setting the values of the organization which influence the behavior in the organization. Ensuring compliance with regulatory, statutory, legal compliance as well as organization policies is a key task of the board. Promotes accountability by management while taking accountability for performance (Bourne, 2014). Hospitals are institutions that are widely adopted in the world to safeguard and improve the health of citizens. Governance is very fundamental to ensure quality of care for patients. Hospital

leadership determines the system through which priority actions will be set (Xiong, Zhang, & Lyu, 2018). Good governance is anticipated to improve managerial efficiency towards implementation of plans. The overall goal is to ensure that the organization achieves its objectives and creates value for the shareholders (Naimeh & Hamidah, 2017). Monitoring compliance with regulatory requirements is a fundamental duty of the board. The board exercise primary control to compliance through ensuring the adoption corporate governance codes and ensuring management familiarity with such codes. Business level strategy applies second level control on compliance to employees under functional departments while individual employees take primary responsibility on compliance to regulatory requirements relevant to the core business of the organization. The board and senior management develop systems and procedures for managing noncompliance in the organization (Stacchezzini, Rossignoli, & Corbellah, 2020). Organizational performance is the capacity of an institution to utilize available funds and other materials in supporting implementation of strategic objectives and generating outputs consistent with its goals and relevant for its clients and stakeholders (Ogbo et al, 2015). There are two main roles of functions of the board which include ensuring the organization has adequate resources and monitoring the work of the managers to ensure that they can implement plans and attain expected results (Asahak , et al., 2014). Measuring hospital performance is multidimensional given the complexity of its operations, multiple functions of the board, stakeholders supporting activities and having different expected performance outcome (Carini et al, 2020). Models of measuring health performance should measure both the financial and nonfinancial dimensions of hospital operations. In the health care industry nonfinancial measures have traditionally been used to improve the quality of services. Hospitals benefit if financial statements are augmented by nonfinancial statements. Nonfinancial

measures such as efficiency, productivity and outputs can provide information on financial statements of hospitals beyond what is revealed by conventional financial measures (Heltie, Robit, & Robert, 2011). Oversight on planning is a crucial task of the board. The board conducts multiple tasks during strategy formulation for example assessing the core capacities of the organization and weak points and available external prospects and risks which informs formulation of the corporate strategy (Brauer & Schmidt, 2016). Strategy formulation therefore involves setting the organization strategy which determines the strategic direction of the organization over a specified time. It involves the allocation of necessary resources to implement these goals which have a very important impact on the organization (Qarashay, 2018). The board has an obligation to ensure that the organization has the organizational structure, appropriate administrative systems, efficient methods, and organization which are consistent with the strategy to support its implementation and actualization (Kihara, Bwisa & Kihoro, 2016). The board and senior management team are very influential in supporting strategy implementation. The board sets the strategic direction and takes ultimate responsibility for the organization's performance (Michira & Anyieni, 2018). The board fulfills its precondition to perform fiduciary monitoring duties during strategy implementation and is not directly involved in implementation tasks of the strategy to avoid conflicts with management. Board tracks implementation progress against set performance indicators, monitors resource allocation and utilization, and ensures corrective gaps where identified (Borza, Bordean, & Maier, 2011). Monitoring involves setting an achievement standard considering organizational goals, setting an information system for feedback, comparing actual performance against achievement standards, identifying errors and deviation from plans, and carrying out correctional strategies in supporting strategy implementation (El Toukhy, 2021).

Board independence enhances the capability of the board to provide adequate oversight on the work of the executive management team. Stronger boards are comprised of more independent directors which enhances objectivity in providing management oversight during strategy implementation which contributes to success towards attainment of strategic goals (Wu & Li, 2015). Board independence is core in making strategic choices and monitoring strategy implementation. It is a good principle to ensure that boards are composed of executive directors from the senior management and more independent directors from outside the organization to strengthen the control capacity of the board which is critical for attainment of the organizational strategy (Thompson, 2015). For the board to conduct effective monitoring roles and functions, there is a need for the board to have appropriate capabilities, knowledge, and experience about the organization's business operations. The board should also evaluate its performance at board and individual level to determine the quality of organizational performance that is influenced by the monitoring capacity of the board (Endrika et al., 2020).

Human resource management is a very critical asset for the organization that contributes to the efficient implementation of set plans. Effective management of employees creates capacity for an organization to accomplish its goals and sustain a superior position in the market. Human resource management activities influence the entire operations of the organization and are very crucial for the organization's overall success (Troth and Guest, 2020). Organization success is highly dependent on how well human resource management is managed in the organization. Hanic & Jevtic (2020) concluded that compensation, and training have a larger connection with overall success of the organization. In addition, effective human resource management, particularly training and development, has a strong association with an organization's performance.

Organizations hospitals inclusive are encouraged to put in place good human resource policies and strategies to ensure effective support to strategy implementation. Guest (2020) posits that investing in staff development not only increases the effectiveness of the staff competencies but also helps to increase employee fulfillment with their work which is a significant driver for reaching organizational objectives. Szmanie, (2012) explains that from the resource dependence theory perspective that every organization requires resources to support implementation of its operations towards attainment of its strategic goals. Availability of resources and prudent utilization supports goal attainment. There is competition in the external environment with other organizations for similar resources. Therefore, it requires strong and effective boards that can connect the organization to sources of resources and are able to provide guidance to the management on how to access resources. Organizations should strive to emphasize the importance of developing difficult to copy resources and skills to remain competitive. Vincnente- Ramos et al. (2020) indicate that the board comes as a resource to the organization through resource mobilization and connections to sources of resources. Organizations should make sure about the inclusion of professionals that are well experienced and skilled to provide training, coaching and mentorship to management in resource mobilization, financial and human resource management, and other performance dimensions to improve their skills and efficiency in conducting their tasks.

Having efficient boards is very paramount to organizations given the recent financial crises and failures (Susi & Lukason, 2019) to influence effectiveness towards goal attainment. Good governance presents a positive organizational profile to the public, helps to reduce risks that would derail/prevent implementation of strategic goals, strengthens other intern control mechanisms that are strong to ensure delivery of strategic goals and provides a monitoring and regulatory

compliance control thus helping focus on organization strategies (Chen & Lu, 2015). Good corporate governance cannot exist without internal control (Zwyalif, 2015). Internal controls are not just limited to checking prudent management of finances and related administrative controls but include broader concepts of management control and the importance of nonfinancial information. Internal controls give confidence regarding efficiency and effectiveness of operations, trustworthiness of fiscal updates and adherence to legal requirements (Koutoupis & Pappa, 2018). Board oversight on internal controls contributes to organizational performance towards attainment of organizational goals and objectives. Organizations are therefore encouraged to ensure strengthening internal controls in pursuant of attainment of organizational goals. Transparency and accountability are integral parts of monitoring and control. Transparency brings a richer meaning to monitoring and control role. Transparency strengthens stakeholder confidence and the external market confidence in the organization. Organizations with weak governance systems lack transparency and accountability and fail to disclose financial and nonfinancial information to the relevant stakeholders.

CHAPTER 3: RESEARCH METHOD

The preceding chapter evaluated previous literature concerning governance of health care facilities. This chapter discusses the methodology designed for this research. The chapter covers the design and its appropriateness which has been substantiated and justified. The sampling procedures and materials/instrumentation used, and operational definition of variables is discussed. . Ethical issues and data collection procedures will be discussed. The chapter begins with a recall of the problem statement and purpose of the research which provides a foundation for the methodology chapter.

Corporate governance represents the optimization of systems of control, processes, policies, rules and proceeding set by the board and executive leadership to ensure the smooth running of the organization towards implementation of its goals and objectives (Obamiro & Olubunmi, 2019). Hospital governance is complex and challenging considering that there are multiple stakeholders leadership authorities (clinical, administration, senior management executives, the board) with diverse objectives with conflicting interests and with several layers of decision making in the hospital (Chait, Ryan & Taylor, 2005). The solution to effective governance towards organizational performance in strategy implementation lies with the hospital board due to the vital control and supervisory function as an important leadership component of the institution (Ngongo, et al, 2019). Despite having governing boards in place, their influence on hospital performance is still questioned (Abor, 2014) as several challenges and governance failures confronting hospitals continue to happen (Funhiro, Yalezo & Mutambara, 2022). In recent times, several notable mistakes, and challenges (fiscal management, Human resource management, weak

resource mobilization, poor infrastructure for service delivery, poor supply chain management, weak operational systems, weak governance, and leadership and noncompliance to regulatory and legal requirements (Balakwira et al 2017). Challenges continue to happen negatively impacting on hospital performance towards attaining strategic objective hence greatly questioning the hospital boards impact in influencing performance towards attainment of set goals (Lipunga et al. 2019; Ngongo, et al., 2019). Malawi Ministry of Health, (MMOH) (2017) and Christian Health Association of Malawi (CHAM)(2020) strategic plans posit that in Malawi, recently there have been experienced of incidents of discontentment from the donor community, government, and the public in the way health facilities are governed in Malawi (MMOH, 2017). From this discontentment, the researcher believed that corporate governance practice within CHAM facilities is problematic MMOH, (2017); CHAM, 2020). While hospitals continue to experience various challenges, few studies have been done to examine the impact of the board on strategy goal attainment. Most of the previous governance studies (Alexander et al, 1995; Boeker & Goodstein, 1991; Molinari et al., 1993; McDonagh, 2006 Filatotchev & Nakajima, 2010; Dharmasuti & Wayyudi, 2013) have focused on examining governance issues from developing country perspective and mostly focusing on listed companies. This has established a gap in understanding the influence of the board on the ability for the hospitals to accomplish strategic goals. As governance failures continue to happen in health care institutions, questions remain unanswered regarding how the board impact on hospital performance still exists in Africa. The aim of this research work was to critically review the impact of the board on hospital performance operating under Christian Health Association of Malawi. Specifically focusing on reviewing the relationship between board's oversight on finance management, quality service delivery, resource mobilization

and regulatory compliance with attainment of strategic goals and objectives in a developing country perspective.

Research Philosophy

It is very important for the researcher to understand the philosophy behind the study to address the set goals and purpose of the study (Easterly-Smith et al., 2021). Philosophical paradigm deals with the belief or worldview about the approach that should be taken about how research data on a subject under study should be gathered and analyzed (Turyatikayo, 2021). According to Saunders et al. (2025) the philosophy of research is mostly guided by research questions. Research philosophy captures the assumptions that direct how a researcher manages the study and develops the methodology to guide study. There are three main paradigms of research philosophy namely positivism research philosophy, interpretivism research philosophy and realism research philosophy (Saunders et al., 2015). The ontological stance of the positivism philosophy is that research must follow a logical and methodical approach. The assumptions are that reality is objective, must be observed, and measured quantitatively based on scientific analysis, allowing scientific predictions, applying deductive reasoning and generalization of results (Saunders et al., 2012). Positivism is aligned with the hypothetical deductive model of science where the hypothesis is set before the study and tested to establish causal relationships. Research studies that adopt a positivism philosophy focus is to examine causal relations adopting quantitative methods and aim at generalizing and replication of findings. Positivism philosophy's main goal is to provide explanations of relationships between dependent and independent variables and make predictions (Park et al., 2020). Under the positivism philosophy the researcher works independently and becomes an objective analyst. It is associated with quantitative methods of data collection analysis

and interpretation of results. Interpretivism is founded on the premise that reality is subjective, multiple, and socially constructed. Focus on establishing deep understanding of the phenomenon under study and is associated with qualitative methods of data collection (Saunders et al., 2015). The Realism research philosophy is based on the assumptions of positivism and interpretivism. This study is based on the pragmatic research philosophy. Pragmatic research theory is based on the view combining different approaches helps to provide a holistic understanding of the subject under study because is no single way of interpreting the worldview. In this regard conducting research would require a combination of different approaches. This study adopted a pragmatic research philosophy that allows combination of qualitative and quantitative method (Saunders et al., 2015). This assumes that there is no single approach to view the world therefore the worldview can be interpreted from multiple perspectives and realities. The research problem and research questions are the key determinants of the research design and the researcher is interested in the best outcomes and generating practical solutions to deal with the problem and inform future practices. Pragmatic research philosophy therefore strives to balance and reconcile both positivism and interpretivism research philosophies (Tsung, 2016).

The study on the impact of corporate governance on performance of nonprofit hospitals in Malawi motivation was derived from review of literature on corporate governance practices on performance of institutions. The concept of corporate governance was integrated in the health care field realizing the concern on corporate governance challenges that continue to challenge hospitals in Africa and Sub-Saharan Africa where Malawi is located. Specifically the study focused on reviewing the relationship between the board's oversight on finance management, quality service delivery, resource mobilization and regulatory compliance with attainment of strategic goals and

objectives in a developing country perspective. A thorough review of literature assisted to identify the research problem, formulate goals and hypothesis to be tested during implementation of the research (Positivism). The study also aimed to establish corporate governance challenges faced by the hospitals to realize their strategic plan goals. This would be established through collecting data that would be based on experiences (interpretivist) of governance experts identified as respondents to establish the reality of the phenomenon under study as described by Saunders et al. (2015). The study was based on the fact that there are some corporate governance practices by the board that influence realization of hospital strategic objectives as defined in the strategic plan hence testing hypothesis was a key parameter of this study. The quantitative method was helpful to analyze the cause-and-effect relationships between the independent variables and the dependent variable strategy goal attainment and generalizing findings. The qualitative part helped to establish governance challenge that would not be able to be measured or presented quantitatively. To collect data the study employed a survey strategy and questionnaire to collect quantitative data and the interview guide was employed to collect qualitative data. The study therefore adopted a mixed method integrating both qualitative and quantitative methods in a single study. Employing the pragmatic research philosophy integrates positivism and interpretivism research philosophies was ideal to and supportive to deal with conducting a critical examination on the impact of corporate governance practices on nonprofit hospitals in Malawi.

Mixed method design was applied in this research. CHAM is a Christian umbrella body for mission hospitals and health facilities that contribute 41% percent of patient care services in Malawi complementing Ministry of Health provision of services to the nation population (CHAM Strategic Plan, 2022-2024).

Research Design

The study design is a general strategy that deciphers the identified research problem to an appropriate and achievable research. The purpose of the research design is to determine the processes that will be involved to investigate the research problem, identify appropriate data analysis mechanisms to provide relevant answers to research questions at a minimum cost (Jongbo, 2014). It provides a conceptual outline along which the research will be conducted. A very fundamental importance of research is the determination regarding how data will be sourced (Sileyew, 2020). It is an inquiry that provides direction for the research procedures providing a step-by-step process adopted before data collection and analysis commences. The design articulates the required data, the target population and how they will be sampled, determines the methods to be used and data analysis methods to address the research questions. There are three types of research design namely quantitative, qualitative, and mixed methods (Asehabi, 2019; Patel & Patel, 2019). A good research design should be systematic, well defined, logical, and medical to guide the implementation of the research and getting right information to address the purpose, questions, and objectives (Mukherjee, 2017).

Qualitative Research Design

Qualitative research investigates people's perceptions and addresses the social aspect of research often employed when the problem is not well understood. Qualitative research is an organized method that provides a description of people's experiences and internal feelings. Qualitative research provides a very thorough and deep overview of a phenomenon through data collection and presentation of rich descriptions of the phenomenon using a flexible method of research. Qualitative research entails research that does not use numerical or statistical data to

determine the results (Rahman, 2017). The data collected is non-numerical and it is also presented in a non-numerical manner. This method is more interested to realize a deeper comprehension of the topic under study. The objective is to produce rich data that will help addressing all the dimensions of the topic under study (Queiros, Faria, & Almeida, 2017). The researcher chooses the information with respect to the research question, sensitivity to the topic, research samples and availability of resources. Qualitative research approach answers research questions such as how, what, where and when and is described as a word-based research approach (Naderifer, Goli & Ghalijaie, 2017; Faghaly, 2018).

According to Ramhan (2017) qualitative research can be defined as any research that is not statistical and it incorporates multiple realities. Findings from qualitative research do not arrive following analysis data presented in the form of numbers. It is an umbrella term that exhibits procedures that aim to illustrate, decipher, interpret, and then determine the meaning of the data generated in relation to the topic under study. It can further be described as a multi-method in focus which is mostly concerned in evaluating individualized interpretation of issues by gathering data and evaluating texts, and images instead of numbers.

There are several benefits of qualitative research. Daniel (2016) presents several benefits of qualitative research. Firstly qualitative research helps to define what needs to be studied when there is no theory on the topic and variables are not known. Secondly, qualitative research provides a very flexible research process in managing the research as there is no structured process and relies heavily on the interpretation and ingenuity who collects, analyzes, and interprets data. Thirdly, rich and thick data is generated which provides a wider understanding and provides

meaning for complex issues under study. Fourthly qualitative research approach helps the researcher to generate adequate detailed description of participants' feelings, opinions, experiences and interprets meanings of their actions. In this regard qualitative research approach helps the researcher to generate and establish deeper insights to the issues under study. The fifth advantage is that the close relationship between the participants and the researcher makes it easy for participants to contribute to shaping the research. And lastly the emergent theory from data enables the researcher to construct and reconstruct theories where necessary based on the data generated during data collection, instead of testing data that was gathered elsewhere by researchers like the case of quantitative research approach. Application of qualitative research method limits the problem of missing data common in quantitative research as the researcher collects data until saturation point and has adequate data to address the research question. Noble & Heale (2019) add that qualitative research permits the investigator to appreciate a topic by studying it simultaneously (triangulation) or concurrently with both methods or in cycles depending on the problem. Qualitative research in this regard brings meaning and explanation and clarity to quantitative research findings. In addition, when the investigator plans to understand any social phenomenon from the perspective of the participants rather than explaining it from outside, qualitative method is most practical. Complex issues are also better examined qualitatively. While qualitative research presents several benefits and advantages, beyond these advantages there are several challenges and limitations. Results are not obtained by statistical procedures or other methods of quantification which makes generalization of results challenging(Xiong, 2022) which may lead to different interpretations of research findings and because the findings are not statistically tested (Anderson, 2010). Non-numeric data interpretation and analysis is more difficult

and complex. The requirements for analysis are more stringent and quite demanding, requiring some technical skills to be able to adequately analyze the data. Analysis of cases takes a considerable amount of time. Compromises compliance to the ethical principle of anonymity since the researcher comes into direct contact with respondents and respondents may not be too comfortable to provide certain information to the researcher. The data collection and analysis procedures are complex requiring some form of special expertise. Finally, policy makers tend to give low credibility to results from qualitative approach. It may take a lot of effort to convince uptake of policy recommendations on policy makers who do not have a strong appreciation on qualitative findings mostly when it comes to challenges with generalization of results (Mwita, 2022)

Quantitative Research

According to Walker and Wendy (2005), quantitative research is depicted as the traditional scientific approach to research which is underpinned in the philosophical paradigm known as positivism and adopts a systematic and methodological process. Quantitative research study starts with problem identification, then formulating a research question and research objectives, conducting literature review, sampling, instrumentation, implementation, data analysis, interpretation of data, accepting or rejecting the hypothesis aiming at generalizing the results to the population. It is a well-organized process of inquiry about a subject matter or topic which involves the collection of numeric data and applies the execution of statistical, mathematical, or computerized techniques. The source of quantitative research is a positivism paradigm that

advocates for approaches embedded in statistical break down that involves other strategies like inferential statistics, testing of hypothesis, mathematical exposition and structured protocols.

Apuke (2017) explains that quantitative research deals with enumerating and interpreting data to determine findings from the study. Quantitative research involves utilization and interpretation of information presented in numbers utilizing statistical methods to address the study questions. Quantitative research applies techniques for investigation such as experiments, and surveys to collect data using already structured tools that generate numerical information that can be subjected to statistical computations. This usually seeks to establish causal associations among variables utilizing statistical approaches to examine the power of association. According to Ruberg & Bouikidis (2018) quantitative research is done in a structured environment, the researcher has control over the variables. Quantitative research methodology aims at generating precise and trustworthy analysis that permits statistical applications to interpret the data. Focus on fairness (Queiros, Faria & Almeida, 2017) and is appropriate where there is a requirement for generating assessable data inferred from the sample. Samples tend to be larger hence considered representative of population hence applicable for generalization. The sample is selected systematically from the population. Simister & James (2020), posit that a quantitative research analyst's main purpose is to quantify a hypothetical situation. Quantitative studies require scholars who are well equipped with the techniques of quantitative analysis either manually or with assistance of the computer and produce two main types of analysis descriptive statistics and inferential statistics

Typologies of Quantitative Research

There are several types of quantitative research strategies. The common strategies of inquiry associated with quantitative research can be classified survey research, experimental research, correlational research (Creswell, 2015).

Survey Research

Survey is the principal method used to address research topics that allow gathering of data collection from the sample through structured questions on a particular subject with an intent of generalizing the findings from the sample to the larger population (Gaur et al., 2020). Respondents to survey research are randomly picked from statistically valid sample plan which give chance to each respondent to have an opportunity of being picked in the sample. Survey research uses a number of data gathering tools, the most common being questionnaires and interviews. Questionnaires may be self-administered or administered by an experienced researcher (Ponto, 2015). The construction of survey research instruments is a very rigorous process due to the procedures of designing sound, valid and reliable instruments. The validity of the research instruments is assured when the instruments are to measure what they are supposed to measure. Survey responses are effectively captured considering that they are numerically coded and this in turn helps to provide meaningful summary of data, effective display, analysis, interpretation, and reporting of findings (Apuke, 2017). The advantages of the survey are that it is cost effective. The survey can be done on an exceptionally large sample as it can be applied in several forms that allows the researcher to collect data from many people through cost effective means for example emails, mailing questionnaires through post comparing to actual conducting face to face interviews

(Neuman, 2014). An Important aspect of the survey is to ensure reliability and validity implying that it is designed in a way that minimizes errors from respondents i.e., giving responses different from the intention of the researcher. The survey method Reliability is assured which is attributed to instruments being subjected to statistical reliability and consistency tests (Krosnick, 2018). The limitations of survey research include the survey research does not provide room to evaluate or measure in-depth issues related to the research.

Mixed Method

Research is increasingly becoming inter-disciplinary, complex, and dynamic therefore requiring researchers to complement one method with the other hence the need for researchers to have a solid understanding of multiple methods to enhance collaboration and provide superior research The mixed method allows researchers to generate and interpret both qualitative and quantitative data in one research (Wasti, et al., 2022). It helps the investigator to attain a deeper appreciation of linkage between the two methods. Mixed methods are now viewed as the third methodological and as an approach that has much to offer in health and other professional disciplines. The aim of mixing approaches is to provide an opportunity to gain more understanding of research problems (Dawadi, Shrestha & Giri, 2021). The mixed method appreciates both the positivism and interpretivism values to be able to appropriately respond to the study questions and objectives (Shorten & Smith, 2017). Research problems that are best suited to mixed methods are those in which multiple perspectives of the research problem will provide a more detailed understanding that could be gleaned from a single perspective (Maxwell, 2016). In mixed methods, the researcher collects, review and interpret data , combines the results and makes conclusion utilizing both qualitative and quantitative approaches. It entails that mixed method ensures mixing

at all stages of the study from the phrasing of the study questions to sampling, gathering of information, data review and making sense out of the data and determining results (Hafsa, 2019). Mixed method helps to investigate very intricate and difficult topics that cannot be explained by one method alone. Combining the two methods allows meaningful explanation of the research issues and providing sufficient depth and breadth in responding to the study questions and addressing the goals of the study objectives. Allows flexibility to make use of small samples when qualitative complements the dominant quantitative method and allows respective strengths and weaknesses of each method to complement each other (Regnault, Willgoss, & Barbic. (2018).

Types of Mixed Methods

Cropley (2022) posits that there are three critical decisions that a researcher should establish to decide which kind of mixed method to utilize. A researcher may decide to use mixed method to substantiate and validate results. Mixed methods may also be used to complement results from one method to the other and help create a rounded explanation of the problem under study (Halcomb & Hickman, 2015). It is also used to provide clarity of results, development of study tools and initiating one method to identify any contradictions in findings from one method and lastly expansion of the scope of the study. Doyle, Brady & Brayman (2009) advise that a researcher should make decisions on how to implement the mixed method. The first decision for mixed method is to decide whether the qualitative and quantitative research design will be applied concurrently or sequentially, secondly deciding whether two methods will be given equal opportunity or not, and lastly deciding where mixing of the qualitative and quantitative will happen. There are two main classifications of mixed method design (Razil, et al, 2019) namely:

Sequential which comprises of three types (explanatory, exploratory and transformative) and convergent or parallel/concurrent (triangulation, nested and transformative). The rationale and feasibility of using mixed method should be determined. Feasibility involves checking the practicality in terms of time, value, expertise, and resources required (Halcomb & Hickman, 2015).

Concurrent Convergent Parallel Mixed Methods Design

Concurrent or parallel mixed method research design is a triangulation model (Schoonenboom & Johnson, (2017). Concurrent mixed method is effective when seeking to triangulate data to demonstrate congruence between the two data collection methods. It is most efficacious in evaluation research. Data collection for the two approaches is roughly collected around the same time and independent from one another (Schmidt et al, 2022). Integration of qualitative and quantitative studies gives leaders confidence in the results drawn from the study as the two methods complement each other building on their strength (McKim, 2017). Researchers use this method to collect data to authenticate information with the other method, to compare any differences or commonalities for the purpose of answering various study objectives (Driscoll, et al., 2007). This helps to remove partiality, enrich information sourced, improve adequacy of the data, through multiple sources and utilization of the data (Wasti, 2018). Combination of the methods is applied sequentially either starting with outlining findings from qualitative component of the study followed by quantitative or the other way round and by changing the qualitative data results into numerical and used to complement quantitative results (Creswell & Plano Clark, 2018). Concurrent convergent parallel design is ideal when the researcher has adequate time to manage

the two phases of data collection, has necessary skills to manage the two methods, is comfortable to have easy access to study participants throughout the research process and will manage related costs that arise due to the extended time required to complete the study as well as assurance of limited challenges should approval with research bodies has to be presented separately for review and approval (Demir & Pismek, 2018). Dealing with integration is a hard challenge for many researchers as most of them have received formal training in hands-on methods for integration of findings i.e. managing divergent results, merging numbers and texts and different sampling orientation for the two designs (Burt, 2015).

Sequential Mixed Methods

Sequential mixed method design involves a research process in which one type of data be qualitative or quantitative informs a basis for designing and collection of another type data. There are two types of sequential mixed method design (Bryman, 2006). Explanatory sequential mixed research design emphasizes quantitative research. It involves data mixing at the reporting level (Shinyambola et al, 2021). The first phase of this research starts with a quantitative phase collection and analysis of data. The data is evaluated, and interpretation of results done. The qualitative design helps to explain certain quantitative results in more detail. Adopting this approach gives assurance of robust validity (Gogo and Musonda, 2022). This design is more appropriate when a researcher is more quantitatively oriented, he/she is the sole investigator, when there is enough time to manage the two phases and easy access to research participants. The challenges alluded to this method include the extended time required to complete the two phases,

the complexity of specifying the participants who can provide an explanation to quantitative findings and how well to select the qualitative sample (Invankara Creswell, & stick (2006).

Exploratory sequential mixed method design first starts with designing and executing the qualitative phase where data is collected and analyzed, and findings help to design the quantitative phase which is built from the qualitative phase findings (Gilbert, et al., 2017). This method is ideal for investigators with much expertise in qualitative research, and where there is more time for the researcher to manage the lengthy process, and there is interest for transferability and reliability particularly when an issue has been established using a small qualitative sample and the researcher is interested to use a larger sample for purpose of generalization of results (Brady & Baryne, 2009). The challenges alluded to this method among others include the need for more time to manage the two phases of the research, a necessity to tentatively specify the quantitative phase in advance, the prospect of identifying two different samples, it requires the researcher to be knowledgeable and skilled to manage qualitative and quantitative research methods. Demir & Pismek (2018) posit that the benefit of applying exploratory sequential mixed research method supports making qualitative results acceptable to quantitative oriented biased audiences since it combines the quantitative component (Demir & Pismek, 2018).

Reasons and Advantages for utilizing Mixed Approach

Mixed methods enhance complementarity (Caroll & Rothe, 2010) to blend in two diverse but related responses to a single research question using both quantitative and qualitative approaches; allows completeness to ensure results provide a holistic view of the subject under investigation integrating findings from both qualitative and quantitative inquiry. Provides stronger

inference than using either approach alone and provides greater understanding of the subject being investigated (Wasti et al., 2022). Mixed method helps the researcher with corroborating or confirmation to validate the quality of research conclusions from one method of the study by cross checking with results from the other method and limits single method bias (Thakurta, 2017). Mixed method compensates the shortfalls of one approach by capitalizing on the strong points of the supplementary method by providing stronger and more accurate inferences; and providing diversity in the analysis of the data evaluating the issue under study from different perspectives. Mixed method helps explain findings comprehensively that could not be explained by either qualitative or quantitative method alone (Munro et al., 2020).

Limitations of Mixed Method Approach

Mixed method research has its own limitations. Hafsa (2019) posits that there is a high possibility for findings from one method influencing the design and interpretation of the other method. In addition, managing execution of mixed method requires the researcher to have adequate skills, knowledge, and expertise. This becomes a big challenge for novice researchers to easily utilize a mixed method approach. This demands novice researchers to be trained to be competent with this method. Combining the two methods in one research makes the data collection phase more lengthy and very demanding hence requiring more time and leading to high costs of managing the research. Onwuegbuzie & Byers (2014) add that adopting a mixed method can be daunting to researchers because of shortage of resources, time, and knowledge especially if the study is a concurrent mixed study. They further argue that much as mixed method is highly regarded as one of the best research approaches, there is scarce/sparce guidance from literature

regarding how best to merge data sourced from qualitative and quantitative sources; it becomes challenging to make conclusions from the research when findings using one method contradicts with findings from the other method. This then brings questions about the reliability, credibility, and validity of this method.

Justification for Employing Mixed Method

Determining the appropriate research method is a critical decision to make to perform good research that addresses the research questions and objectives (Basias & Pollalis, 2018). Having considered the merits advantages and demerits of quantitative approach, and the rationale and benefits of mixed method approach, this study utilized mixed method approach which was better ideal to help explore and create an understanding of what variable factors influence the board on hospital/health care facility performance. Qualitative research and quantitative research methodologies alone would not help to address the purpose of this this research project to evaluate the effect of the board on hospital performance and challenges that hospital boards face to influence performance towards the realization of strategic hospital goals and objectives in the hospitals which they govern. The study combined qualitative and quantitative data to effectively address the research question and objectives.

This study implemented quantitative and qualitative methods which were done at the same time and information integrated in the results. This approach was relevant for it allowed the researcher to address the set objectives and research question holistically and ensure greater validity of results by seeking corroboration between the two methods data. Mixing the two methods assisted in establishing a more comprehensive picture of the impact of the board on

hospital performance towards attainment of strategic goals and objectives. Employing mixed methods allows triangulation, completeness, and offsetting weaknesses of each approach (Taherdoost, 2022). Mixing the two methods helped explain findings from the two methods more especially where there were unusual findings to gain better understanding of the problem. Integrating the qualitative research component helped to get more insight into one of the objectives which was designed to explore the constraints and challenges related to governance practices in hospitals in Malawi. This could not be determined by quantitative responses alone. Open ended questions which are qualitative in nature helped respondents to provide insights and explanations to governance challenges faced by hospital board in guiding the management towards strategic goals execution. The adoption of a mixed method was done also noting that from literature it has also been established by other scholars (Doyle, Brady & Dublin 2009; Bryman, 2006; Johnson & Onwuegbuzi, 2004; Hafsa , 2019) that there is growing acceptance that mixed method approach provides an opportunity to critically investigate complex health governance and complex issues in the health industry. This gave confidence to apply a mixed method which has also been proven to be effective in providing valid results by other scholars investigating complex issues in the health sector.

Population and Sample of the Research Study

In many research studies it is not possible to include the whole population to participate as respondents. Factors such as a lack of human resources to support the study work, lack of precision, high expenses of the study activities, inadequate equipment and population dispersion make it challenging to engage the entire population in the study. Sampling is a procedure that is applied by the researcher to systematically select a representative part of a predetermined population to

participate as data sources for the purpose representing the entire community features (Etikan & Kabiru, 2017). The subjects are selected on the grounds that provide information considered relevant to the research problem. In this regard researchers opt to select a section or part of the community under investigation to include in the study as a sample (Sharma, 2017).

A population is comprised of all individuals in the community from which the researcher draws conclusions from. In this study the population from which the hospital sample was selected for this study was comprised of a total 145 hospitals operating under CHAM in Malawi and have a board or hospital advisory committee that provides governance oversight to the facilities operations. This population demonstrated alignment with the overarching research question addressing the effect of the board on effectiveness of the targeted hospitals.

This study purposively sampled hospitals operated CHAM in Malawi. At the time of the study the latest data from CHAM showed that there were 145 hospitals operating under CHAM in Malawi. The list of the 145 hospitals formed the sample frame. Simple random sampling was utilized to identify 15% (21 hospitals) from the total number of hospitals present during the study to be included in the survey and purposively selected three governance experts from the CHAM secretariate to participate in interviews to complement findings from the survey. Every hospital was given a serial number written on a tally sheet and put in a small basket and mixed thoroughly from which one tally at a time was picked till the required sample was reached.

Selecting 15% sample size is supported by other researchers and scholars for example Roscoe (1975) assert that the rule of the thumb advice on sample size is that the use of sample about 10% the size of the parent population in a survey is ideal. Alreck & settle (1995) explain that sometimes it is seldom necessary to sample more than 10% from the parent population. Hill

argues that some methodologists insist on a minimum of 50-100 subjects to be adequate samples. While Roscoe (1975) advice to consider 10% sample from the parent population, Kitchenham & Pfleeger (2002) argue that sampling only 10% risk to compromise external validity if there is a significant level of nonresponse which reduces the sample to go below 10% if not replaced. Researchers are advised to consider a sample of 15% from the parent population. This helps to ensure that enough respondents are identified to yield meaningful results. This study adopted 15% (21 health facilities) from a sample frame comprised of 145 health facilities to limit the challenges that may come with non-response if the sampled facilities are strictly left at 10%. According to Ahmad & Halim (2017) non-response distorts results of many surveys even where the survey was carefully designed. Sekerani (2013) asserts that too small samples might lead to committing type I error which is the likelihood of wrongly discarding a finding when it is in fact accepted. He further argues that too large samples are not appropriate because of possible type II error, which lead to accepting a particular finding when it was supposed to be rejected.

Five survey respondents were identified to participate in the survey from each of the sampled hospitals. The hospitals have three main departments nursing, clinical and finance/Administration. The unit of study were the departmental leaders for nursing, clinical section, and Administration/Finance for the management questionnaire and two board representatives who participated in the survey. All the three heads of departments from the sampled hospitals were included in the study. This brought the total number of management team respondents to 63. From each sampled hospital two board representatives (chairperson and deputy) were purposively selected, reaching a total of 42 board members to participate in the survey. The total sample that participated in the survey was 105 (comprised of 63 management staff and 42

board members). Three governance experts from the CHAM secretariate were purposively chosen to participate in the qualitative component responding to interview questions to complement findings from the survey. During the period when the study took place, the secretariate had three experts providing governance oversight to all the health facilities operating under the Christian Health Association of Malawi. They were selected by virtue of their reach experience and knowledge in governance. Table 7 summary outlines sample determination for this research project.

Table 7

Sample Size Determination

Respondents Category Description	Population	Sample	sampling Technique
Total number of hospitals	145	21 (15%)	simple random sampling
Management Team Survey Respondents: Every sampled hospital had three key departments namely clinical, nursing, finance/admin. Each departmental head was included as a management team survey respondent	63 Comprising of 21 heads of clinical, 21 heads of nursing and 21 heads of finance/admin	63	Purposive Sampling
Board Survey Respondents: The board chairperson and chairperson of finance/admin committee represented the board	42	42	Purposive Sampling
Total Sample for the survey	105		Purposive Sampling
Governance Advisers: Qualitative Respondents	3	3	purposive Sampling

Sampling Methods

There are two kinds of sampling approaches, and these are described as probability and non-probability sampling (Bhardwaj, 2019). Under probability sampling selection of study participants is done where each case has a fair opportunity to be selected to be a portion of the sample. Non-probability sampling (non-random sampling) means that the likelihood of every single case to be picked from the entire group of people is not known.

Probability Sampling

There are five major types of probability sampling methods. They include simple random sampling, systematic sampling, stratified sampling, cluster sampling and multistage sampling methods (Elfil & Nesida, 2017).

Simple Random Sampling and Systematic Sampling.

Simple sampling technique is viewed as an impartial means of choosing a sample from the group or community under study. This approach is ideal in situations where there is easy access to the entire population and the investigator then has the sample frame (Simple random sampling provides equal probability of individuals for inclusion in the study. This method provides unbiased and better estimate of parameters if the population is homogeneous. Easy to select a representative sample using simple random technique (Sharman 2017). Simple random sampling method is easily understood, and results are projectable. It is easier to assemble the sample, and fairness is assured since every item has a chance to be selected and provides the opportunity of selecting a

representative sample. The advantages of simple random sampling are that it requires a complete sampling frame, the exercise can be costly and time consuming if the cases are geographically widely scattered. (Singh & Masuku, 2014). Systematically sampling involves choosing the first item for the sample randomly and then selecting the rest of the sample units at a standard interval range from after picking the first sample member. The strengths of this method are that it can increase representativeness, easier to implement than simple random sampling and the sample frame may not always be necessary. The main flaw of this sampling procedure is that it can affect quality of representativeness (Verma, et al., 2017). The study adopted simple random sampling to identify and select the hospitals that would participate in the survey. The total number of hospitals under CHAM was 145. Through simple random sampling 15% of the hospitals were selected to participate in the study. This translated to 21 hospitals that were engaged in the survey. Five participants were purposively selected to be respondents in the survey comprised of the head of nursing, clinical, finance/admin and two board representatives leading to a total of 105 respondents for the survey.

Advantages of Probability Sampling Techniques

There are several advantages and disadvantages of probability sampling techniques which according to (Wisniowski, 2020). Etiken, et al., (2017) include the following: the sampling methods reduce the chances of errors and minimize the chance of sampling biases. The samples are better representative of the general community where the sample was chosen, and inferences drawn are generalizable to the population (Jager et al, 2017) . While there are merits for probability sampling, the disadvantages include the need for more effort and time consuming as the process is quite involving and challenging especially when creating larger samples (Elfil, 2017).

Non-Probability Sampling

Non-probability sampling permits the researcher to use his/her subjective judgement to select the most suitable subjects for the sample. Sharma (2017) posits the most common approaches used are convenient and purposive sampling method (Shorten & Moorley, 2014). Convenient sampling main objective is to collect information that is readily, accessible to the researcher and willing to participate in the sample (Gravetta & Forsano). Convenient sampling can be used in both quantitative and qualitative study. However, this method is often used in quantitative studies. Suri (2011) posits that purposive sampling is commonly used in qualitative research. This entails determining and choosing relevant study respondents that are more experienced and well informed in the subject being investigated and can provide relevant information to address the research question (Palinkas, et al., 2011). The goal of purposive sampling is not to generalize the results but to gain a great deal of insight about the issues at the center and importance of the inquiry (Ames, Glenton & Lewis, 2019). A convenient sample is drawn from a source conveniently accessible to the researcher. There are several advantages of nonprobability sampling (Andrade, 2021). The foremost justification for purposive sampling is making sure that there is a good alignment of the sample with to the purpose and objectives of the research (Campbell, et. a., 2020). The merits of nonprobability sampling are that it is not expensive , not difficult to apply, efficient, less costly, and not time consuming. The disadvantage is that it is prone to researchers bias as the subjects are selected based on his/her judgement and difficult to generalize results (Jager et al., 2017). In this study three governance experts were conveniently sampled because of their knowledge and expertise in the subject understudy. They participated in the qualitative component of the study.

Materials/Instrumentation of Research Tools

Instruments are methods utilized to generate, determine, and manage data gathered for the study (Canals, 2017). There are not any commonly established governance approaches related to organizational or health facility performance. (Shabir & Omar, 2014). Different corporate governance definitions have been utilized depending on researchers' interests and purpose. This has led to researchers developing and using different study tools, indexes, and systems of measurement to analyze governance and institutional effectiveness to gauge associated variables (Mulili & Wong, 2011). The main methods of data collection were a survey questionnaire administration complemented by interviews to generate complementary qualitative data. Surveys enable the investigator to gather quantitative data which can be evaluated and interpreted applying descriptive and inferential statistics. Survey data helps to establish or examine the existence of associations between variables and establish models of the association. The strong points of the survey method include the control that the researcher has over the entire research activities, ability to generalize findings to the entire population at a lower cost. The limitation of the survey approach is the lack of detail in the data, rigidity of the data collection process as which is fixed at the onset leaving no room for modifications (Van Meerkerk, Edelenbos & Klijn, 2019). A questionnaire was utilized administered to health facility leadership team members comprised of the head of finance/administration, and head of nursing department and clinical head from each sampled health facility. This was adapted from the analytical framework used in Belgium hospitals (Guisset, et. al., 2002). According to Guisset, et al., 2002), the framework asserts that four models address the various aspects of multiple performance namely goal model which includes elements related to

organizational goals and resource management. The rational goal models (Shilbury & Moor, 2006) posit that organizational effectiveness is determined by the ability of the hospital to accomplish attain its strategic goals as well as objectives. The second model is human relations (shared values) within the organization which assumes that effective people are a key factor that influence organizational performance (Omodani, Tsotetsi, & Dube, 2020), the third model is open systems (hospital relation with the environment). This relates to aspects such as resource mobilization, stakeholder engagement, openness, and transparency. The fourth model is internal processes supporting productivity and internal organization (Minvielle, et. al. 2008). The original questionnaire comprised of four broad performance dimensions, 13 subdimensions of performance measured by 66 indicator score items where each item is scored on scale of 1-5 starting from a lowest to highest perceived score. In the present study for the questionnaire for hospital management, the researcher adapted the subdimensions score elements to suit the context of the research and added the demographics section to capture the age, occupation, level of education, name, and location of the hospital/health facility. The service section was also added to capture data related to service provision, income, and staff retention. These are related to the dimensions of human relations, rationale, and organizational values. Recognition of the source of this questionnaire has been acknowledged and properly referenced in this section. This survey questionnaire for the management team was directed to three hospital management team members: head of clinical department, head of nursing and head of finance and administration per sampled hospital/health facility. This tool is attached as appendix 1. The second survey questionnaire (annex 2) used to collect primary data targeted two board representatives per sample. Thorough literature review on governance theories that provide the core duties of the board, supported

producing the most appropriate questionnaire. Elements of governance include management oversight and internal control systems, mechanisms, and procedures that aid in the governance of the organizations. Oversight duty is derived from the agency theory. The board establishes the direction and strategic focus of the organization and monitors and measures overall firm performance. This is derived from the agency theory (Bakalikwira et. al. 2017). It is important to maintain a good relationship between internal and external stakeholders to promote an understanding of overall organizational performance in pursuit of attaining the strategic objectives of the organization. The board skills set must align with the operational requirements of the organization that they govern to provide the required governance service. Resource dependency theory focuses on the duty of the board to support the hospital to access resources to support organization's strategy implementation (Mohammed et al., 2017). The review of this literature informed the development of the survey questionnaire targeting the board representatives that participated in this study as the researcher did not find adequate instruments existing in literature which was relevant to this research. The appropriateness of the questionnaire was influenced by the objectives of the research, the questions of the study and level of comprehension by the respondents. The body of the questionnaire is key to eliciting required information from respondents. There are other elements that are important to be considered in the questionnaire design. These include the cover page, directions, page design, ordering of questions, grouping of questions, navigation paths and survey length (Fanning, 2005). Surveys are done to uncover answers to specific important questions. The survey questionnaire assists the researcher to collect data in a standardized way. A well-produced questionnaire can generate effective and accurate data. It is important to include appropriate questions in the main body of the questionnaire and

ensure targeting the right audience (Taherdoost, 2016). In this research, survey questionnaire administered on hospital board leadership, the questions were structured around general high-level topics linked to study questions and objectives with some specific questions related to subtopics for each high-level topic. The key high-level topics included general understanding of governance, functions, and responsibilities of the board i.e., Strategic oversight role, finance management and hospital performance, service and resource mobilization, human resource management and hospital performance, Internal control and hospital performance, challenges of governance in health care facilities, Accountability and transparency, Participation, and stakeholder engagement. The questions were pre-coded. Some of the numerical responses were ranked from a scale of 1-5. The questions were in simple English language that was not technical and complex or inappropriate and without having leading questions towards answers.

The questionnaires avoided questions that were double barred (for example asking more than question simultaneously and avoiding personal questions that were not relevant to the study. The cover page provided the title and purpose of the study as well as contact details and address of the researcher. The questionnaire closed questions provided for the respondent to choose from already set response options i.e., yes or no. The questionnaire provided directions to clarify what the respondents need to do at each point from the beginning to the end. In the present study to ensure designing a good questionnaire, the survey questionnaire was piloted on a small similar sample (five randomly picked three from management and two from the board) at Partners in Hope Hospital in Lilongwe. According to Tiejling et al (2001) pilot studies provide practical mechanism to identify any errors, appropriateness of the method and quality of data generated as well as determining appropriate time to complete the study. Following the pilot gaps such as lack of clear

instructions, lack of demographics information, and complex terms were identified, and improvements were made. The tool was taken to the field after the pilot and upon approval by the University Research and Ethics Committee.

An interview guide with open-ended questions was used to gather qualitative data. Face-to-face interview with three governance expert samples from CHAM secretariat were done with the head of internal audit, head of human resource department and compliance manager. CHAM provides governance and management oversight for all mission health facilities in Malawi. The investigator is very instrumental in qualitative research processes i.e., conducting interviews, analyzing, and interpreting the data. Interviews enable the researcher to establish better comprehension of the topic being explored. In the (Marshal and Rossman, 2016). In the present study interviews with the three CHAM experts helped to collect qualitative information that would not be possible or easily generated through the structured questionnaire administered to health facility leadership. Face to face interview helped create rapport with the respondents making it easier to approach the governance topic which to some extent touches on some topics deemed sensitive e.g., transparency, accountability, and risk management. The face-to-face interview had more structured open-ended questions with no predesigned answers. Busetto, Wick & Gumbinger (2020) posit that interviews can be distinguished by the degree to which they are structured i.e having open or closed questions. Semi-structured interviews are characterized by open questions and the use of an interview guide in which the broad areas of interest are defined and guide the interview process. Silverman (2016) posits that the advantages of interview technique is flexibility of the technique that permit engagement between the investigator and the respondent. This gives room to provide clarity to questions and answers which enhanced accuracy of data collected.

Abdullah (2019) some disadvantages. If there are too many open questions can make data analysis and interpretation of findings very challenging and complex, which may be very time consuming. The second disadvantage involves the lack of generalization for the and subjectivity of the process that may be prone to researcher's bias. Data collection was done by the researcher through interviews. The interview guide (appendix 3) UNICAF Research Ethics Committee.

Operational Definition of Variables

Operationalization of variables consists of a set of techniques and methods that allow the variables in research. It is a process of separation of and analysis of variables in its components that allows us to measure it. Operational definitions may vary, depending on the purpose and the way the researcher chooses them. Neither are there universally accepted definitions of all variables. A researcher can logistically choose a definition of a variable that will serve his or her research (Gonzales, 2021). It is fundamental to define the phenomenon and operationalize the variable. This is an important step in academic research. Without descriptions that reach consensus, it is difficult to evaluate the validity of measurement (Ashford et al., 2019).

Operational definition describes the variables that a researcher will use as well as indicators and procedures to be used to observe or measure the variables. Operational definition helps to establish the rules and procedures the researcher uses to measure the variable. Provides consistent meaning to terms/variables that can otherwise be interpreted in different terms. It makes the correlation of data as well as analysis more focused and efficient. It guides what type of data and information to look for during research. Operationalization provides specifics to be undertaken in measuring the concept (Dalati, 2018). According to Slife, Wright & Yanchar (2016), best practice using operational definitions in research requires that researchers provide more clarity on

the operationalizations and be specific in the definitions to help the understanding of what is really explored via operational definitions. The researcher must provide justification. An organization exists to achieve specific objectives to meet the needs of targeted clients (Sicotée et al., 1998). The board's main duty is to ensure the organization realizes its strategic goals (Abor, 2015). This study critically examined the impact of the board on performance of nonprofit hospitals operating under CHAM in Malawi to realize their strategic goals and objectives.

There are many theories/models of measuring hospital performance. One of the tools used to evaluate effectiveness of the hospital is the analytical framework which integrates four performance dimensions (Minvielle, et al., 2008; Mauro et al., 2014). The first dimension is rational goal setting which describes an effective institution as one that could establish goals and ensures that they are accomplished. Access to resources is the second key performance measurement parameter. Resources are paramount for institutional success. This implies that organizational leadership should provide opportunities for the institution to access resources to support the implementation of organizational plans. Thirdly, internal processes process defines a high performing as one that smoothly without undue internal strain and finally human relations dimension which defines performance in terms of organizations good management and development of employees (Minvielle, et., 2008). The hospital performance analytical framework has been used to evaluate health care institution's ability towards implementation and accomplishment of strategic goals as directed by the board. This framework was developed based on Parson's social system action theory (Guisset, et. al., 2002). This framework embodies strategic human resource management, ability to set goals and access resources as well as strong internal processes and procedures which are described as fundamental elements for sustainability and

growth of the organization. Guisset et al., (2002) and Sicotte et al., (1998), posit that the framework asserts that an organizational or hospital that performs well (I) must establish goals and objectives, (ii) create connections to provide access resources actively, (iii) strengthen internal systems and procedures in support of strategy implementation(iv) have ethical work standards and compliance that allow workers and governance leadership to do their expected functions. Health care performance is multidimensional (Sicotte et al., 1998). This framework allows various elements that contribute to organizational efficiency in support of strategy execution to be managed concurrently. The strength of this model is that it has the capacity to evaluate organizational performance i.e goal setting, resource mobilization, systems and procedures and managing workers (Guisset, et. al., 2002).

In this study the variables were adapted from Guisset et al (2002) framework for hospital performance . To suit the context of the research and they were classified under five theoretical dimensions namely strategy goal attainment (the dependent variable), finance management, legal compliance, resource mobilization and quality service management. These were further classified into six sub dimensions with a total of 41 score/measurement items. The original framework by Guisset et al. (2002) had 13 sub-sub-dimensions that were measured by 66 individual score items. The score items were adjusted to reflect 41 score measurement items as presented in table 8. The originality of this research lies in the application of the Guisset (2002) framework that enables evaluation of hospital performance adjusted to suit the Malawi Context. The conceptual definition of the variables is as follows:

Conceptual Definition of Variables

Strategy goal attainment: This dimension focuses on the effectiveness of delivery and realization of organizational goals and objectives. This is the dependent variable in this study (Minvielle, 2008)

Quality Service Management: This dimension focuses on evaluating the ability of the board to provide oversight on management to provide high quality services in an effective, efficient, and ethical manner to targeted clients (Miller et al., 2015). This is an independent variable.

Resource Mobilization: This dimensions assesses the hospital's capacity to attract resources to support the implementation and realization of organizational goals objectives (Abor, 2015). This is an independent variable.

Finance management: This dimension focuses on evaluating the board having financial literacy (Mpaata et al., 2015), to enforce prudent allocation and utilization of funds in compliance with accepted finance management standards (Culica & Prezio, 2009; Fung, 2014). This is an independent variable.

Regulatory Compliance : This dimension focuses on evaluating hospital board to provide oversight and promotes adherence regulations and standards required for health care service delivery set by the government, professional bodies, and the board in support of strategy implementation (Dunbar et al., 2023). This is an independent variable.

Table ... presents the hospital performance variables relevant to this study, subdimensions and the score/measurement items.

Table 8*Operational definition of variables and measurement items*

Hospital Dimensions	Performance Variable	Subdimensions	Score/Measurement Items
Strategy Goal Attainment	Strategy oversight		1. Board formulates the hospital mission, vision, and values
			2. Board develops and approves hospital strategic Plan
			3. Organization wide strategy monitoring
			4. Hospital organogram aligned to strategy
			5. Performance management aligned to strategy
			6. Resources aligned to strategy
			7. Board reviews strategy annually
			8. Board conducts self-evaluation
			9. Coordination and collaboration systems in place
	Internal Organization		10. Board roles separate from management
			11. Budget for the board exists
			12. Board engagement process in place
			13. Board plan and budget exists
			14. Board hires the CEO
			15. Board has technical committee's
			16. Board and committee roles clearly defined
			17. Board development plans in place
Quality Service Management	Quality Oversight		18. Board informed on quality improvement
			19. Risk analysis integrated in board decisions
			20. Strives to improve both curative and preventive health
			21. Reviews impact of health services
			22. Provide risk management oversight

Resource Mobilization	Board Service	23. Attracts adequate and qualified staff
		24. Continuous quality improvement
		25. Care unit managers are well qualified
		26. Adequate resources for care activities
		27. Evidence based medical practices
		28. Supportive hospital infrastructure
		29. Capacity to obtain financial, material, and human resources
		30. Board contributes to growth of funding portfolio
Regulatory Compliance	External Relations	31. Board connects hospital funding opportunities
		32. Board provides advice and counsel to management
		33. Board well informed about all regulatory standards and requirements
		34. Proactive monitoring of regulatory compliance
		35. Oversight on regulatory compliance core function of the board
		36. Plans for managing significant compliance issues in place
		37. Avoids waste of all kinds
		38. Availability of financial resources
Financial Management	Fincial oversight	39. Prudent allocation
		40. Approval of financial policies and budgets
		41. Monitoring financial performance

Notes: Adapted from Minvielle, 2008 Analytical Framework for Hospital Performance Measurement

Measurement

Measurement refers to the assignment of numbers in a meaningful way and understanding the measurement scales is important to interpreting the numbers assigned to people, objects, and events (Hanna et al., 2019). Measurement is an essential element of research during the gathering of data, processing and evaluation of information and dissemination of findings. The procedures

of computing statistics are determined by the kind data generated in the research (Mishra, et al., 2018). There are four categories of measuring variables namely ratio, interval, nominal and ordinal (Aini, Zuliana & Santo, 2018; Mishra et al., 2018). Various considerations should be thought through before choosing a measurement scale. These include the 1) research objectives, 2) response type 3) Data properties 4) number of dimensions and 5) Likert scale: the respondent is requested to provide his position whether he agrees with a particular question statement under investigation. Each response is allocated a number to indicate its level of attitudinal agreement. The respondent chooses responses from a range of available options which are given numbers as labels outlined in the questionnaire (Dalati, 2018; Zigmund, 2013).

In this study variables were first described under the dimension of strategy goal attainment the dependent variable and independent variables being finance management oversight, quality service management, resource mobilization and regulatory compliance to inform proper data analysis. The questionnaire had questions that had subtopics related to hospital governance. These were transformed into recognizable and measurable sections to create an index of 41 measurable/score items. According to Croasmum & Ostrom (2011) a The 5-point ordinal Likert Scale was used for measurement of the score elements. This measured the respondents' level of agreement to the scoring items/elements of the variables. The measurement framework was adapted from Minvielle, 2008 Analytical Framework for Hospital Performance Measurement. This was adapted to suit the Malawi Research content. Likert scale provides an effective way of measuring unobservable constructs (Dunbar et al., 2020; Jebb & Na, 2023). Likert scale requires a researcher requests the respond to respond to hypothetical statements and provide their perception or viewpoints about the statement which are given values for easy computation and

analysis of responses. In this study, a range of statements were provided in the questionnaire where the respondent was required to pick one appropriate point value among the following levels of agreement assigned to each statement: 1= strongly disagree, 2= disagree, 3= neither agree nor disagree, 4= agree and 5= strongly agree. The Likert scale was developed by Rensis Likert (1931) and has over the years been applied in social and management research. Social economic attributes like age, sex, level of education, staff retention, income was measured at nominal and ordinal scales.

Study Procedures and Ethical Assurances

It is recommended and mandatory that before students embark on data collection stage, at UNICAF University, doctoral candidates are obligated to submit their proposed studies to the Research Ethics Committee for review and approval. It is very important that doctoral candidates must ensure that they follow all applicable laws, professional standards, and institutional requirements as they conduct their academic research. Savickas & Porfeli (2012) argued that researchers have the key duty to ensure that they show the reliability of their research project. In the current study, the researcher complied with the conditions of the university through submitting to the Research Ethics Committee relevant forms describing the research, study tools, consent forms and gate keeper letter for review. In the initial stages of the program the proposal was also submitted for review. The researcher defended the proposal in the early stages of the course program.

The study was authorized by UNICAF Research Ethics Committee to proceed to the data collection stage. Gathering of data proceeded upon receiving the formal approval. Following the approval from the University's research ethics committee, the survey process began with first

informing the Christian Health Association of Malawi through a physical meeting with the Director of Finance and administration. The aim of this meeting was to present a detailed update about what the research was all about and explain how their member facilities would be selected to take part in the research work. Secondly the meeting goal was to be aimed at soliciting support through access of a letter of introduction to the leadership of the selected hospital facilities. The second stage was to meet the leadership of the health facilities to introduce the research and gain access permission to the sampled participants. Respondents were hospital management leadership and board representatives. The board representatives were accessed through linkages with management team leadership. Access to management team respondents was done through the hospital executive leadership head (Executive Director/ Hospital Administrator). Questionnaires were hand-delivered to the respondents. Survey respondents self-administered these questionnaires. The researcher ensured that the instructions were very clear to allow respondents fill in the questionnaires with ease. Respondents were given enough time to fill in the questionnaires. The researcher provided adequate instructions and essential information about the study, sought their permission to take part in the study. The researcher made sure to conduct the interviews and allow survey respondents to participate in the study at a time that was more convenient.

The Pilot Study

This is conducted on a smaller scale than the main study to identify gaps for improvement and determine the feasibility of executing the designed research. It helps in checking appropriateness of the research protocol, tools for collecting data, and plans that can be adopted to

support carrying out for the main study (In, 2017). This is a notable significant stage in research procedures for it assists to shape implementation of the main study (Pearson, et al, 2020). Hassan (2006) contends the conducting a pilot before the main component of the study has the following benefits: identifying feasibility of the study and identify gaps in the study design, help testing the data collection tools, check appropriateness of the data collected, determine required time to complete a questionnaire, checking appropriateness of data analysis techniques. In this study people from Partners in Hope Hospital were comprised of representatives of the board (2) and managers (3). The main reason was to check the appropriateness of the questionnaire to generate the intended data that would be suitable to address the research objectives. The pilot afforded the opportunity to assess the validity of the questionnaire. Connell et al. (2018) posit that face-to-face validity is one of the key properties that helps to measure the extent to which the study tool captures what is intended to be measured. In this pilot the questionnaire was found to be appropriate and generating good data that would the study objectives. No significant issues were identified worth modifying the questionnaire. The questionnaire was found to be appropriate for the study.

Ethical Assurances

Problematic and integrity issues have the likelihood prospect to equally weaken the trustworthiness of the research and contribute to adverse effects for individuals or groups that have interest in the study outcomes , including investigators study assistants, respondents, academic colleges , and the public (Drolet & Gilad, 2020). According to Sieber (2004), there are five categories of ethical issues which are a) communication with participants, b) utilization of research findings, c) Risks and advantages of the study and d) choice and utilization of research theories. Taquette & Matta-Souza (2022) posit that ethical principles are based on human freedom and

dignity focusing on protecting participants and ensuring research is done ethically. Ethical considerations influence and relate to many aspects of research procedures and help the investigator to decide whether the study is ethically acceptable. Issues are present from the theoretical definition base, objectives, methodological framework, and continue in the entire research trajectory (Webster, et. al. 2014). Ethical issues in research are some standards that researchers follow to protect the rights in developing research strategies and building the trust between the study participants and the researcher. It is recommended that ethical principles should be applied throughout the research process not just at one given point (Rana & Dilshad, 2021). Ethical issues related to research are most frequently discussed in the context of research using human subjects. The main role of human subjects in research is to serve as sources of data. Researchers have a duty to protect the life, health, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. Respect to study participants, first doing no harm, maximizing research benefits, and minimizing harm is important (World Medical Association, 2013). Mistreatment of research subjects is considered misconduct (no ethical review and approval of research, failure to follow protocol, absent or inadequate consent, exposure to physical or psychological harm, exposure to research subjects to unacceptable research practices or failure to maintain confidentiality and plagiarism. There are several ethical standards that ought to regulate the behavior of a researcher among people that are engaged as study respondents (Vanclay, et. al., 2013). Among these principles are (1) right to withdraw, (2) Informed consent, (3) Data protection, (4) right to withdraw (5) confidentiality, (6) protection from harm and (7) right to modify a transcript. Research participants have the right to agree to participants must agree to

voluntary participate in the research having thoroughly been informed and given details of the research (World Medical Association, 216)

In the present study, the consent form was submitted to UNICAF research ethics committee for review and approval. Following the approval consent letters were sought from the CHAM secretariate. This allowed the researcher to have formal approval and gain access to the health facilities. Access to the Health Facility was done through the leadership of the health facility. Following permission to reach out to the respondents, all effort was made to explain to study participants in detail about the aim and objectives of the research, importance of the research, benefits of the research, duration, and how results will be used and managed. During the data collection, respondents were allowed to accept or decline to participate in the study. Informed consent to participate in a study is the cornerstone of ethical research (Denzin & Lincoln, 2011). Informed consent rests on three pillars namely the extent and nature of the information given to the participant, comprehension on the part of the participation, which is free of coercion and undue influence (Alfuzai, 2022). The second ethical consideration is the principle of allowing participants to walk out at any point during the data collection process. Fischer & Anushko (2008) posit that researchers must not block study participants when they take decisions to walk out. Clarity should be given to study participants of their right to opt out of participating in the study at the time when they are being recruited as participants. Sufficient information regarding the research was shared with respondents. The researcher ensured that the data collection tools provided detailed instruction and background to the study and indicated the participants rights to make informed consent to participate in the study. Those who were not interested in participating in their decisions were highly respected. None of the sampled participants left during the data

collection. Assurance was given to hospital leadership and respondents that the study was purely academic, and the information would be utilized only for academic purposes. The researcher designed the study ensuring that it would contribute to the body of knowledge that would support improving governance of health facilities in Malawi. This would indirectly contribute to better serving internal stakeholders and the community stakeholders served by the hospitals. The third ethical consideration was the right to privacy. Adarmouth et al (2020), posit that protecting privacy of research participants is recognized as one of the standard requirements for clinical research. They argue that there are no clear guidelines on the concept of privacy. This principle is also aligned with respect for confidentiality. In this regard, the researcher ensured avoiding asking very personal questions or questions that made the respondents uncomfortable. The study was done in an environment that participants were comfortable with. This helped to minimize physical and psychological harm. Room to provide clarifications to participants on the questions was made available. There were no incentives that were given to participants to entice or force them to participate in the study to prevent prejudice. The fourth ethical consideration was confidentiality principle. Fleming & Zeegwaard (2018) posits that researchers extend confidentiality beyond participants' name to also include avoidance of using self-identifying statements and information. In this regard participants were assured confidentiality about their biodata. Maintaining high ethical standards during research helped to reduce risks that research participants could experience if their rights were violated during their participation in research. In addition to protecting human subjects the researcher avoided plagiarism of other scholar's work. All previous research documents and any other referenced material were ethically acknowledged.

Data Collection and Analysis

A mixed method was employed in this study to collect data which was obtained through administration of survey questionnaire and interview. Secondary data was gathered through existing hospital records, strategic documents, policies, and board documents. The combination of the two methods allowed triangulation and complementarity (Choy, 2014) of the data collected. Qualitative data helped to understand the challenges of governance in Christian Health association of Malawi Health facilities and how it impacts on performance. The survey questionnaire generated ordinal and nominal data. Allanson & Noter (2020) narrate that ordinal data comes from categories of responses that are ordered. Nominal data comes from responses choices that do not have any agreed ordering format. Nominal and ordinal data are both groups of nonparametric variables. They are both classified under categorical data. Categorical data can be counted, grouped, and sometimes ranked in importance. Nominal variables are measured at the most basic level. They are discrete levels of measurement where a number represents a category (i.e., 1= female; 2= male). The number does not imply any order. Ordinal variables are also discrete categories, but they are ranked in a particular order. A good example is the Likert scale (Potdar, Pardawala & Pai, 2017).

Data Analysis Technique

Statistical data analysis methods for quantitative data will help to describe the data and make inferences on the group from which the sample was chosen (Abulela & Harwell, 2020). In this study this process was accomplished by computing descriptive statistics to better understand followed by correlation and regression analysis to evaluate the existence of relationships among

variables. In this research, quantitative data analysis was done with the aid of a computer software called Statistical Package for Social Scientists (SPSS).

Descriptive Statistics

It is the first stage of quantitative data analysis and provides a foundation for computing inferential statistics (Kaliyadan & Kulkarni, 2020). It provides summaries (Blyuss et al., 2021; Bulanov et al (2021) of the sample and about the observations that have been made. Such summaries may be either quantitative i.e., summary statistics or visual which is simple to understand i.e., graphs . Descriptive statistics are appropriate and can be applicable in every kind of research. Depending on the aim of the research, an investigator can choose to use descriptive statistics only or add to a causal analysis (Loeb, et al., 2017. Descriptive statistics intention is not to use the summarized data for the purpose of making any generalizations (Kaliyadan & Kaulkami, 2019). The mean is the most precise measure of central tendency most sensitive to extreme values than is the median. Measures of dispersion are concerned with how the scores in a distribution are spread apart. This type of measure only applies to ordinal, interval and ratio data that can be ranked (Yellapu, 2018). This study utilized Statistical Package for Social Scientists (SPSS) to calculate measures of central tendency.

Multiple Linear Regression

Multiple linear is a statistical analysis tool that is used to determine the relationship between the dependent variable and several independent variables. It is an important tool for statistical inferences The aim of multiple regression analysis is to examine which among the independent variables can significantly predict the dependent variable (Jain & Chetty, 2019; Dhakal, 2018;

Alexopoulos, 2010). In this study, the purpose of conducting multiple regression analysis was to ascertain the relationship between oversight of the board on finance management, quality service management, resource mobilization and regulatory compliance on the dependable variable strategy goal attainment in nonprofit hospitals. In this study multiple regression analysis was employed in line with Cotton, Manion & Morrison (2018) assertion that it is ideal in situations where the researcher intends to assess presence of relationships between the dependent variable and several predictor variables. This study focus was to determine whether there is a relationship between oversight of the board on finance management, quality service management, regulatory compliance, and resource mobilization with strategy goals attainment. The analysis started with testing the assumptions for multiple regression analysis. The histogram with normal curve and normal probability plot where the points followed the diagonal line with minimal deviations were employed to assess the violation of the assumption of independence, linearity, and normal distribution. Multicollinearity was assessed using Variance Inflation Factor (VIF) and Tolerance interpretation guided by advice by Dhakal (2018) where IVF should be <10 and Tolerance > 1.0 to exclude presence of multicollinearity. Checking assumptions is very important in conducting multiple regression analysis because where violation happens, the reliability of the outcome is unreliable (Anja & Casper, 2017). The next step involved determining how well the multiple regression model fits with the data. The elements that were analyzed were the R and R^2 . These are measures that are employed to ascertain how the model fits with the data. The R measured the quality of the prediction of the independent variables on the dependent variables. R^2 is also called the coefficient determinant. This measures the proportion of variance in the dependent variables that is caused by the independent variables (Dhakal, 2018; Cotton, Manion & Morrison (2018); Jain

and Chetty, 2019). The R^2 ranges from 0.0 and 1.0 and is commonly expressed as a percentage. The statistical significance of the model was analyzed using the F-ratio and P-value/sig. value set at 95% confidence interval in the analysis of variance (ANOVA) table. A yield of F-value greater than 1 would yield an efficient model (Alexopoulos, 2010) and P-value <0.05 demonstrated significant relationship between the independent variable and dependent variable. The statistical significance of the independent variables was tested through analyzing the p-values of each independent variable. The regression coefficient describes the relationship between each independent variable and the dependent variable. The P-Values for each independent variable depicted whether the relationships were significant. A positive regression coefficient implied that when the value of the independent variable increased this would cause a positive increase in the outcome variable. Where the regression coefficient was negative this implied that a decrease in the predictor variable would contribute to a decrease in the dependent variables. The unstandardized coefficient revealed how much the dependent variable variation was influenced by the independent variables holding all the other independent variables constant.

Qualitative Data Analysis

Applying qualitative methods to analyze data has developed to be common and acceptable in the past few decades among researchers. Selection of a qualitative data analysis method is influenced by objectives and aims of the study as well as the kind of data needed to help accomplish study aims and objectives (Akionde & Khan 2018). Methodological triangulation was based on use of multiple methods to generate more comprehensive data about the phenomenon (Dawadi, 2021) under study through combination of data collection methods namely face to face

interviews and survey. Inter-method triangulation helped to avoid researcher bias in the conclusions from the study and ensured complementarity. Under the current study qualitative data will was used to complement the findings from the survey. Digital recording and note taking were done during data collection. The study used thematic methods for qualitative data analysis. The steps taken to analyze the qualitative data started with organizing and getting familiar with the data. This involved reviewing the audio tapes and field notes and actual verbatim transcripts to get familiar and make sense with the content of the data. Notes were made on the impression of the data. The second stage involved generating codes to organize the data in a meaningful way. Coding helped to reduce the data and find commonalities within the data subject under study. From the transcripts, the coding process involved retrieving and categorizing data that were similar in meaning. The data was highlighted in the interview transcript and given a label (code). This helped to cluster the segments that were similar in meaning and relate to one another. The next step involved searching for themes or categories. A theme is a common trend within the data that depicts important issues related to the information sourced or the study. There are no specific standards or guidelines about what constitutes a theme (Braun & Clarke, 2006). In the present study established codes were reduced to broader themes that linked to the purpose of the study as well as the research question. The next stage involved carrying out a critical review of the broad themes to ensure that they made sense; data is relevant in support of the purpose of the study; themes brought meaning and see how data relate to each other. This generated the first shortlist of themes. Step five involved further reducing the themes where similar and overlapping themes emerged. The result of this stage was a final list of themes. According to Gill et. al. (2008) they advise that the list should contain at least up to maximum of 12 themes. At this stage, the themes

were given names that are easily understood. A description for each label was done. Results from the data analysis processes were used to complement the analysis from quantitative data analysis to give more meaning and explanation to some of the quantitative data analysis conclusions.

Summary

The aim of this chapter was to outline the plan for conducting the study and related procedures that would be followed in the execution of research activities. The chapter started with a presentation and outline of the research methods and providing a justification for choosing the mixed method approach to carry out this research. The purpose of the study was to critically examine the impact of the board on hospital performance operating under Christian Health Association of Malawi towards realization of strategic goals and objectives as directed by the board. Specifically the study reviewed the relationship between oversight on finance management, quality service delivery, resource mobilization and regulatory compliance with attainment of strategic goals and objectives in a developing country perspective. Dawadi (2020) explain that research design can be categorized into three types of approaches namely qualitative, quantitative, and mixed method. The research design is a detailed plan that presents a conceptual outline providing guidance about how the research will be executed. . Having a good, structured design permits the researcher to systematic manage the research taking everything into consideration from the research conceptualization, data collection, analysis, report writing and dissemination of findings (Patel & Patel, 2019). The study plan provided a methodical structures approach to manage the research. The quantitative research approach is about finding valid mathematical representations for empirical phenomena and focus on measuring relations among variables achieved through answering hypotheses through surveys and experiments (Borgstede & Scholz,

2021). Statistical data provides measures to test a theory. Qualitative research involves conducting the study in a natural setting, the researcher has the sole duty to gather the data, evaluate and interpret the results which are presented non numerically (Creswell, 2015). The current study employed the mixed methos approach. The objective of mixing quantitative and qualitative research designs was uphold the strong elements and limit the gaps in the two approaches Mixing the two methods helps the two methods to complement each other and ensure establishing a richer insight of the subject under study. It increases the capability of generalizing quantitative results through triangulation with qualitative findings (Caruth, 2013; Smith et al., 2018). Data collection was done using a survey questionnaire and checklist for face-to-face interviews. The survey questionnaire assists the researcher to collect data in a standardized way. A well-produced questionnaire can generate effective and accurate data (Taherdoost, 2016). The questionnaire with closed structured questions on Likert scale were self-administered by respondents. The blend of the two methods was preferred to take a broader complementarity view of the influence of the hospital board efficiency towards implementation of strategic goals as set in the strategic plan. Using several methods in one research is a technique that allows the investigator to limit or eliminate possible prejudice or weaknesses of utilizing only one research approach a single method (Campbell, et al, 2020). The survey questionnaire was self-administered. Bryman (2016) posits for easy use of a questionnaire which the research participants use to fill information without guidance of investigator normally should have closed ended questions, use simple language with clear instructions making it easy to understand by the participants. . In this study the questionnaire had clear instructions to limit the chances of poor responses due to misunderstanding of questions. It was modified from the analytical framework used in Belgium hospitals. The framework has four

dimension which entails that hospital performance is influenced by setting of goals and monitoring controls to support goal attainment, having right human resources management, sound internal processes and systems, compliance to organizational values, policies, regulatory requirements (Guisset, et. al., 2002).

The chapter outlined the population and sampling processes in this research. This study purposively sampled health facilities operated CHAM in Malawi. At the time of the study the latest data from CHAM showed that there were 145 health facilities operating under CHAM in Malawi. The 145 health facilities formed the sample frame. Through simple random sampling, 15% (21 health facilities) from the total (145) number of hospitals was chosen to be included in the survey.

e. The sample frame comprised of a total of 145 health facilities. Simple random sampling is a common quantitative sampling technique that gives each member in the population an equal chance of being selected to participate in the research. It generates a representative sample which allows generalization of results. It is very easy to use where the sampling framework exists (Singh & Masuku, 2014). A total of 105 participants were engaged in the survey comprised of 63 managers staff and 42 board members. Three governance technical experts were purposively selected from CHAM for the face-to-face interviews. They were selected because of their vast expertise in health care governance. Their contribution helped to gather adequate and insightful data that assisted addressing the study objectives and helped to provide some insights into the qualitative findings through complementation .

Study procedures and ethical issues were discussed in this chapter. Authorization from the UNICAF University Research and Ethic Committee was granted prior to initiating the data collection process. The researcher sought approval from the CHAM executive leadership to

conduct the study in hospitals operating under its umbrella. Entry into the hospitals was done through the hospital leadership. Ethical considerations involved protecting respondents from harm through assurance of confidentiality, respect to privacy, getting formal signed consent forms from respondents, and giving option to walk out at any given point of the study. No incentives were given to respondents to influence their decision to participate in the study. Ethical issues in research are some standards that researchers follow to protect the rights in developing research strategies and building the trust between the study participants and the researcher. It is recommended that ethical principles should be applied throughout the research process not just at one given point (Rana & Dilshad, 2021). SPSS Version 26 was utilized to analyze quantitative data to produce descriptive statistics and regression analysis outputs for the purpose of assessing the existence of association between the dependent variable strategy goal attainment with financial management, quality service delivery, regulatory compliance, and resource mobilization. Descriptive statistics are applicable to all types of studies and provide a foundation for inferential statistics. Quantitative analysis started with descriptive statistics and finalized the analysis with multiple regression analysis. (Ali & Younas, 2021) state that regression analysis is a useful statistical procedure that allows investigators to portray, estimate and predict and make conclusions about relationships between interrelated variables. The extent of association of variables can be assessed using a Pearsons Correlation analysis. The purpose of this research work was to ascertain the impact of the board on hospital and hospital performance hence the chronology of analysis started with descriptive statistics, followed by correlational analysis, and completing the analysis with computing multiple regression.

CHAPTER 4: FINDINGS

The study aimed to conduct a critical review of the impact of the board on hospital performance in the hospitals operating under the of Christian Health Association of Malawi (CHAM). Specifically, the study analyzed the influence of finance management performance, quality service delivery management, resource availability and regulatory compliance risk management on achievement of strategic goal. The study aimed at determining existence of relationships between the attainment of strategic goals and the outcome variable in this research with the independent variables finance management, quality service management, resource mobilization and regulatory compliance. The study also focused on establishing the challenges that impact on hospital performance. A survey questionnaire was used to gather data on board and management representatives sampled in the 21 hospitals that participated in this study. In addition, the study generated qualitative data from three governance experts from CHAM. Quantitative data analysis focused on descriptive and multiple regression analysis using SPSS version 26 while thematic method was adopted in qualitative analysis. The structure of the presentation starts with demographic characteristics of the respondents, followed by descriptive statistics. Multiple regression and correlation were applied to assess the existence of relationship between the outcome and independent variables and hypothesis were tested. Results have been presented. The last section of the report presents qualitative findings to determine the governance challenges faced by hospitals operating under CHAM in Malawi. Principal component analysis (PCA) and Cronbach's Alpha respectively were utilized to examine the reliability and validity of the data. Results are presented as the first section of this port.

Trustworthiness of Data

The main instrument to collect data from board and management respondents was the survey questionnaire. A Likert scale framework was used which categorized responses in the questionnaire beginning from 1-strongly disagree to 5 strongly agree. Reliability and validity are two fundamental elements used in any study to enhance believability and trustworthiness of the results particularly if the investigation is to be repeated by different investigators under the same conditions (Kourmosi, et al, 2017;Morhajan, 2017). In this study validity and reliability of the survey instruments was determined by Principal Component Analysis in SPSS (testing validity) and Cronbach's Alpha Coefficient (testing reliability).

Reliability and validity of data

Reliability addresses the trustworthiness of the instruments used to collect data in a study will generate the intended results and that when similar tools are used by other researchers, the same findings and conclusions will be realized. Reliability, therefore, gives assurance that the study can be repeated without changing the result outcomes. Enhancing the quality of statistical inference validity and reliability demands choosing appropriate procedures for sampling, proper quantitative analysis tests, and appropriate measurements processes (Haradhan, 2017). The questionnaire was replicated from a largescale study (survey) that was used on 3668 participants sampled from Belgian hospitals (Eeckloo, et al., 2004). The study demonstrated the ability for replication of the survey tool in other studies. The questionnaire was pretested with some hospital senior leadership capable of understanding the concept of hospital governance and performance (managers and board representatives). Testing of the study hypothesis supports validity and reliability conclusions from the data.

Cronbach alpha coefficient is one of the most common indicators used to measure internal consistency and most appropriate for use in Likert scale type data. To measure internal consistency and reliability, the Cronbach alpha is a tool that is used by researchers . It evaluates the degree to which responses in a survey instrument correlate with other items within the instrument (Varske, Beaman, & Sponarski, 2017). It is mandatory for researchers to compute Cronbach alpha to add validity and accuracy to trustworthiness of the results. The recommended size of the sample in calculating Cronbach alpha to be sufficient is 30 (Nawi, et. al. 2020). Cronbach alpha measurement ranges from 0.0 to 1.0 To the degree which the coefficient alpha approaches 1.0, the scale demonstrates greater internal consistency (Ursachi & Horodnic, 2015; Mohajan, 2020). Many authors recommend a value if .70 or higher for Cronbach alpha to demonstrate a satisfactory reliability for an instrument. A high Cronbach greater than .95 demonstrates that there is an existence of some level of redundancies in the instrument measuring same things in a different item (Taber, 2017). Hair et al. (2020) simplifies the interpretation of Cronbach alpha coefficient based on the strength categorized in four thresholds < 0.6 is classified as poor to moderate, very good reliability ranges from 0.6 to <0.70 while 0.80 to < 0.9 represents excellent reliability. This is summarized in table 9 Cronback Alpha Determination Thresholds.

Table 9

Cronbach Alpha Determination Thresholds

Alpha coefficient range	Strength of association
<0.6	Poor
0.6 to <0.70	Moderate
0.70 to <0.80	Very good
0.80 to <0.90	Excellent

A valid questionnaire enables the researcher to collect reliable and consistent accurate data. It is important in a study to limit the possibility of receiving and obtaining incorrect responses which demands the importance of the investigator to pay attention to make sure that trustworthiness of the data is enhanced. Validity deals with evaluating the degree to which the data collection instruments truthfully determine the expected intent from the data and examine trustworthiness of findings (Suruku & Maslakai, 2020).

Content Validity

This refers to the degree from which the data collection device presents sufficient cover of the questions under inquiry (Singh, et al 2018). In this study, validity was assured by making use of existing survey questionnaires frameworks used by other researchers where the tools demonstrated replicability. Feedback from corporate governance experts helped make improvements where gaps were noted. Determination of appropriate research questions in the questionnaire and to understand the core dimensions of hospital performance was informed by the literature review of tools used previously and deemed relevant to this research work. This helped to identify relevant topics for the study tools. Very simple English was used in designing the questionnaires. This gave an assurance that the respondents would easily understand the questions and provide answers with the right information relevant to the study. Validity posits the relevance of the tool used to obtain the data that would help to meet the intention of the study (Surucu & Maslaki, 2020). The central purpose of Principal Component Analysis (PCA) is to trim down the items of a data set consisting of many interrelated variables, while retaining as much as possible the variation existing in the

data set. It is recommended that the factors retained must account for at least a minimum of 50% of the total variation (Mishra et al. 2017).

Validity Analysis

Principle component analysis and varimax method was used through SPSS version 26 to determine validity of the variables in the survey instruments for the board and management. The variables had to have a minimum of five items. Principal component was used because some questions (items) were added in the questionnaire to adapt to the context of the research. If the questions were adapted without from the original questionnaire by Minville et al. (2008) without adding or removing items then confirmatory factory analysis would have been applied. In this case some questions were removed and new items added hence principal component analysis was the most ideal as reflected in table ... below. The factors that were selected had their Eigen values > than 1. The Bartlett test and Kaiser Meyer Olkin test of Sampling adequacy were calculated. KMO value ranges from 0 to 1 and results to be acceptable must be greater > than 0.5. The Bartlett test to be acceptable it must be greater than 0.001 (Mathur & Dhulla, 2014). The next section provides summary findings of the validity analysis extraction displayed in Table 10.

Table 10*Principal Component Analysis*

Scale board roles	KMO	Bartlett's test	Correlation determinant	Factors extracted	Cumulative Variance
Finance management	0.783	0.001	0.005	1	72.625
Service role	0.705	0.001	0.323	1	59.86
Regulatory Compliance	0.755	0.001	0.015	1	72.964
Quality improvement	0.725	0.001	0.033	1	58.964
Strategic role	0.823	0.001	0.007	1	57.845

Results show that the board roles that were subjected to principal component analysis, all these variables had acceptable KMO which was greater than 0.5. The Bartlett's test for all variables was significantly greater than 0.001. All variables extracted one factor. The cumulative variance for the financial oversight is 75.63%, regulatory legal oversight 72.83%, Service role 60%, Quality improvement 59%, and Strategic role 58%. The significance value < 0.05 demonstrates factor analysis appropriateness to the data. The rate of the determinant score is an important test for multicollinearity. The accepted score should be greater than 0.0001 (Shrestha, 2021). In this study results show that the individual correlation determinant for all the variables were at an acceptable level as they were all greater than 0.0001 demonstrating an absence of multicollinearity.

Reliability

A pilot study was carried out to check how to determine the trustworthiness of the questionnaire to generate anticipated data. Cronbach's Alpha is a tool that is used to assess internal consistency and determine the reliability of the questionnaire. The Alpha Measures internal consistency by establishing whether the items measure the intended variable. Nunally (1978)

established the alpha value threshold of 0.7 which the study benchmarked against. Table 11 presents the reliability tests on the board roles and functions.

Table 11

Cronbach Alpha Scores Board

Measurement Models	Cronbach alpha	Number of items
Strategy oversight	0.830	8
Financial control	0.832	5
Quality oversight	0.804	5
Regulatory oversight	0.717	5
Service role	0.785	5

Table 10 reveal that all the Cronbach Alpha levels were significant, having an alpha above the prescribed threshold of 0.7. The uppermost level of validity was recorded in financial oversight ($\alpha = 0.832$), followed by strategy oversight ($\alpha = 0.830$) and Quality oversight ($\alpha = 804$). Service role and regulatory oversight, service was also valid at were all valid at an Alpha level of 0.785 and 0.717, respectively. In addition, methodological triangulation was further utilized to enhance credibility of the research findings by combining survey and interviews. Methodological triangulation is one of the strategies that is used to enhance trustworthiness of data in both qualitative and quantitative research (Varske, 2017)

Results

Response Rate

The study simply randomly sampled twenty-one (21) hospitals out of a total of 145 hospitals operating under CHAM representing 15% of the hospitals at the time of the study. In each hospital five participants would participate in the survey comprising of three senior management staff and two board representatives who were purposively sampled giving a total of

105 respondents comprised 42 board members and 63 senior management staff drawn from the three key hospital departments namely the clinical department, nursing department and finance/administration department. The heads of departments from each of the departments were purposively chosen as respondents in the survey. The overall response rate was 96%. The study targeted 3 governance experts from the CHAM secretariate to participate in the semi structured interview qualitative part of the study. These were only three experts that provide governance expertise to all CHAM health care facilities. They were purposively sampled, and the response rate was 100% (3).

Demography

Gender and Age

Frequency tabulation was used to summarize findings regarding the gender and age of board representatives. The results show that (31) 77% of the board study participants were males and (9) 22.5% were females. Th study sought to appreciate the gender characteristics for the management team survey respondents. Results reveal that there were more males 40 (65.6%) compared to female respondents 21 (34.5%). The age for management team respondents ranged from 25-52. .

Occupation Board members

Table 12

Occupation Board Respondents

Occupation	Frequency	Percent	Cumulative
Accountant	1	2.5	2.5
Administration	19	47.5	50
Priest	3	7.5	57.5
Business	2	5.0	62.5
Clinical/Nursing	10	25.0	87.5
Farmer	5	12.5	100.0
Total	40		100.0

Findings reveal that boards in the sampled facilities include members with a clinical background (25%). Results demonstrate that as Christian proprietors own the hospitals, there is a representation of the clergy/priest (7.5%) in the boards. Further results demonstrate 47.5% had an administration education qualification. While the board provides oversight on financial management, results revealed a gap of such an expertise in the board revealed as results revealed that only 2% had an accounting background.

Occupation of Management Respondents

Analysis of classification of management's respondents' professional classification revealed that that 33% had a qualification in finance and administration, 33% had clinical background while 34% had a background.

Level of Education of Board Members

The research examined the education levels of the board members. Results showed that (50%) of board survey participants hold a degree, 23% have a diploma, 20 % hold a primary school certificate and 7 % hold a high school certificate. The results demonstrate a good level of education which hence the members were in a good position to provide the vital data for the research.

Level of Education Management Respondents

The level of education for the management team was analyzed. Frequency tabulation revealed that 41% had diploma qualification, 39% held a degree qualification, 8% had a master's degree. The results further demonstrated that a few staff are in management positions without having relevant qualifications. This was revealed by 5 percent who had a professional certificate below a diploma, 3% having primary school qualifications 7 % who had a high school level

qualification. The management level of qualification was adequate to self-administer the survey questionnaire.

General Governance Information

Findings have revealed that from the sampled hospitals/health facilities, there is agreement that a formal policy or constitution exists and provides guidance on governance mechanisms. The majority (95%) of the respondents agree that boards and governance policies exist.

Board Quality

Board members respondents were enquired to analyze their appreciation of board quality parameters in line with board recruitment mechanism, evaluation processes, skills profile, planning, separation of powers, involvement of clinical staff in the board and presence of technical commitment. Results showed that 90% of board participants agree that boards maintain a profile of skills sets required for the board and its membership. Seventy-five percent (75%) agree with the existence of a process of assessing the competency of board members to do their duties. There is less involvement of management (45%) in the selection of potential experts to be added to the board. Approval of new members is not done by the entire board evidenced by only (45%) agreeing that whole board approves new board members. Sixty-six percent (60%) agree that the board develops work plans, 28% are not sure of this practice and 8% disagree. There is agreement (78%) that clinical staff engage in the board. Ninety-five percent (95%) of the board respondents agree that the board does have technical committees. Results show that 85% of the respondents agree that the board has a technical committee that manages technical issues on behalf of the board.

Board Orientation and Education

The study sought to establish from board survey respondents about the availability of a policy that guides board recruitment, governance functions board, existence of induction and development plans as well as performance management for the board and its members. Findings demonstrate that the majority (70%) mentioned that policies exist on managing board member recruitment, the majority 57% do not agree that a budget exists for board development. The study also evaluated the existence of board evaluations. Results revealed that (53%) agree that the board conducts performance reviews for the whole board and that of its members.

Management Oversight including CEO Hire

The study sought to establish if the board is responsible for hiring, supervising the CEO, and reviewing his/her performance. Results revealed that the majority agree (60%) that there is separation of functions between Executive Director and chairperson of the board. The board has the function of hiring the CEO.

Descriptive Statistics Board

This was the first stage that was applied to present the basic characteristics of the data in the research results. Board representatives who participated in the study were asked to indicate their perception regarding the board roles and functions in support of strategy implementation. The findings are outlined in table 13.

Table 13*Descriptive Statistics Board Respondents*

	N	Mean	Std Dev	Median				
Measurement Items	Statistics	Statistics	Statistic	Statistics	SD&D	N	SA&A	
Regulatory Management								
Risk analysis in board decisions	40	3.53	1.037	4	15	5	80	
Board involved in quality improvement	40	3.83	0.888	4	6	20	74	
Adequate Personnel Oversight on risk Management	40	3.90	0.928	4	5	18	77	
	40	3.85	0.834	4	3	28	69	
Finance Management								
Finance allocation oversight	40	4.05	0.677	4	10	8	82	
Approves finance policies	40	4.15	0.834	4	5	13	82	
Checks reporting/audit accuracy	40	4.18	0.844	4	5	13	32	
Monitor Financial Performance	40	4.13	0.723	4	5	23	72	
Resource Mobilization								
Mobilizes hospital resources	40	3.08	1.244	4	37	25	38	
Connects hospital to resources	40	3.30	1.114	4	26	33	51	
community engagement	40	3.58	1.113	4	16	25	59	
Advice management	40	4.08	0.829	4	27	20	53	
Quality Service Management								
Focus on quality Improvement	40	3.98	0.888	4	6	20	74	
Oversight on quality services	40	3.30	0.834	4	3	28	69	
Informed on quality programs	40	3.83	0.903	4	8	20	72	
Knowledge on standards	40	4.03	0.920	4	7	23	70	
Strategy Oversight								
Approves strategic plan	40	4.05	0.102	4	10	15	75	
Organization strategy aligned to strategy	40	4.13	0.822	4	3	23	74	
Organizational wide monitoring	40	3.63	0.102	4	5	13	82	
Staff performance system aligned to strategy	40	3.60	0.982	4	11	38	551	
Oversight on hospital activities	40	4.03	1.050	4	10	19	81	
Job description aligned to strategy	40	4.28	0.816	4	23	29	49	

Note: SD: Strongly Disagree D: Disagree N: Neutral SA: Strongly Agree: A: Agree

Descriptive statistics were the first step of analyzing quantitative data before computing correlation. Quantitative data analysis finalized with multiple regression analysis which aimed to assess the association amongst variables. Results have shown that the board provides oversight on regulatory compliance in the hospitals that they govern to minimize risks that come with non-compliance with regulatory requirements related to hospitals. Results demonstrate that majority of the board (72%: mean 3.53) agree that the hospital boards are well informed on quality improvement requirements and programs. Similarly, majority agree that regulatory risk management is integrated in board decisions (82%: mean 3.53), board has a system to monitor effectiveness of risk management programs (69%: mean 3.85), quality improvement is integrated in board decisions (74%: 393) and the board ensures that the hospital has adequate personnel, equipment, infrastructure to support delivery of services. The results have revealed that the board considers risk management oversight as a key priority of their functions through ensuring that management complies to all regulatory requirements for quality improvement and regulatory compliance risk management.

Finance Oversight

Results show that financial oversight is among the major board's duties. Board members support the implementation of the strategic plan by ensuring that resources to support strategy execution are adequate and made available to the hospital. This is evidenced by most respondents (73%: mean 4.05) agreeing that the board ensures availability of financial resources to support strategy implementation. Further, results show that the board provides direction regarding how they want financial management activities to be carried out through ensuring having the policy

framework for managing finances in the organization. Evidence reveals that the board approve policies and systems of financial management agreed by (72%: mean 4.15). This provides clarity of roles and responsibilities for essential finance management activities and decisions. Results have shown that the board exercises its strategic control role in finance management. The board monitors financial management and demands accountability (72%: mean 4.18) from management through accuracy of reporting and approval of audited financial statements.

Resource Mobilization

Findings illustrate that most respondents agree (74%: mean 3.98) that the board provides leadership in mobilizing resources in support of implementing hospital operations. Similarly, respondents (69%: mean 3.30) agree that the board links the hospitals to external resource sources and connects with the community (59%).

Service Quality Management

Results have demonstrated that the board is well informed about quality improvement programs in the hospital evidenced by (74%: mean 3.93) respondents agreeing to this assertion. The majority agree (69%: mean 3.85) that the board provide risk management oversight leadership on quality of services through holding management accountable to report on quality service operations. Similarly, the majority agree (74%) quality service is a strategic oversight area of the board evidenced by integration of this aspect in the board decision process.

Strategy Oversight

Results demonstrate that the majority agree (75%: 4.05) that the board sets the strategic direction of the hospital's involvement in developing and approving the strategy that supports realizing the mission. Results have shown that there is strong agreement (84%: mean 4.13) that the board harmonizes the structure to align with the strategy goals. This allows the strategy to cascade down the organization to efficiently deliver the strategy. While the structure is aligned to the strategy, respondents do not agree (52%: mean 4.28). Monitoring strategy implementation is a key role of the board as agreed by (82%: mean 3.63) of the respondents. Respondents agreed that staff performance is aligned to the strategic goals (51%: mean 3.60) and ensure that hospital operations (81%: mean 4.03) are aligned to the strategy.

Correlation Analysis Board Respondents

Correlation analysis was done to evaluate the existence of associations amongst variables to detect any presence of multicollinearity. Results are presented in Table 14.

Table 14

Correlation Analysis Board

	Goal attainment	Finance management	Quality management	Legal compliance	Resource mobilization
Goal attainment	1				
Finance management	0.662** 0.000	1			
Quality management	0.657** 0.000	0.499** 0.001	1		
Legal compliance	0.747** 0.000	0.531** 0.000	0.553** 0.000	1	
Resource mobilization	0.441** 0.002	0.228** 0.079	0.594** 0.000	0.499** 0.001	1

Notes. ** Correlation Significant at the 0.01 level (2 tailed)

Results in table above, includes the Pearson Correlation and one-tailed significance (p-value). The relationship strength can range from absolute 1 to 0; the greater the association the nearer the value is close to 1 (Schoober, 2018). Findings established associations among some of the variables. Strongest and positive correlations were obtained goal attainment and legal compliance ($r = 0.747$, $P < 0.001$), Finance management ($r = 0.662$, $p < 0.001$), quality management ($r = 0.657$, $p < 0.001$). A weak relationship was established between resource availability ($r = 0.441$, $p = 0.002$). Pearson correlation evaluates the association between variables and the value ranges between -1 to 1. Correlation coefficient below 0.05 level of confidence can be considered statistically significant (Schober, 2018). In this study results illustrate all predictor variables had a positive association with the outcome variable with values either at 0.01 or 0.05 levels of confidence. Although the intention of computing the correlation matrix was not to measure causality, the results provide an insight regarding the existence variable associations.

Multiple Regression Board Analysis

Assumptions of Testing Multiple Regression Results

The Likert scale variables on board roles were transformed before proceeding to do regression analysis to determine the extent of the influence of the predictor variables and outcome with assumption that variables are normally distributed to avoid distortion of associations and significant tests, linearity exists, and multicollinearity is rules out. Normality and linearity condition was not violated as there were no outliers identified; a liner association existed for accuracy was achieved evidenced by the standardized coefficient not being greater than 0.8. Multicollinearity was examined using 1) correlation coefficient, 2) variance inflation factor, and 3) Eigenvalue method. The rule of the thumb (Dhakal, 2018; Gogtay & Thatte (2017) is that if

correlation is greater than 0.8 it is an indication of severe multicollinearity. The correlation coefficient in this study was not greater than 0.8 implying that no multicollinearity existed. Collinearity statistics are presented in Table 15.

Table 15

Collinearity Statistics Board

	Unstandardized coefficient		Standardized coefficient	t	significance	Collinearity Statistics	
	B	Standard error	Beta			Tolerance	VIF
Constant	0.078	0.911		0.085	0.032		
Legal compliance	0.834	0.217	0.449	3.839	0.001	0.609	1.643
Finance management	0.329	0.125	0.297	2.631	0.013	0.655	1.527
Quality management	0.592	0.265	0.329	2.232	0.032	0.382	2.615
Resource mobilization	-0.081	0.108	-0.747	- 0.747	0.460	0.510	1.962

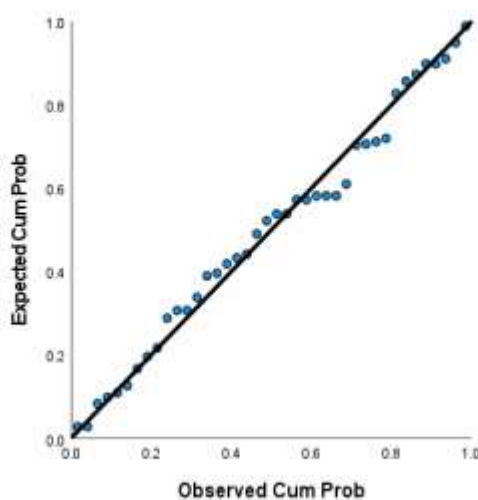
When variance increase factor (VIF) is equal or higher than 10, there are multiple collinearities. If tolerance values are higher than .10 multicollinearity is not decided until it is further examined to check the Condition index values. In cases where the condition index is greater than 30, it confirms that there are multiple collinearities (Uyanik & Guler, 2013). In this study the variance increase factors were smaller than 10 while the tolerance values are greater than .10. In this regard, Condition index values were computed to further decide on collinearity as presented Table 16.

Table 16*Condition Index Values Board*

			Variance Proportions				
	Eigenevalue	Condition index	constant	Legal compliance	Finance management	Quality service	Resource mobilization
1	4.886	1	0	0.00	0.00	0.00	0.00
2	0.054	9.470	0.06	0.06	0.05	0.02	0.44
3	0.029	13.035	0.36	0.64	0.02	0.02	0.02
4	0.017	16.989	0.22	0.31	0.24	0.05	0.25
5	0.013	19.141	0.35	0.00	0.69	0.46	0.29

Note: Dependent variable: Strategy goal attainment

Results demonstrate that all the conditional indices calculated were smaller than 30. Therefore, the conclusion was confirmation that multicollinearity between the variables included in the multiple regression model does not exist.

Figure 2*Normal P-P Regression Standard*

Notes. Normal P-P plot multiple regression Dependent variable strategy goal attainment

Violations of normality were tested using the probability normal plots (P-P) of standardized residual presented in figure 2. Results illustrate that residual plotting is quite near the diagonal normal line. This means that violations of the normality assumption were not detected. Following the examination of the assumptions which were cleared accordingly, multiple regression analysis was done.

Multiple Regression Results Board Respondents

Model Summary

Model Summary ^b									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.847 ^a	0.717	0.683	0.94991	0.717	21.508	5	34	<0.000
a. Predictors: (Constant), Resource_Access, Financial_Management, Legal_compliance, Quality_Management									
b. Dependent Variable: Goal_attainment									

ANOVA

Table 17

Analysis of Variance Board

Model	Sum of squares	Df	Mean Square	F	Sig.
Regression	77.629	5	19.407	21.508	0.000b
Residual t	30.679	35	0.902	0.902	
Total	108.308	40			

Note. Dependent variable Goal Attainment

Table 18***Beta coefficients Board***

	Unstandardized coefficient		Standardized coefficient	T	sig	Collinearity statistics	
	B	Std error	Beta			Tolerance	VIF
Constant	0.078	0.911		0.085	0.032		
Legal compliance	0.834	0.217	0.449	3.839	0.001	0.609	1.643
Finance management	0.329	0.125	0.297	2.631	0.013	0.655	1.527
Quality management	0.592	0.265	0.329	2.232	0.032	0.382	2.615
Resource mobilization	-0.081	0.108	-0.747	-0.747	0.460	0.510	1.962

Note: Dependent Variable: Goal Attainment

This study was done to examine how the board impacts on the capacity of the hospital to attain strategic goals. The hypothesis is that strategy goal attainment in the hospital can be predicted by the independent variables board oversight on finance management, quality service management, regulatory Compliance, and resource Mobilization. Specifically the following hypothesis were proposed:

H1. There is a significant positive relationship between board oversight on finance management and attainment of strategy goals and objectives

H2. There is a significant positive relationship between the board oversight on quality service management with attainment of strategy goals and objectives

H3: There is a significant positive relationship between board oversight on regulatory compliance with attainment of strategy goals and objectives

H4. Resource mobilization positively influence attainment of strategy goal attainment

To test the hypothesis multiple linear regression technique was calculated using SPSS version 26 to predict strategy goal attainment (dependent variable) with independent variables board oversight on finance management, quality service management, regulatory compliance, and resource mobilization. Preliminary analysis was done to rule out violation of the assumptions of normality, linearity, and multicollinearity. Results show that 71% percent of the variance in the dependent variable (Strategy goal attainment) can be accounted for by the four independent variables finance management, quality service management, regulatory compliance, and resource mobilization, collectively, $F(5,35) = 21.508$, $P < .000$ as shown by the ANOVA Table 17. The F-ratio tests whether the overall regression model is a good fit for the data. Results showed a good fit. R^2 is considered one of the measures of effectiveness of the estimation of the outcome variable. It evaluates the level of variation in the outcome variable that can be described by the independent variables (Sarstedt & Mooi, 2018). In this study $r = .847$ suggests that this model is a good predictor of the strategy goal attainment the dependent variable.





Additionally coefficients were further assessed to determine the unique individual contributions of the independent variables on the dependent variable (strategy goal attainment). H_1 analyzed whether board oversight on finance management significantly affects the outcome variable. The results revealed that oversight on finance management ($\beta = .297$, $t = 2.631$, $P = .013$) has a significant and positive impact on strategy goal attainment. Hence, H_1 was supported. The result demonstrates that a unit upsurge in finance management will lead to an upsurge in the goal attainment efficiency in the hospitals by a factor of 0.297. H_2 was examined to assess whether board oversight on quality service management has an impact on strategy goal attainment. Results showed that quality service management ($\beta = .329$, $t = 2.839$, $P = .032$) has a positive significant

impact on strategy goal attainment in the hospital. further, H₂ was supported. The results demonstrate that a unit surge in quality service management will lead to an upsurge in the goal attainment efficiency in the hospital by a factor of .329. H₃ analyzed whether regulatory compliance has an impact on strategy goal attainment. Results demonstrated that the board oversight on regulatory ($\beta = .449$, $t = 3.839$, $P = .000$) has a positive significant impact on strategy goal attainment. As such, H₃ was supported. This result implies that a unit upsurge in regulatory compliance will contribute to an increase in strategy goal attainment by a factor of .449. H₄ resource mobilization was not significant with goal attainment ($\beta = .100$, $t = -.747$, $P = .460$) and H₄ was rejected. The results are presented in table 19.

Hypothesis Testing

Table 19

Hypothesis Testing Board

Hypothesis	Regression Weights	β	t	P-Value	Results
H ₁	FMGT  SGA	0.297	2.631	.013*	Supported
H ₂	QSM  SGA	0.329	2.232	.032*	Supported
H ₃	RC  SGA	0.449	3.839	0.000*	Supported
H ₄	RM  SGA	0.100	-0.747	0.460	Rejected
R2	0.717				
F(5,35)	21.508				

Note P<0.05 FM: Finance Management, QSM: Quality Service Delivery, RC: Regulatory Compliance, RM: Resource Mobilization

The results suggest that hospitals that have boards that provide oversight on financial management contribute to positive implementation of strategic goals of the organization. We can conclude from this study that financial oversight is a key function of the board to support the

accomplishment of objective outcome targets. This finding is supported by research findings by Sahiti (2016) who offer that finance management function oversight can contribute to reducing strategy implementation failures and improve the success rate of attaining strategy goals and objectives. He further state that there is a clear confirmation from literature and survey business and survey business executives that the financial oversight function by the board plays a key role in influencing strategy execution in institutions also confirmed with findings from this study. The finding further suggests that when hospital boards pay attention to monitoring quality assurance on service delivery, this positively influences the implementation of the hospital strategy. The result indicates that hospitals that have boards that focus on providing oversight on management towards quality service delivery, influence the hospital's ability to attain quality strategy goals and objectives. this finding is supported by Lister (2006) study that established similar results and emphasized that when the board takes the role of monitoring quality service study the hospital attains quality goals and objectives. In addition, Kroach (2006) determined that supervisory oversight on quality service delivery is key to influence of strategy implementation performance considering that service delivery is the main strategic goal of the hospitals. It is important for the board to ensure that all regulatory requirements are adhered to in the hospital to ensure effective implementation of strategic plan activities in support of the hospital services. The hospitals operate in a complex environment that is regulated by government and other professional bodies. Results have shown that compliance with regulatory contributes to the ability of the hospital to realize strategic goals and objectives. The results align with Pascuci et al. (2017) research findings that demonstrate that strategy in management in hospitals is a complex process that calls for serious compliance requirements that cuts across the clinical, finance and administration outcomes. How

well the hospital can achieve its strategic mission and goals is influenced by how well the hospital ensures compliance requirements related to quality outcomes, finance, and administration requirements. The hospital boards therefore have a key role to play to enhance compliance to regulatory, legal and related administration requirements.

Resources are required to support the implementation of hospital strategic activities. While resources are an important support for strategy goal implementation, in this study it was not significant in influencing strategy goal attainment. This implies that resources alone are not adequate to influence implementation of strategic goals and objectives. This finding is contrary to the finding by Lemarlenu et al. (2017) that resources are a platform upon which strategic activities can be achieved. In their study, goal attainment had a positive significant relationship with resource mobilization and allocation $r = 0.378$, P value 0.010 which is not the case in this study.

Key Findings Management Survey Respondents

This section provides a presentation of empirical findings from the sampled management team respondents. The section starts with a presentation of level of response from the management team, followed by descriptive statistics summarized in table 20 related to roles and functions of the board namely strategy oversight, finance management oversight, quality service management oversight, resource mobilization service, and oversight of regulatory and legal comprise. This is followed a presentation on correlation analysis to determine presence any association between strategy goal attainment and finance management oversight, quality service management oversight, resource mobilization service, and oversight of regulatory and legal comprise. The last section presents findings on multiple regression analysis and testing of hypothesis.

Descriptive Statistics Management Team

Table 20

Descriptive Statistics Management Respondents

	N	Mean	Std Deviation	Median	SD&		
Items		Statistics	statistics	statistics	D	N	SA&A
<u>Strategy Oversight</u>							
Set Goals and strives to achieve them	61	4.13	0.826	4	3.3	8.2	88.4
Plans aligned to strategy	61	3.87	1.072	4	13.1	9.8	77.1
Performance appraisal aligned to strategy	61	4.05	0.846	4	4.9	13.1	82.0
<u>Finance Management Oversight</u>							
Oversees effective financial planning	61	4.02	0.785	4	18.0	11.5	70.5
Monitor Finance management	61	3.90	0.907	4	6.5	21.3	72.2
Allocates adequate resources	61	4.15	0.771	4	3.2	8.2	88.6
<u>Resource Mobilization</u>							
Resource mobilization capacity exists	61	3.74	0.947	4	9.8	11.5	78.5
Attract qualified staff	61	4.18	0.827	4	16.4	34.4	49.2
Develop strong ties with funders	61	4.36	0.731	4	1.6	4.9	93.5
Strong ties with government	61	4.49	0.698	4	2.0	2.0	96.0
<u>Quality Service Management</u>							
Relies on Qualified Staff	61	3.34	0.810	4	8.2	54.1	37.7
Continuous staff development	61	4.3	0.910	4	1.6	3.3	95.1
Focus on quality service delivery	61	4.08	0.802	4	5.0	8.2	86.8
<u>Regulatory Compliance</u>							
Compliance to regulatory requirements	61	4.43	0.805	4	3.3	5	91.7
Monitoring reports from management	61	2.54	0.416	4	10.0	15.0	75.0

Note. SD: strongly disagree D: disagree N: neutral SA: strongly Agree A: agree percentages

In Table 20, Management respondents (61) were asked to indicate their perception in relation to the function of the board related to supporting strategy development , implementation

parameters, monitoring, financial management, resource mobilization, quality service and compliance to regulatory requirement. Descriptive statistics for strategy oversight reveal a strong agreement 61 (88.4%) that the hospital board provide leadership through setting the strategic goals of the hospitals that they govern shown by mean score 4.13 (SD = 0.826). To support strategy implementation, there is agreement 61 (77.1%) that all departments align their plans with the strategic goals and objectives revealed by mean 3.87 (SD = 3.87). There is strong agreement (75.5%: mean 4.39) that employees are aware that their work contributes to high level strategic goals of the hospital and the performance management system is aligned to the strategic goals (82%: mean 4.05). Staff competencies are continuously improved to ensure they have the right skills and competencies to support strategy implementation. This was revealed by strong agreement (75.5% mean 3.92). Results have shown that the board provide strategic direction in the hospital by ensuring the hospital has a strategic plan that is disseminated across all departments and is known by all staff whose performance is aligned to the strategic goals and all departmental plans are aligned to the strategy. This ensures all departmental and individual employees' work contributes to the attainment of strategic goals.

Descriptive statistics for finance management oversight, management team was asked to about their perception on how they agree how the board executes the control role in ensuring that the hospital has adequate resources, board monitors prudent use of resources to support hospital care activities and ensuring that staff have the capacity to manage finance resources. Results revealed that the management team demonstrated a strong agreement that the board provides oversight on finance management. According to the results there is strong agreement (88.6%: the mean 4.15) showing that adequate resources are allocated to support hospital care activities and

the board oversees. Results showed a moderately strong agreement (70.5%: mean 4.02) that the board provides oversight to ensure effective financial planning and optimizing costs in the delivery of hospital patient care services. Management respondents demonstrated moderately strong agreement (72.2%: mean score 3.90) that the board exercises its control role on management by monitoring the management of financial resources in the hospital. Results have shown that oversight on financial management is an important strategy control duty for the board to ensure availability and prudent financial management in support of implementation hospital strategic goals and objectives.

Descriptive statistics for board function of resource mobilization, the management team (61) were asked to mention their perception regarding how the board executes resource mobilization function duties. Results on management respondents' perception about the board resource mobilization function revealed agreement that the board supports resource mobilization demonstrated by the findings that board connects with the external environment to access resources to support hospital operations. Specifically, results showed moderate strong agreement (78.5% : 3.74) that the board has resource mobilization capacity which benefits the hospitals to access resources required to support hospital operations from the external environment through connections from the board. There is strong agreement (96.8%: mean 4.36) that the board develops strong ties with the community to access resources to support hospital operations. Results revealed strong agreement (96%: mean 4.49) that the hospitals are linked to the government district authorities. The board developed strong ties linking the hospital with the district authorities which helps access to resources from the government at district level. The results revealed disagreement (49.2%: mean 3.33%) that the hospitals can attract well-qualified staff. Results have shown that

resource mobilization is an important task for the board to ensure the hospital has the needed resources to implement care service activities in support of the hospital strategy. The board has the capacity to mobilize and provide connections for resource mobilization. Attracting qualified human resources is a challenge.

Descriptive statistics for quality service management revealed that there is strong agreement (95.1%: 4.08) that the board ensures that the hospitals provide excellent care for patients from a technical point of view. There is strong agreement (86.8%: mean 4.30) that governance leadership quality improvement is enhanced through continuous staff development to ensure that they have the right capacity to provide quality care. Results demonstrated that hospitals are challenged to ensure quality of care is dependent on qualified staff (37.7%: mean 3.33). Results have shown oversight of quality management is a key function of the board.

Descriptive statistics on regulatory and legal compliance in the hospital, the management team (61) were asked to mention their perception regarding how the board executes regarding the management of risks through ensuring adherence to compliance to regulatory authorities' requirements regarding provision of patient care. The results revealed that there was a strong agreement (91.7%: mean 4.43) that provision of services is done in compliance with government, professional regulations, norms, and standards to avoid risks that come with noncompliance. Patient care requires hospitals to operate from the right infrastructure that meets requirements from regulatory authorities. Results showed moderately strong agreement (63.9%: mean 3.77) that the infrastructure of the buildings is quite conducive to support the provision of patient care. Results showed moderate strong agreement (75%) that the board is able integrate regulatory compliance

in its decision making through monitoring regular reports from management. The results show that the board to be well informed on compliance issues and enhances decision making.

Correlation Analysis Management Survey Respondents

Abor (2014) posit analysis of correlation done to examine the existence of multicollinearity. Correlational analysis helps to evaluate the existence of a relationship between variables and quantify such degree of relationship. Fundamentally correlation R will range between -1 and +1 (Gogtay & Thatte, 2017). Correlation analysis becomes useful to explore the association between the dependent variable and predicting variables. It depicts the level of relationship amongst variables. It helps to quantify the degree of relationship of variables. Fundamentally correlation R will range -1 to + 1 (Gogtay & Thatte, 2017). The strength of the association can be anywhere between - 1 to + 1. The stronger the correlation, the closer the correlation coefficient comes ± 1 . A positive coefficient number demonstrates that the variables are directly related implying an increase on one variable will influence a similar of change on the other variable and vice versa when one variable decreases a similar level of decrease will apply on the other variable (Schober, Boer & Schwarte, 2018).

The intention for computing correlation analysis in the current research was to examine the existence of an association strategy goal attainment and the predicting variables namely finance management oversight, quality service management, resource mobilization and oversight on regulatory legal compliance.

Correlation Analysis Management Team

Correlation analysis revealed the existence of an association between strategy goal attainment with finance management, regulatory compliance, quality service management and resource mobilization. Results showed existence of a stronger significant positive correlation ($r = 0.565$, $p < 0.000$) between strategy goal attainment and finance management oversight. A moderate association was noted between strategy goal attainment and regulatory compliance ($r = 0.489$, $p < 0.024$). This was followed by a low significant positive relationship between strategy goal attainment and quality service management ($r = 0.320$, $p < 0.015$). Results showed a negative association strategy management and resource mobilization. The intent of computing this analysis was not meant to determine a causal effect but to check existence of any association amongst the variables. This was guided by guidance from other scholars (Schober, Boer & Schwarte, 2018; Mukaka, 2012; Akoglu, 2018) who posit that it is important to note that an observed correlation (i.e., Association) does not assure that the established relationship is causal, and that correlation does not describe the intensity of the association. While results established existence of associations amongst the variables, such results did not imply causation. The study further carried out multiple regression analysis which can ascertain causation.

Multiple Regression Management Survey Respondents

The extent to which the variables (finance management oversight, quality service management oversight, resource mobilization and regulatory legal compliance oversight) predict strategy goal attainment in the hospital was examined utilizing regression analysis. This was done to explore whether the findings would generate similar results as those of the board respondents

or if there would be some parameters that would have some difference. The assumption made prior to computing regression analysis was that linearity existed, there were no outliers and no multicollinearity existed. Table 21 presents results of the collinearity test for the management team.

Table 21

Collinearity Statistics Management

Model	Unstandardized coefficients		Standardized coefficients	t	sig	Collinearity statistics	
	B	Std error	Beta			Tolerance	VIF
Constant	0.446	0.387		1.152	0.254		
Legal compliance	0.167	0.063	0.290	2.635	0.071	0.880	1.020
Finance management	0.411	0.116	0.411	3.556	0.001	0.790	1.125
Resource mobilization	-0.016	0.085	-0.021	-1.188	0.851	0.833	1.018
Quality service management	0.421	0.126	0.415	3.556	0.001	0.809	1.125

Note. Dependent variable strategy goal attainment

Multicollinearity was examined using three tests namely correlation coefficient, Variance Inflation Factor (VIF) and Eigenvalue. The thumb rule posits that where correlation is greater than 0.8 this demonstrates severe multicollinearity (Oke, Akinmkunmi & Etebefia, 2019). In this study the correlation coefficient was below 0.8 indicating that there was no multicollinearity. To assess and determined the presence of multicollinearity, the researcher applies the use of the variance inflation factor (Hair et al., 2009). To eliminate presence of multicollinearity Uyanik & Guller, (2013); Shrestham (2020), argue that when variance increase factor is equal to or higher than 10, it is an indication that multicollinearity exists. They further advise that where tolerance values are

greater than 10 condition index should be analyzed and if the condition index is greater than 30, multicollinearity is confirmed. In this study, results showed that the variance inflation factors (VIF) for all the independent variables were lower than 10, and the tolerance values were less than 10. This suggest that multicollinearity was not a problem and therefore all the independent variables financial management oversight, quality service management, regulatory legal compliance and the resource mobilization could be included in the same regression model. Violations of normality were tested using the normal probability plots which showed no outliers.

Table 22*Collinearity Diagnostics Management*

Model	Eigenvalue	Condition index	Constant	Variance Proportions			
				Quality service	Finance management	Resource Mobilization	Legal compliance
1	4.912	1.000	0.00	0.00	0.00	0.00	0.00
2	0.050	9.875	0.00	0.84	0.01	0.09	0.09
3	0.025	13.897	0.00	0.07	0.17	0.62	0.02
4	0.026	14.401	0.00	0.06	0.79	0.11	0.35
5	0.050	9.875	0.00	0.84	0.01	0.09	0.09

Note. Dependent variable strategy goal attainment

Results showed that all condition indices were not greater than 30 indicating further cementing the suggestion that no multicollinearity existed.

Multiple Regression Results Management Respondents**Model Summary**

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R	F Change	df1	df2	Sig. F Change
1	.578 ^a	0.334	0.286	0.21083	0.334	7.023	5	56	0.000

a. Predictors: (Constant), Legal compliance, resource acquisition, Quality service Management, Management

Table 23*ANOVA Management Respondents*

Model	Sum of squares	Df	Mean square	F	Sig
Regression	1.249	5	0.312	7.023	000 ^b
Residual	2.489	56	0.044		
Total	3.738	61			

Note. Dependent variable Strategy goal attainment

Table 24*Beta Coefficients Management*

Model	Unstandardized coefficients		Standardized coefficients	t	sig	Collinearity statistics	
	B	Std error	Beta			Tolerance	VIF
Constant	0.446	0.387		1.152	0.254		
Legal compliance	0.167	0.063	0.290	2.635	0.071	0.880	1.020
Finance management	0.411	0.116	0.411	3.556	0.001	0.790	1.125
Resource mobilization	-0.016	0.085	-0.021	-1.188	0.851	0.833	1.018
Quality service management	0.421	0.126	0.415	3.556	0.001	0.809	1.125

Note. Dependent variable strategy goal attainment

This study aimed to evaluate the effect of the board oversight on financial management, quality service delivery, regulatory compliance, and resource mobilization on the outcome variable (strategy goal attainment). The hypothesis was that the predictor variables finance management, quality service delivery, regulatory compliance and resource mobilization positively and significantly influence the realization of the strategic plan goals as set in the hospital strategic plan.





To test the hypothesis multiple linear regression analysis technique was computed using SPSS version 26 that generated three important outputs the model summary that reports the strength of association between the model and the outcome variable, ANOVA and Coefficients that tests significance of the model, the proportion of variance of the model and the significance of the predictor variables. Prior to computing multiple regression, assumptions of normality, linearity and multicollinearity were computed and results revealed no violation of such assumptions. Results for the multiple as presented in the model summary showed good quality of prediction from the independent variables on strategy goal attainment. The R² showed that 33% of the variance in the dependent variable was caused by the independent variables finance management, quality service management, regulatory compliance, and resource mobilization collectively. Overall, the model was found to be significant $F(5,56)=7.023$, $P<0.000$ as shown in the model summary and ANOVA table 21. The results demonstrated a great match between the model and the data. This concludes that the model indeed predicts strategy goal attainment and that the observed outputs from the multiple regression analysis computed are not just by chance alone.

To determine the unique contribution of each independent variable on strategy goal attainment the coefficients were evaluated. H₁ assessed whether the role of the board to provide oversight on finance management positively and significantly impact of strategy goal attainment. Results revealed that revealed that oversight on finance management by the board ($\beta = .411$, $t = 2.635$, $P = .001$) has a positive and significant impact on the strategy goal attainment. In this regard, H₁ was supported. This implies that a change in the independent variable by .411 will result in a change of .411 standard deviations in strategy goal attainment. H₂ was evaluated to establish

whether oversight by the board on quality service management has a positive and significant positive relationship with strategy goal attainment the outcome variable. Results showed that oversight on quality service management by the board contributes to strategy goal attainment in the hospital ($\beta = .415$, $t = 3.556$, $P = <0.001$). H_3 and H_4 were evaluated to assess whether oversight on regulatory compliance and resource mobilization positively and significantly contribute to strategy goal attainment in the hospital. Results showed regulatory compliance ($\beta = .290$, $t = 2.635$, $P = 0.071$) and resource mobilization ($\beta = -.021$, $t = -1.188$, $P = 0.851$) were found not to be significant predictors of strategy goal attainment. Hence, H_3 and H_4 were rejected. The finding on H_4 was like the regression analysis finding from the board respondent that also did not establish board oversight on resource mobilization to be a predictor of strategy goal attainment. The results are summarized in table 25 hypothesis testing management respondents.

Hypothesis Testing Management Survey Respondents

Hypothesis Testing Management Respondents **Table 25**

Hypothesis	Regression Weights	β	t	P-Value	Results
H_1	FMGT  SGA	0.411	3.556	0.001*	Supported
H_2	QSM  SGA	0.421	3.556	0.001*	Supported
H_3	RC  SGA	0.290	2.635	0.071*	Rejected
H_4	RM  SGA	-.021	-0.747	0.851*	Rejected
R ²	0.717				
F(5,35)	21.508				

Note $P < 0.05$ FM: Finance Management, QSM: Quality Service Delivery, RC: Regulatory Compliance, RM: Resource Mobilization

Finance Management Oversight

Hypothesis 1 Finance management positively and significantly contributes to strategy goal attainment

The results suggest board oversight on financial management is a strategic tool that enhances the capacity of the organization to attain its strategic goals and objectives (Rosli & Abdulla, 2015). One of the available strategic choices available to organizational leadership is the adoption of strong prudent financial management strategies (Jusoh, Parnell & Parnell, 2011). Results show positive association between the board oversight on finance management with strategy goal attainment ($\beta = 0.411, t = 3.556, p = .001$). The finding is supported by other another scholar (Payne, Benson & Finegold, 2009), attesting that board effectiveness and ability to provide oversight on financial management control services is positively and significantly related to an organization's ability and capacity to attain financial performance objectives and when aligned to the overall strategy supports the attainment of strategy goals and objectives. The results are in tandem with the board survey multiple regression analysis result that also established an association between the finance management oversight and strategy goals attainment ($\beta = .297, t = 2.631, P = 0.013$). The results suggest that when the hospital board implements its control role through adequate monitoring of financial management in the hospital this influences attainment of strategy goals.

Quality Service Management Oversight

Hypothesis 2: There is a positive relationship between quality service management oversight and strategy goal attainment.

Regression results for the management team respondents in this study revealed that oversight by the board on quality-of-care management does demonstrate an association with strategy goal attainment ($\beta = .415$, $t = 3.556$, $P = .001$). This finding is also in tandem with findings from the board which established a positive significant association ($\beta = 0.329$, $t = 2.839$, $P = 0.032$) between quality service oversight and strategy goal attainment. This finding is line with Ford-Eickhoff, Plowman & McDaniel, Jr. (2011) who established that hospital boards that are involved in strategic leadership in providing oversight patient to quality care by focusing on efforts to improve patient care as well as developing strategic goals specific to quality performance aligned to hospital strategy, results in influencing attainment of strategy goals in the hospital which they govern. Findings from this study suggest that the hospital board needs to pay attention to quality care service strategic decisions to support attainment of the hospital strategy.

Legal Compliance Oversight

Hypothesis 3: There is a positive relationship between oversight on regulatory legal compliance with strategy goal attainment performance.

Compliance with regulations is a key feature in the hospital setting. Failure to comply with regulations can lead to serious sanctions, intensified surveillance of hospital operations and even revocation of operation. Monitoring compliance to regulatory, legal and accreditation requirements of a key function of the board (Dunbar, et al., 2021). Results showed that there was no association between oversight on compliance legal requirements with strategy goal attainment ($\beta = .290$, $t = 2.635$, $P = .071$). This result is different from findings from the board regression analysis findings where the same depicted an association between regulatory compliance and

strategy goal attainment ($\beta = 0.449$, $t = 3.839$, $P = .000$). This was attributed to the perception from management that not all staff in the hospitals are well qualified and the assertion that hospitals struggle to attract well qualified staff which negatively impact on regulatory compliance of staffing requirements.

Resource Mobilization

Hypothesis 4: There is a positive relationship between resource mobilization and attainment of strategy goals

Results from the management team survey revealed that there is a negative association between resource mobilization and strategy goal attainment ($\beta = -.021$, $t = -1.188$, $P = .851$). The regression results on the board survey respondents also revealed a negative a significant negative association between ($\beta = .100$, $t = -0.747$, $P = .460$). The results suggest that resources may not only be considered from the financial perspective only but takes into human resources and others that the management team considered for example descriptive results revealed disagreement (49.2%: mean 3.33%) that the hospitals are able to attract well qualified staff (human resources) and an agreement of management's team survey respondents (37.7%) who perceived that the challenge in human result has potential to affect quality of services.

Qualitative Findings

This section starts by outlining the justification of the sample and description of participants in relation to reaching saturations. Next is the definition and models of saturation, assessment of saturation and how saturation was determined in this study. The last section presents key qualitative results.

Sampling and Data Saturation

One of the aims of this research was to explore the challenges of governance in hospitals operating under Christian Health Association of Malawi. The qualitative component of this study focused on addressing this objective. To address a study objective in qualitative research, study participants must meet certain eligibility. Palinkas & Wood (2015) advise that participants familiarity, understanding and expertise with the subject under inquiry must be rationale for selecting respondents. In this study, the admissibility conditions for choosing respondents were that they must have credible governance knowledge and experience and must have been in a governance advisory function that provides technical advice and oversight to all health facilities under CHAM.

Saturation is quoted by several authors (Guest et al., 2020; Hennink et al., 2019; O'reilly & Parker, 2013) to be based on the theory established by Glaser & Strauss (1967). Qualitative authorities contend that no forthright guidance exists to the to the question of “how many” and that determination sample is dependent on several issues concerning. Sample size determination is guided by the criterion of information redundancy, a point where new information elicited by engaging more sample units and following the logic of information power implying the more information power the sample provides. Deciding an appropriate sample remains an area of continued discussions and practical uncertainties (Vasileiou, et al., 2018; Sebele-Mpofu, 2021). The suggestions and recommendations regarding what constitute and adequate sample to reach saturation vary from one study to another study (Hennink et al., 2019; Hennink, Kaiser & weber, 2017; Sandelowski, 2008; Fusch & Ness, 2015; Sebele-Mpofu, 2020; Constantinou, Georgiou & Perdikogianni, 2017). Selecting an appropriate sample size, to support reaching saturation, remains

a challenge in qualitative research considering the main intention is to select a sample that will yield rich data to understand the issue under study hence the sample differs significantly contingent to the attributes of study. There exists a lack of published guidelines on required sample size to reach saturation. Literature does not agree on how many interviews are required to reach data saturation. The disagreement comes in because the processes of choosing a qualitative sample is biased and subjective. It does not follow a structured standard process as articulated under quantitative sampling methods (Sebele-Mpofu, 2020). Guest et. al., (2006, p.60), assert that while saturation is the most guiding principal to assess adequacy of data for a purposive sample, the authors concluded that the literature does not provide concrete advice regarding how to determine saturation and no real directions for approximating the purposive sample (Liping & Zhao Bo, 2022). Every study has its own uniqueness in terms of questions, proposals, methods etc. The evaluation of saturation should be steered by the study intentions and the requirement to gather ample and adequate data to permit the researcher to draw qualitative conclusions for the phenomenon under study (Chita, 2022). Sampling should be perceived to be much more than the number of participants but their experience as well. In this regard, when choosing people to include in the study, researchers go for the ones that are more familiar and have great expertise on the subject under inquiry (Sandelwoski, 2018). Marshal et al., (2016), argues what matters is how the sample is composed not how big or small it is. Baker & Edward (2012) further assert that considering that whatever is taken as a suitable saturation may possibly differ from one study to another study, the size of the sample does not really matter but it is not just about the number of participants but the relevance, adequacy and quality of the data to support realization of the research goals.

In this study non-probability sampling, specifically purposive sampling technique was established as a dominant technique for the qualitative segment. Purposive sampling increases the chances of reaching saturation. This narrative is supported by (Mwita, 2020) argue that it is very possible for to achieve saturation without using many respondents. He further posits that the use of purposive sampling increases the chances of a researcher to reach saturation because the subjects that are selected have rich information of the issue under study. In this study, the face-to-face semi-structured interview sample was composed of three experienced governance experts from Christian Health Association of Malawi who have the responsibility of providing technical advice, leadership support and overall governance oversight to CHAM hospitals. The three governance experts were selected on the basis that they are well experienced in governance issues, with deeper knowledge and understanding of hospital governance and hence they would be able to provide rich data relevant to address the issues under this study.

Saturation Definition and Models

Broadly saturation is used in qualitative research as a criterion for the researcher to discontinue data collection or analysis. Saturation is described as a factor for determining when to stop data collection, the stage at which no added data is generated, and themes are developed. It is defined in terms of a point in data collection when issues begin to be repetitive and further data collection becomes redundant. This is also referred to as data saturation or thematic saturation; a point in coding when the researcher finds no new data to add new categories. Additional data will not lead to any new emergent themes. Data saturation is important in qualitative research to enhance trustworthiness of the results (Morse, 2015). Data saturation may adopt a deductive

approach where the researcher uses predetermined codes, themes, or categories to assess saturation rather than allowing these elements to develop and emerge during the process of gathering and evaluating data (Saunders et al., 2018). There are four models of saturation which are labelled as theoretical , thematic saturation, priori and data saturation are explained in table 26:

Table 26

Saturation Model

Model	Description	Principal focus
Theoretical saturation	Relates to the development of theoretical categories related to grounded theory	Sampling
Inductive saturation	Relates to emergence of new codes or themes	Analysis
A priori thematic saturation	Related to the degree which identified code's themes are exemplified	Sampling
Data saturation	Relates to the degree to which new data <u>repeat what was expressed in previous data</u>	Data collection

Notes: Adapted from Saunders et. al., (2018) Saturation in qualitative research: Exploring its conceptualization and Operations, Qual Quant, 52, 1893-1907

The researcher may also adopt an inductive approach to assess saturation implying the degree where classification of data categories is discovered in the process of gathering and evaluating data (Saunders et al., 2018). This study applied a hybrid approach integrating elements of theoretical, inductive thematic and data saturations models. Participants were asked open ended questions to solicit perceptions into the following domains of inquiry: the board roles and functions and governance challenges related to strategic management, resource mobilization, financial management, quality service delivery and recommendations to improve on hospital governance. Data was collected independently, privately and all respondents were asked identical questions in the same sequence. Data collection notes were done, digitally recorded, transcribed verbatims and entered in Microsoft excel for analysis. The researcher reviewed transcripts at the end of each

interview and revised where appropriate after validation with the respondent. Close reading of each transcript was done to identify issues raised by participants. Probing was done inductively during interviews on key responses that needed more information. This helped to seek clarity and additional information to advance more insight into matters raised by participants and gain as much rich information as possible.

Assessing Saturation

When gathering data it is very critical to decide whether the data has been sufficiently collected. This brings the question of data saturation which according to Fusch et al., (2018) determines the achievement of study objectives. Saturation is assessed based on information redundancy, considering the emergence of new information, themes, categories, codes, and assessing the saturation by the interview process (e.g. interviewing process, reliability of the process at arriving at categories/themes, respondents' knowledge, and expertise (Chita, 2022). In this study, the description of what indicated that saturation was reached using the following terms a) data saturation (information redundancy, new insights/recurring, repetitive data) and (b) code/thematic saturation, (c) saturation through the interview process and (d) methodological triangulation. To assess code/thematic saturation each participant transcript was reviewed chronologically. Member checking was done at the end of each interview to allow respondents to validate the data. Yin (2014) assert that credibility and reliability of the data is enhanced when respondents are given an opportunity to review, check and verify accuracy agree with data records and interpretations. All themes and codes generated from the data were recorded and defined. Notes about each code were recorded describing the issue captured and related text from the

transcript reflecting the issue. Busetto, Wick & Gumbinger (2020) supports writing notes, recording, and encrypting to enhance trustworthiness of data. Themes were categorized for analysis. The codes were generated from participants interview data. Themes are categorized as concrete implying these were codes that were capturing explicit and definitive issues relevant to addressing the objectives of the study. Finally, codes were categorized as high or low prevalence. Code prevalence was defined as the number of transcripts in which a codewere mentioned. Codes that were frequently mentioned by all respondents were classified as highly prevalent and contributed to explicitly explaining the issue under study.

Determining Saturation

Numerous articles emphasize the need for more transparency in reporting saturation (Fusch & Ness, 2015; O'Reilly, & Parker, 2012). The current research saturation was reached during the gathering and analysis phase. Saturation was made with reference to a degree where new information and themes were not forthcoming (Alam, 2020).

In this study, by the end of review of the third transcript it was noted that there appeared to be saturation of data as no new information was gained. Information became redundant and repetitive and revealing common characteristics. Data collected and information available was deemed adequate to address the phenomenon under study. Continuing with data collection would be counterproductive and not the best use of time and resources. Therefore it was determined that saturation had been reached. This narrative is also supported by Glaser and Straus (1967) the original developers of the concept of saturation who assert that saturation point means that no supplementary is obtained and the investigator is assured that the available data will address the

phenomenon under study. In this study with the data available, it was adequate to address determining governance challenges faced by non-profit hospitals under study.

Marshall et al., (2016) support this assertion explaining saturation is about making sure that the right, adequate and relevant data has been gathered to permit addressing the intention of the research. Baker & Edwards further support this criterion as they argue that the suitability, richness and breadth of data supports reaching saturation. Van Rijnsoever, 2015) further supports this narrative by explaining that in qualitative research the data collection continues to a stage where data does not generate new impressions that signify new properties of covered emerge and relevant information that is needed to gain complete insight to the research topic is found.

In this study, every transcript was analyzed starting from the first interview transcript where all codes were listed and described in terms of names, definition, and notes written about the codes. The second interview transcript was analyzed and checked for any new codes same process applied with the third interview transcript. The study generated in total twenty-six codes that were categorized under five themes: Leadership and strategic direction resource mobilization and management oversight, oversight in quality health service delivery, human resource management and oversight on finance management. Details of codes and themes are presented in table 27. The researcher observed that by the end of reviewing the third transcript, provided few or no new codes or themes. Most of the codes/themes were mostly recurrent. Therefore it was determined that code/theme saturation had been reached. If saturation was not reached the researcher would have explored the need for additional samples.

Saturation can be enhanced through the interview process (Butesso, Wicki & Gumbinger, 2020). In this study, the researcher ensured individual interview respondent perspective of data saturation through probing on areas where additional information was required in the process of the interview to generate rich data that would address the research objective. Researchers took time using a small sample of experts to search into research respondents' opinions utilizing supplementary interrogations to obtain comprehensive answers permitting accomplishing saturation. This was a lower-level saturation. Saunders et al. (2018), second this narrative where it is advisable that qualitative researchers during interviews should continue probing until the researcher feels that saturation has been reached to gain full understanding of issues/responses presented during interview. This then helps to make decisions as to whether any new information is being generated to address the research questions/objectives. Marshal et al., (2013) posit that the main determinant of data saturation is having expert respondents who ably provide adequate data not the size of the sample. He argues that an expert small sample can generate rich data sufficient to address the research question. In addition to interviews, a document review of the CHAM strategic plan was done. Findings from the methodological review enhanced saturation, confirmation and reliability of key governance challenges established during the face-to-face interviews.

How saturation was reached in this study

Saturation is considered attaining the ultimate stage of gathering data when information redundancy is reached and adding additional data to the data bank adds no further value . Morse (2015) explains that saturation is the production of valuable adequate data by paying attention to

scope, duplication and consequently developing theoretical properties of the inquiry. In this study saturation was hence reached by exhausting the scope of the range of topics for which the study was being explored. The researcher realized reaching saturation upon noticing redundancy and replication of themes. Tuval-Mashiach (2021), defines replication as a point where there are commonalities across participants or individual data. In this study therefore, saturation was reached at a point where information from participants became redundant, repetitive, recurrent, and revealing common characteristics. The next section provides a detailed process of determining thematic saturation in this study.

Interviews is a data gathering method which assists an investigator's research findings attain saturation (Constantinou, Georgia, & Perdikogianni, 2017). Three semi-structured interviews were carried out in the current research with three governance experts who had vast hospital governance knowledge and experience in their governance technical advisory roles to all non-profit hospitals operating under Christian Health Association of Malawi (CHAM). The interviews were aimed to complement the larger quantitative segment of the research to examine governance practices challenges in health care facilities under CHAM in Malawi. Interviews helped to gain a deeper understanding of governance challenges faced by nonprofit hospitals. Transcription of each interview session occurred immediately after each interview. Transcripts were double checked with participants to ensure credibility and accuracy of the data captured. Participants verifying the data helps to receive comments and validation on accuracy of data captured by the researcher during the interview sessions (O'Reilly, 2013). T

Thematic data analysis method was used. Thematic analysis is an approach of analyzing qualitative data to identify and analyze patterns in a data set. It illustrates which themes are valuable in explaining the subject under inquiry (Braun and Clarke, 2006; Maguire & Delahunt, 2017;). To determine saturation inductive coding was applied. Codes were identified from the data. Table 26 summarizes how many interviews were done before reaching the saturation point and how saturation was reached. The following steps were followed to determine saturation.

Step 1: Identified key words/codes from raw data of the first interview. Worked through the transcript coding every important segment of text that was relevant to or specifically addressed the phenomenon under study. A total of 38 codes were identified after the first interview

Step 2: Descriptive theme development. This entailed organizing the codes based on their similarities to form categories (themes) which described patterns in the data relevant to the study objective. The categories formed five themes namely leadership and strategic direction, human resource management, resource mobilization, oversight on finance management and quality health service delivery.

Step 3: Theme Comparison: Analysis of the first interview identified five themes. The processes were repeated for interview two and three to compare themes.

Step 4: The second interview was carried out where 46 codes were developed. The codes classification shared the same themes with interview number one. No new theme was developed. The total number of themes remained five. The data collection continued with the third participant.

Step 5: The third interview was carried out and 24 codes were identified. No new themes were developed. The codes were classified under shared themes with interview number one and two. The detailed process for theme saturation is summarized in Table 27.

Table 27

Saturation Process

Interview Number	Theme development: Classify under themes	Total number of themes
Interview 1 identified 38 codes	Codes classified under leadership and strategic oversight, resource mobilization, human resource management, oversight on finance management and quality service delivery	5
Interview 2 identified 42 codes	No new themes developed shared themes with interview number one leadership and strategic oversight, resource mobilization, human resource management, oversight on finance management and quality service delivery	5
Interview 3	No new themes. shared similar themes with interview number one and two leadership and strategic oversight, resource mobilization, human resource management, oversight on finance management and quality service delivery	5 Saturation established

Note. Theme saturation working table

Semi-structured interviews were done with three governance experts sampled purposively from CHAM secretariate. Two interviews were done before the saturation point. A third interview was done when no new theme was noted after the second interview. The third interview shared themes with interview number one and two. By the end of the third interview saturation point had been reached. The data collected was rich enough to address the study objective.

Key Findings

The qualitative research component of the study's overarching objective was to answer what are the governance challenges affecting governance in hospitals operating under CHAM. Semi structured interviews were done with three senior governance experts from CHAM Secretariate with the responsibility for governance oversight, advise and technical support to all non-profit hospitals under CHAM. Further data was generated through evaluation of the organization's documents namely the strategic plan and the constitution was done. The researcher was an outsider to CHAM and health facilities with no and had no association with research respondents which enhanced the level of, and each model makes different core assumption regarding the meaning and the meaning and what is precisely saturated. Details of the models that have been trustworthiness of the data collection process. Analysis identified forty-two (42) codes and a total of five themes emerged: Leadership and strategic direction, oversight on quality health service delivery, resource mobilization and management and oversight on finance management. Leadership and strategic direction had the most codes eight. The theme of resource mobilization and management oversight had seven codes while oversight on quality service delivery had five codes and finance management oversight had had the lowest codes with four. Table 26 shows the themes and codes.

Theme 1: Leadership and Strategic Direction Challenges

Governance experts requested to explain the main board's roles and related challenges. Out of the three respondents 1 (R1), respondent (R2) and respondent 3 (R3), mentioned that the board role is to prove leadership and direction in the organization. R1, 2 and R 3 indicated the board has

an obligation to provide leadership and control for senior management recruitment and check performance of management. Both respondents 1, 2 and 3 agree that the board provides oversight on financial and resources management. Respondents 1,2,3 agreed that the board provides advice and support to management to ensure they succeed in carrying out their management duties in the hospital.

Regarding challenges, all 1 respondents (R1, R 2 and R3) mentioned that while it is a requirement for all health facilities under CHAM to have a strategic plan, it is questionable that all facilities have strategic plans in place. R1 and R2 indicate that for those that have them, very few boards follow up on the implementation progress. R 1 and R 3 state that in most of those facilities the challenge is linkage of planning, aligning management work to the strategic plan and monitoring. R1,R 2 and R1 state that in some boards they do not even understand the need for a strategic plan. R 1 mention that:

“I do not think that every hospital has a strategic plan. In case this is true, in most of the health facilities the document is translated in guiding the day-to-day operations of the hospital.”

R1 explained that CHAM secretariate provides policy guidance related to administration, human resource management, finance and audit, procurement. These provide minimum policy requirements at health facility level. All respondents (R1,2,3) explained that most of the health facilities do not have such guiding human resource management policies. Where they exist, compliance is a major problem.

R1, R2, R3 narrated that most hospital boards do not have members who understand board issues and lack knowledge and skills. R 1 explained that these technical skills are lacking

particularly in finance and administration committees. All respondents attribute this to the poor recruitment processes of the board. R 1 further state that most boards view the hospital board as an extension of the church as such the leadership of the board is often allocated to reverends of church leadership irrespective of them not having suitable qualifications and experience. R 1, R2, 3 add that the selection of the board members is not tied to needs or competency required and lack mixture of technical skills. R 1 made the following comment:

“The hospital boards do have technical committees. The noted gap is common in most hospital boards is that the finance and administration committee is an important committee. However, in most hospital boards, the members are not familiar with finance and administration issues. You will be surprised that very few technical committees understand the need for audits as such very few hospitals are audited. Lack of the required competency makes it difficult for the board to critically review financial statements. selection of members for this committee is mostly not based on competency. Such committees fail to review management performance particularly on finance management and accountability.”

Lack of clarity on board roles was found to be a challenge by o R 1 and 2. In addition, many boards are not trained in leadership/management and lack health expertise/or requisite professional expertise. Most boards have not gone through any form of induction or training to understand their roles and functions.

Theme 2: Resource Mobilization and Management Oversight

According to CHAM strategic plan 2020-2024, resource mobilization (financing, materials, infrastructure, and human resource are fundamental to sustain operations and service

delivery. Participants were asked to indicate what role the board play to ensure the hospital has capacity to access resources to support service delivery and the board promote prudent management of resources (financial, material, human resources, and technological equipment). All respondents (R1, R2, R3) mentioned that resource mobilization is a major challenge for the hospitals as boards contribute minimal or no resources to the hospitals. All respondents (R1, R2, R 3) narrated that those hospitals under CHAM struggle to meet their staff salaries. Staff salaries are met with support from the government through CHAM. R1 narrated CHAM facilities struggle to procure drugs, equipment, and maintain or construct new structures beyond what was left by the founding missionaries. R1 and 3 further narrated that most CHAM facilities depend on donations/support from founding missionary donations/support (financial, equipment, material, infrastructure development, drugs). All respondents noted that it is a challenge for most hospital boards to sustain operations without CHAM, Government, and missionary donations as the capacity to mobilize resources by most boards is very weak. All participants (R1, R2 R3) mentioned that in most health facilities financial oversight is weak in terms of providing leadership in mobilization, efficiency in resource allocation and monitoring utilization. R 1 and R 2 mentioned that most boards lack the practice of critical review of finance reports due to inadequate financial technical skills. R 1, 2 and 3 noted that that most facilities are not audited. R 3 stated that:

“The challenge is that most board members are chosen based on affiliation to the church not based on technical skills and competencies. The skills sets do not match the needs. While resource mobilization is a function of the board, board selection does not consider this skill. In most hospitals boards do bring resources (material, financial, technical skills) to support hospital operations. Founding missionaries are main source mobilizers than the boards. Holding

management accountable for prudent resource utilization remains a challenge for most boards.

The need for auditing is not prioritized.

Theme 3: Human Resource Management

Human resources are essential to the performance of hospitals. Specific challenges were noted related to human resources management. R 1 and 2 collaborated that turnover is one of the main challenges due to poaching from government, poor and lack of transparent recruitment processes, influence from church leadership on recruitment, nepotism which makes it difficult to correct issues, remote geographical location of most facilities and poor conditions of service.

All participants (R1, R2, R3) agreed that in most facilities they do not have human resource policies. R 1 and R 2 noted that where such policies exist compliance is a problem. R 1 added that in most facilities they do not have qualified HR personnel. This contributes to poor human resource decisions against Malawi labor laws. This is contributing to increased labor related litigations. R 1 and R 2 noted that there is a lack of or poor performance-based staff assessments that are based on workplans derived from the strategic plan. R 3 mentioned that:

“I note that in most health facilities they do not have qualified human resource officers. Decision making on welfare staff working in very remote areas is not encouraging. Some of the things that are poorly managed are pension management, lack of or poor performance management for staff and the board. Staff turnover remains a challenge due to the remote geographical locations of most hospitals and the lack of incentives to motivate staff. Poor conditions of service and staff poaching by government is a challenge.” Nepotistic recruitments make it difficult to conduct

objective performance appraisal. Recruitment of the board does not follow well-structured processes.

respondent 1 added that:

“The challenge that I note is that in most CHAM hospitals preference to hire is linked to membership of the church that owns the hospital than focusing on technical skills. This frustrates nonaffiliated members who may feel not recognized for their experience and technical contributions. This frustration contributes to staff tur over. Sometimes nepotism comes into play when recruiting staff which makes it difficult to be objective when Poor performance is noted.

Theme 4: Oversight on Quality Health Service Delivery

One of the challenges that was noted by respondent 1, 2, 3 is that remoteness of facilities contributes to some governance challenges due to understaffing and noncompliance to some service guidelines which compromises on quality-of-service provision as some services are given by unqualified staff for example nurses doing prescriptions. This also subjects the facilities to the risk of noncompliance with professional regulatory requirements.

All respondents (R 1, R2 and R3) that inadequate monitoring of quality of services. R 1 and 3 noted that health facilities do provide the full range of requisite essential health package services mostly due to limited capacity of health care providers, understaffing and medical equipment. R 1 and 2 added that this attributed to the challenge that most boards do not invest in infrastructure development. R 2 noted that:

My observation is that issues of quality service provision are not really at the center of most board meetings. I have noted that most of the buildings are old built by the founding missionaries who left Malawi. Most hospitals are failing to put up new facilities or improve current infrastructure that can support better quality service delivery. As most hospitals depend on government support for salaries, they fail to attract more qualified technical staff beyond the numbers supported by government that would add value to service provision. This is attributed to constraints in financial resources as most of the board do not bring additional resources.”

Theme 5: Oversight on Finance Management

All respondents explained that the finance and administration technical committees do not have adequate members with finance management/accounting experience. They also mentioned that production of audit reports is not a common practice. There is weak finance management oversight to the management due to limited finance management/accounting knowledge and skills.

R 1 noted that:

“I feel like the main problem is that not all hospitals have finance technical committees on their boards. Recruitment of members to these committees mostly does not consider financial management knowledge and technical experience. It has been a challenge for most hospitals to produce audit reports. Most of them attribute this to the high cost of audit production. The value of audit investment is generally not appreciated given competing needs of resources”.

Summary of Challenges Faced by Health Care Facilities

The study sought to establish governance challenges facing the boards in nonprofit hospital board. Table 28 presents a summary of the challenges.

Table 28

Hospital Governance Challenges Summary

Main Leadership Challenge	Minor Themes
Leadership and strategic direction	Not all hospitals have a strategic plan Inadequate strategy implementation follows up Workplans not aligned to strategic goals Need for strategic plan not appreciated Board recruitment not competency based Technical committees missing right match of expertise Limited corporate governance knowledge Lack of board development policy Board roles nor clearly defined
Resource mobilization	Inadequate resource mobilization capacity Dependency on government and missionary support
Human resource (HR) management	Most Hospitals have no HR policy No qualified HR officers in most hospitals Performance management system not aligned to strategy Poor conditions of service Poor recruitment systems Noncompliance to HR policies Understaffing
Quality service oversight	Limited investment in infrastructure, drugs & equipment Presence of unqualified staff Understaffing compromising quality of services
Finance management oversight	Auditing not a common practice Limited financial/accounting expertise Lack of accounting expertise in most boards

The challenges were mainly revolved around leadership and governance, finance management oversight, quality oversight , human resource management and resource mobilization.

Evaluation of Findings

This section evaluates findings that aimed to establish the effect of governance on performance in health care organizations in Malawi operating under CHAM. CHAM is an umbrella body of not-for-profit Christian mission hospitals/health facilities which contributes 41% of health care in Malawi. CHAM is a big health service provision partner to the Ministry of Health in Malawi. The subsequent section starts with evaluation of findings on leadership practices, and this is followed by a review and evaluation of the duties and functions of the board related relationship with the goal attainment.

Governance and Leadership Practices

According to CHAM Strategic plan 2020-2024, it reveals that leadership and governance is one of the strategic priority areas. The CHAM strategy explains that though its constitution mandates all health care organizations to ensure that they have a board, on the ground it shows that not all health facilities have boards and those that have boards not all are effectively functional. The strategy notes governance capacity gap in terms of knowledge and skills on corporate. CHAM adopted its Constitution and governance guidelines in 2016, a framework that guides good governance in all membership hospitals. Currently only the secretariate management leadership and board of directors for the umbrella board are trained. Training is yet to be cascaded down to hospitals/facility level. This exhibits the need for governance leadership strengthening at the hospital level. Malawi Ministry of health Sector Strategic Plan (MHSSP) 2020-2022 identified hospital governance as one of the priority pillars requiring attention. The Malawi Code of Governance II (2016) calls for improving governance at all levels. In compliance to this code all

organizations hospitals inclusive are compelled to have a board and are mandated to align their governance systems with the Malawi Code of Governance.

Good corporate governance practice recommends that the board should consist of more independent directors (Fuzi, et al. 2016) to improve the supervision and oversight duties towards management performance. Board independence is assessed by the proportion of nonexecutives who are individuals that are not part of the management team on the board. Having an independent board is highly appreciated by the board. This is evidenced by the presence of more than two thirds' representation of the board members by outside directors. The independence allows nonexecutive directors to be objective overseers of the executive team through effective oversight functions (La Porta & Schleifer, 2015). In this study, board independence was enhanced by the ensuring roles of the board are separated from those of management. Nguyeni et. al. (2014) concluded that when a person combines duties of CEO and Chairman, the capacity to control and supervise management is limited and objectivity is compromised resulting from absence of independence. In this study, results indicate that effective monitoring of the board on management in finance management (resource management), quality management, regulatory compliance positively influenced the ability to accomplish set goal targets. Both management and the board respondents agreed that the board ensures that the hospitals provide excellent care for patients from a technical point of view. The hospitals put more effort into staff capacity building to ensure that they have the right capacity to provide quality care. However results from the management respondents revealed that hospitals are challenged to ensure quality of care which depends on qualified staff. The management team felt that understaffing compromises the quality of health services and compliance with regulatory requirements. Results resonate well with Ghiasipour et

al, (2017) and Figueroa et al, 2019), who posit that absence of separation of functions between the board and management compromises compliance with ethical values that consequently adversely affect performance to meet set strategy goals. This study provides assurance of objective monitoring of compliance to requirement of good governance practice that enhances hospital performance through each party focusing on its key roles. This was evidenced by the positive significant relationship between regulatory compliance and strategic goals attainment in the board survey.

An effective board is one that has a well-balanced human capital to execute its expected roles. For the board to influence the ability of the organization to accomplish its goals, its human capital dictates the upper limits of capacity to perform their duties (Goyal, 2019). It is therefore important to ensure having the right mix of expertise that aligns well with the required functions of the board in the hospital. Results from this study illustrate the existence of high regard on importance of board members having relevant skills that match the requirement of the board functions. Boards maintain a matrix of required skills set for the board and that of its current members to meet its goals. There is a structured process of recruiting board members. Skills gaps inform recruitment of and the attributes of new members. This is in line with Nicholson & Kiel (2004) assertion that human capital is a key important element of the board intellectual capital. For boards to carry their roles effectively there should be the best combination of expertise, proficiencies, and abilities. The case of this study implies that the board is proactive to better inform recruitment of its new members. There is a system that guides recruitment of board members. Results demonstrate compliance to policy directions as directed by the CHAM Strategic Plan 2020-2024 and Malawi Code of Corporate Governance (2016) compels boards to comprise

right set of experience, knowledge and skills in the board and board subcommittees. This demonstrates commitment from the boards to drive towards putting effective boards in place as Van den Berghe & Levrau, 2005) established that skills diversity and expertise amongst board members is an essential dimensions of an effective governance structure that can performance its governance functions.

Board Roles and Functions

Strategic Control Role

The key roles of the board are to determine the institutions mission values and objectives, make sure that the strategic plan is in place to achieve these and hold management accountable for its implementation. Most of Corporate governance literature assign board members a role in strategy formulation (Mannion, et al., 2017; Ishak et al, 2016; Barroso-Castro et al., 2017). The governance setting board has overall responsibility of setting the strategic direction through participating in strategy formulation, monitoring strategy execution and evaluation to ensure organization performance. Strategy control is a core governance function, and the effectiveness of the organization leadership is assessed by their ability to set the strategic direction, assessing the institutional performance, stakeholder engagement and capacity to accomplish the aims and objectives (Brwon, 2019). Study results reveal that CHAM as an umbrella body of Christian mission hospitals in Malawi sets the strategic direction for all its hospital membership. All CHAM hospitals are expected to formulate hospital specific strategies informed and aligned broadly to this strategy. The ultimate responsibility to set the strategic direction of the hospital and has ultimate responsibility and accountability for its performance is obligated to the board (Albudullah,

2014). The current CHAM strategic plan has six strategic priority area namely: Leadership and governance, health service delivery, health financing and financial sustainability; human resource management and development, Monitoring evaluation, accountability, and learning (MEAL), Business development marketing and branding, and health care organizations boards are proactively involved in the strategy processes formulation, monitoring implementation, and evaluating progress of implementation. Most of the board respondents (74%) and management respondents (88%) agree that the board engages in the strategy formulation and approval processes. This finding resonates with Flynn, (2002) assertion that the governance function in the hospital is about definition of the mandate, services, guiding values, and monitoring how the management implements the activities that support of realization of the expected goal outcomes. when boards are actively engaged in the strategy processes it enhances the ability of attaining strategic goals.

Strategy implementation involves operationalizing the strategy at various levels across the organization. Its effectiveness is dependent on the capacity of the organization to attain intended goals outcomes (Tawse & Tabesh, 2020). An organizational structure is the lines of authority and communication between different departments, units, people, and processes which facilitates decision making within the organization. An appropriate structure supports strategy implementation and realization (Cummings et al., 2009). In this study board respondents agreed that the structure (84%) and goals (82%) are well aligned to ensure an effective strategic fit with the strategy. Management respondents were also in agreement (75.5%) that the hospital provides a conducive environment to support strategy implementation as the managers are all aware how their work contributes to the high-level goals. Hospital leadership provides opportunities for staff

competency development and continuous development that enables staff to effectively support strategy implementation. Results illustrate that alignment of the strategy to the structure is further enhanced by alignment of the job descriptions and staff performance management systems with strategic goals. This helps to ensure staff at all levels operating in different departments appreciate the link of their actions with the strategy and how this contributes to accomplishing the set goals by the board (Lavu & Mania, 2019). Results demonstrate hospitals complying with governance requirement that require the organization having a board that leads strategic formulation and implementation.

The Code II of the governance in Malawi and CHAM strategy 2020-2024 emphasize on the need for integrating monitoring system to ensure effective oversight on implementation of the strategy. Monitoring strategy implementation is a fundamental leadership duty and when the board is involved early in the strategy process, supervising performance becomes easier (Borden et al, 2011). Hospital boards and management are encouraged to focus on using organization wide monitoring systems of capturing data, analysis, and reporting achievements towards priority strategic goals (Hsu, Hsiao & Li, 2009). Results reveal that 82% of the board respondents agree that boards are proactive in monitoring management performance. This enhances better comprehension of operations, appreciate how management implements the approved strategy through setting an organization wide monitoring system (82%), overseeing hospital operations alignment with the strategy through regular reports from the management (81%), annual strategy implementation reviews, and ensuring resources are allocated to support strategy implementation and that all its decisions are aligned to the strategy. Findings from the management respondents (75%) and demonstrated management's accountability (75%) to the board through regular

reporting on hospital operations as well as financial management (72%). The findings align with other previous scholars' positions (Schmidt and Brauer, 2008; Hopt, 2015, Biovie et al., 2016; Adulla, Abidei & Baka, 2016) who determined the importance of the board involvement in strategy formulation and implementation being a precondition for the board to exercise its fiduciary monitoring and control duties. Zhara (1999) further advises that board involvement in strategy implementation to be continuous and disciplined. In this study results revealed presence of a structured monitoring approach starting with alignment of goals to the structure, clear definition of job roles aligned to the strategy, establishment of a monitoring system in alignment with the strategy, consistent oversight on hospital operations to limit deviation from the strategy, clear reporting and communication lines in the hospitals and separation of duties which gives the board more independence to exercise its strategic control role effectively, demand or regular reports from management, staff performance reviews and annual reviews of the strategic plan. These tasks help management and the board to stay focused around strategy execution. The results are supported by Baird (2017) who argue that the success of a monitoring systems relies on the understanding of managers across the organizations on what is expected from their roles/work, alignment with the performance systems, understanding of impact of deficiencies in performance and how they can be improved is integral to the achievement of hospital performance.

Resource Mobilization and Goal Attainment

Health financing (resource mobilization) and sustainability is a strategic priority area for CHAM hospital facilities. The focus is to increase and improve efficiency in resource mobilization, allocation, and utilization (CHAM strategic plan, 2020-2024) to sustain health service delivery.

From the resource dependency theory perspective, the assumption (Nienhueser, 2008) is that an organization requires resources to stay viable. Lack of resources can lead to failure to implement hospital strategies and may lead to organizational closure (Markaryanawati, 2018) . In this study Regression analysis and correlation analysis were done for both management and the board respondents to assess existence of a relationship between resource mobilization role of the board and strategy goal attainment. Results from the management team revealed agreement (72%) that capacity exists for the board to mobilize resources. Correlation Coefficient analysis for the management team results ($r = 0.391$, $p = 0.007$) showed a positive association between the resources and strategy goal attainment. Nevertheless, regression results from the board ($B = .100$, $t = -.747$, $p = .460$) and management $B = 0.21$, $t = -1.188$, $P = .851$ revealed that resource access is not associated positively with goal attainment. This contradicts with findings by Lemarleni et al (2017). In their study resource mobilization and allocation had a positive association ($r = 0.378$, $p = 0.010$) on strategy goal implementation. Results from this study imply that resources alone are not enough to positively influence strategy goal attainment. Resource mobilization and financial management functions are integrated. The study therefore analyzed the impact of financial management in goal attainment. Agency theory assert management will misalign their interests with that of the board leading to mismanagement of resources hence the board provides the needed resources, providing advice and counsel to management on prudent resource management and strategy development (Squires & Elnahla, 2020). Success in attaining strategic goals is dependent not only on availability of resources but prudent allocation and management and better alignment with strategic goals and objectives. Results from this study illustrate that the board has to expand its functions to go beyond just focusing on mobilization of resources but also focusing on fiscal

management. Most of the board members granted that several roles in resource provision and financial management are executed by the board. However, only 38% of the board agree that board directly mobilizes resources in support of the hospital operations. Qualitative results also confirmed this finding as it was noted that: *“In most hospitals boards do not directly bring resources (material, financial, technical skills) to support hospital operations.* This finding is contrary to other scholars’ findings that assert that providing resources is a key function of the board (Hillman & Dazziel, 2003). However, results from the management team showed that the board’s capacity to develop strong external networks with the external community/environment (97%) and the government at district level (96%) provides links for resource mobilization. While results showed limited capacity for the board to mobilize resources, the board was found to be a resource that supports management through services through advisory functions to management. According to Khan et al., (2020), narrates that this demonstrates that the board is an important leadership mechanism that provide advice, counsel, links between the hospital and essential resources needed to maximize strategy execution performance to make sure goals achieved. The results also demonstrate that the resource mobilization function of the board is multidimensional including efficient mobilization (drawn from the control role) efforts, alignment of resources with the strategy, allocation, prudent utilization, counsel and advise to management and linking the organization to strategic resource sources from external environment. While the board can mobilize resources, results have shown that having resources alone does not enhance strategy goals attainment in the hospital.

Finance Management and Goal Attainment

Finance management is a fundamental part of the strategy administration procedures process. Financial management is the operational activity of an organization that is responsible for accessing and effectively the operations of the organization and effectively utilizing the funds for the efficient operations to achieve strategy goals (Siminica et al., 2017). Current research examined the association between finance management and goal attainment. Results from the board and management survey respondents have shown a positive association between financial management and goal attainment. From the board respondents this was evidenced by the correlation between financial management and goal attainment ($r = 0.670$, $p < 0.001$). Regression findings demonstrate a positive association between finance management with goal attainment as shown by ($\beta = .297$, $t = 2.631$, $P = 0.013$). From the management respondent's perspective, they agreed that the board proactively handles its financial oversight function through effective financial planning and optimizing costs (70.5%), monitoring fiscal management (73%) adequate allocation (87%), and investing in staff financial management capacity. Regression Analysis from the management team ($\beta = .411$, $t = 2.635$, $P = .001$) confirmed the significance that finance management oversight by the board positively influences implementation and attainment of strategy goals and objectives in the hospital. This aligns well with other scholars (Paulinus et al., 2017; Afriyie et al., 2020; Ibrahim, 2017) that financial management positively influences effective attainment of the strategic goals. Findings from this study have established that resource mobilization alone is not adequate to influence strategy implementation. It requires effective and

prudent financial management with proactive board oversight in the process of implementing the strategic activities to positively influence goal attainment. The finance management function, when well-managed, reduces the risk of failure to attain strategic goals. According to Aosa (2008) budget allocation demonstrates commitment from the board to implement the strategy. Developing finance management framework is the responsibility of the board (Baird, 2017) . In this study the board provides oversight through approved financial policies systems and procedures that guide financial management. This enables efficiency in the execution of oversight roles. The board has a function to ensure allocation of resources and monitor management performance to limit the risk of financial mismanagement. The board demands accountability from management through proactive review and approval of finance plans, monitoring financial performance through regular financial reports, and approval of audited statements and checking compliance to finance management systems and procedures. The board demands accurate information for better decision making.

Quality Service and Strategic Goal Attainment

The CHAM Strategic Plan 2020-2024 asserts that the core business of health care organizations under its umbrella is to provide quality health services to patients. Quality service improvement oversight of the board. Competent management across the organization is vital to support quality health service (Boamah et al, 218; McCradden, 2020). The board is legally responsible to ensure that the health care organization acquires adequate resources to provide quality services while ensuring prudent management of available resources to influence the accomplishment of patient care service quality goals (Sicotee, 1998; Donabedian, 1998.,

Lemarleni 97; et al., 2017). Evidence (Gauld, 2017) suggests that hospitals that implement activities that safeguard outstanding norms of quality care have a higher chance towards attaining strategic quality care objectives and reducing the risk of financial losses. Regression analysis was done in this study to assess if there is a relationship between quality service delivery and attainment of the strategic goals. Result from the board survey showed that quality service management is positively significant with goal attainment ($\beta = .329$, $t = 2.839$, $P = .032$). The management team respondents' multiple regression results demonstrated a similar trend ($\beta = .415$, $t = 3.556$, $P = .001$). This implies that when the board focuses on quality service improvement and alignment of quality service delivery objectives and effective monitoring of quality service management, this contributes to achievement of the overall hospital strategy goals. The results align with findings by Kroch et al., (2006). The results resonate well with previous findings that oversight on quality service delivery significantly positively influences positive strategy implementation outcomes. Service quality delivery and goal attainment is anchored on resource dependency theory: resource availability and allocation agency theory : monitoring quality programs (Rahim et al., 2014) ultimately resulting in the board making strategic choices (production of health outcomes) efficiency (adequacy resource allocation and alignment with hospital strategy) that result in attainment of overall strategy goals of effectiveness. In this study, findings from the management team respondents revealed that the board provides oversight on quality through ensuring continuous staff development to provide expected quality of care to patients. The board ensures that the hospitals provide excellent care from the technical viewpoint. However only 37.7 % of the management agreed that the provision of care is broadly dependent on qualified staff. This was perceived as an attribute that affects provision of quality of care. Findings from board respondents

in this study illustrate that the board provides a framework for providing oversight on quality service delivery for it is accountable for actions of every person within the organization including medical personnel. Majority of the board respondents agree (74%) is well informed about hospital quality improvement programs. The board ensures adequacy of resources in support of quality care (personnel, equipment, finances, proper infrastructure) to support attainment of service delivery goals that aligns with the corporate strategy goals. From the agency theory monitoring clinical governance helps to ensure quality service activities are linked to overall strategy and having relevant policies and guidelines (Eckloo, et al, 2004). In this study, quality improvement and quality risk analysis and management are integrated in all board decisions. Management is held accountable to the board through regular reporting on quality programs. Patients' safety is at the core of the board oversight on quality management.

Regulatory Compliance and Strategy Goal Attainment

According to the Malawi Code of Governance II (2016) the board has the responsibility to ensure the organization complies with all relevant regulatory/legal/professional requires and other relevant codes and demand management to periodically report on regulatory compliance. This study evaluated if there is a relationship between regulatory compliance and strategy goal attainment. Regression analysis results from the board respondents revealed a positive association between regulatory compliance and goal attainment ($\beta = .449$, $t = 3.839$, $P = .001$). The findings illustrate that oversight by the board on regulatory compliance may seem complex, this positively influences the attainment of the corporate strategy. The hospital boards therefore have a key role to play to enhance regulatory compliance relevant to the hospital setting in an integrated way.

Results from the management respondents revealed agreement (91.7%) that the hospital provides its health services in compliance with all necessary requires legal and regulatory requirements from the government and other relevant regulatory requirements as well standards. Findings by(Pascuci, 2017) research findings established that how well the organization achieves its organizational strategy is dependent on an integrated regulatory compliance management program. However results in this study presented contrary views. The Multiple regression analysis results ($\beta = 2.90$, $t = -1.188$, $P = .851$) were not significant between regulatory legal compliance from the management survey findings. This was attributed to the observation from the management team that the hospitals struggle to attract qualified staff and their observation that the provision of care is not fully dependent on having staff that are all qualified in their positions. This could also be attributed to the governance complexities in the hospital where different stakeholders i.e. managers and board view performance from different performance perspectives.

The board has the overall responsibility to provide oversight on risk and compliance management in the organization to ensure that the organization assumes an optimal of risk and can manage effectively (Simon 2020). At its core, the board risk and compliance oversight are understood as a responsibility to establish appropriate internal controls and procedures to prevent violations to regulatory requirements related to its core business (Ayagre et al., 2014; Mpaata et al., 2015). Aside from the challenge faced by the hospitals to attract qualified staff, results from this study illustrate that there is top level commitment from the board to compliance. This is evidenced by having risk analysis integrated and regulatory compliance in its board decision making processes. This is because risk management is not simply a business and operational responsibility. It is a governance issue that is squarely within the oversight responsibility of the

board (Ishak, Naimi & Nor, 2017). The board provides strategic leadership by setting the tone at a high level promoting an environment that adheres to regulatory compliance. This is evidenced by majority of board respondents (64%) agreeing on the board ensuring existence of compliance to regulatory requirements systems, processes, procedures, and monitoring (64%) the functionality and effectiveness of compliance programs through regular reports from management as well as the management respondents finding that the hospital provides services in compliance with regulatory legal requirements. This finding aligns with other scholars' assertions (Hopkin, et al., 2017; Nyakundi et al., 2014) where oversight role was established to be part of effective compliance controls and failure to do so the organization may be exposed to operational and business risks that may be costly to the organization and affect strategy implementation. Therefore, it is the responsibility of the board to make sure that they understand and ensure compliance with standards and regulations governing the hospital practices and be able to defend their decisions. In this regard, healthcare boards are encouraged to consistently put compliance and risk management agenda in their board decisions noting the need for compliance to multiple professional regulatory requirements and ensuring quality standards are adhered to (Van Weert, et al., 2017). The study results illustrate that the board adopts a holistic strategic approach to managing compliance and risk management cutting across finance, operational structure, service quality and the board itself. This is evidenced by most board respondents (76%) in agreement that the board ensures compliance to all legal, regulatory and accreditation standards applicable to the hospital operations. According to Winokur (2012) the board should manage the risk and compliance function strategically for siloed approaches are being abandoned in favor of more collaborative and integrated way. Results show that compliance and risk management programs are informed

by assessments. This informs developing responsive plans to prevent and manage significant compliance risks and monitor remedial efforts for noncompliance. Risk assessments are an important exercise for it provides the board with an enhanced understanding issues that could impair accomplishment of operational and strategic goals and as well as evaluate the appropriateness and effectiveness of the current internal control systems and procedures for enforcing compliance (Mohd-Sanusi, et al., 2017). Results in this study have shown that the audit function further supports reinforcing legal and regulatory issues. The audit function is designed to monitor and evaluate the internal control environment as to its adequacy and, efficiency, and effectiveness. It gives assurance to the board about the organization's compliance with applicable rules, and regulations relevant to its industry.

Governance Challenges

This study aimed at establishing governance challenges faced by the sampled hospitals in this study. This was addressed by the qualitative component of the study. Christian Health Association of Malawi (CHAM) provides oversight to all hospitals owned by Christian based institutions in Malawi. The secretariate provides technical, leadership and governance oversight to the health facilities operating under its umbrella. At the time of the study, the Christian Health Association of Malawi that had three officers providing governance advisory support to the health facilities. The three officers were all purposively selected as respondents in the qualitative section of the study. Results revealed that while many hospitals reported having a strategic plan in the survey, the main problem is the lack of follow up by the leadership to translate the strategy into action.

“I do not think that every hospital has a strategic plan. In case this is true, in most of the health facilities the document is not translated into guiding the routine operations of the hospital”

This finding resonates with Lavu & Maina (2019) assertion that having a strategic plan alone does not guarantee its successful implementation. According to Fortune (1999), in a publication strategy implementation nine out of ten firms failed to implement the strategy for various reasons, 65% had resource constraints, 86% do not discuss and follow up on implementation, 95% did not have knowledge of the strategic plan, and 75% did not link the strategy to incentives. The lack of follow up from the board on strategy implementation is the main challenge impeding implementation noted in this study. This calls for the leadership to focus on the monitoring role and resource allocation to ensure commitment to strategy implementation.

The second main challenge from qualitative findings was the failure of the board to directly contribute to resource mobilization. Quantitative findings confirmed this challenge as only 38% of board member respondents agreed that the boards directly contribute to resource mobilization (financial) in support of hospital activities. While this was seen as challenge, survey findings established that the board was found to be a strategic resource in supporting resource mobilization initiatives through its external networks and links which management engage to access resources. According to Batti (2014) the resource mobilization task should be viewed holistically in their task of resource mobilization. He argues that the value of the board in resource mobilization is not only about them actively mobilizing needed resources. The importance of linkages and strong external networks is the basis for continued support. It is the personal relations and external connections of

the board, management advice and support that form the foundation for continued and sustained resource mobilization avenues for the organization.

Employees are an essential asset that supports strategy implementation and quality service delivery (Bartuseviciene & Sakalyte, 2013). From qualitative findings, understaffing and low human resource management capacity were seen to compromise regulatory requirements for human resource and quality service delivery.

As most hospitals depend on government support for salaries, they fail to attract more qualified technical staff beyond the numbers supported by government that would add value to service provision. "I note that in most health facilities they do not have qualified human resource officers to effectively manage human resource management issues.

Quantitative survey results from the management aligned very well with this finding revealed the 49% observed that the hospitals struggle to attract qualified employees which affected the quality of care. Leadership should demonstrate appropriate human resource management capacity by ensuring effective and appropriate human resource management systems, structure and processes are in place that support the operations of the organizations (Ramadan & Borgonovi, 2015)

Summary

The chapter presented and discussed results on the impact of corporate governance on the performance of hospitals under CHAM in Malawi. Specifically, the study aimed to examine whether there is an association between Strategy goal attainment and board oversight on financial management, resource connection, quality service management, and regulatory compliance. The

chapter started with a presentation of data trustworthiness focusing on the concept reliability and data trustworthiness. Validity entails how well a data collection tool measures what it is intended to assess and how well the data represents findings among participants of similar individuals not participating in the study implies validity. Reliability is concerned with the truthful and trustworthiness of the data obtained (Ahmed & Ishtiaq, 2021). SPSS version 26 was utilized to determine validity of the variables in the survey instruments for the board and management. The Bartlett test to be acceptable it must be greater than 0.001 (Mathur & Dhulla, 2014). In this study KMO and Bartlett tests were within the acceptable range giving assurance of trustworthiness of data collection tool. Cronbach alpha coefficients were significant. In addition to applying Cronbach's alpha test, methodological triangulation was utilized to enhance credibility of the research findings by combining survey and interviews. Methodological triangulation is one of the strategies that is used to enhance trustworthiness of data in both qualitative and quantitative research (Varske, 2017). Management respondents observed that mobilizing qualified human resource remains is a challenge which has potential to compromise quality of care and compliance to government and professional regulatory and legal requirements. Management linked this observation to be a non-compliant issue to regulatory requirement that provides specifications for number of staff and qualifications required. This explains why regression analysis for management staff did not show any positive significant relationship with regulatory compliance.

In both nonprofit and profit health hospitals the board has the massive responsibility of developing strategic objectives and mission and examines progress regarding how the plans are implemented to ensure strategy goals attainment (Griffin, 211). The boards were found to be greatly engaged in formulating plans and priority activities. This aligns well with Mannion et al.,

(2017) and Ishak, et al. (2017) who posit that key roles of the board are to determine the organization's mission values and objectives, ensure that the strategy and realized. The board holds the management team accountable for strategy implementation. Study results reveal that All CHAM hospitals are expected to formulate hospital strategic plans which should be aligned to the broader strategy of CHAM as a coordinating body for nonprofit mission hospitals. The current CHAM strategic plan has six strategic priority area namely: Leadership and governance, health service delivery, health financing and financial sustainability; human resource management and development, Monitoring evaluation, and strengthening procurement systems for pharmaceuticals.

Lack of resources can lead to failure to implement hospital strategies and may lead to organizational closure (Markaryanawati, 2018). Results from the management team revealed agreement (72%) that capacity exists for the board to mobilize resources. Correlation Coefficient analysis for the management team results ($r = 0.391$, $p = 0.007$) and the board ($r = 0.391$, $p = 0.007$) showed existence of a positive relationship between the resources and strategy goal attainment. However, the following computation of multiple regression findings demonstrated no positive association between resource mobilization with goal attainment. This contradicts with findings by Lemarleni et al (2017). In their study resource mobilization and allocation revealed having a positive association ($r = 0.378$, $p = 0.010$) on strategy goal implementation. The contradiction is attributed to the complex nature of the hospital operations where there are multiple stakeholders (Agnihotri & Aora, 2021) contributing to quality of care are driven by different objectives all competing for the scarce resources hence not meeting specific needs to implement their priority objectives which gives an impression of boards failure to provide adequate resources to support adequately the needs of the multiple stakeholders. Results revealed that there was a lack of

comprehension of the main duties of the board in resource mobilization. Respondents valued the actual direct resource contribution as a key role. The board's broader role drawn from resource dependency posit is to provide a service to the organization through guidance, counsel, support, creating positive organizational reputation and linkages to resource access connections (Makarynawati et al, 2018). Most of the board members were of the view that the board conducts several roles in resource provision and financial management. However, only 38% of the board agree that board directly mobilizes resources in support of the hospital operations. Qualitative results also confirmed this finding as it was noted that: *"In most hospitals boards do not directly bring resources (material, financial, technical skills) to support hospital operations.* This finding is contrary to other scholars' findings that assert that providing resources is a key function of the board (Hillman & Dazziel, 2003).

Results showed that the board played a big role in providing oversight into finance management. Multiple analysis regression findings demonstrated revealed a positive association between finance management and Strategy goal attainment as shown by ($\beta = .297$, $t = 2.631$, $P = 0.013$) from the board. Regression Analysis from the management team ($\beta = 0.411$, $t = 2.635$, $P = 0.001$) showed a similar trend financial management had a positive significant impact on strategy goal attainment. The board demonstrated capacity to demand accountability from the management team through internal regular reporting, approval of plans and budget, audits and checking compliance to regulatory requirements.

Hospital board directors are an effective monitoring mechanism that pays attention to corporate governance to ensure that strategic goals are attained and prevent conflict of interest

from management (Cornforth, 2020; Aguilera et al, 2015). In this study, monitoring oversight on regulatory compliance was established to be a key role of the board. Results revealed commitment from the board to this responsibility. This was evidenced by majority of the board respondent's majority of the board respondents (64%) indicating agreement that the board ensures existence of compliance to regulatory requirements systems, and (64%) who agreed that processes, procedures for monitoring (64%) compliance do exist. This was also evidenced by the multiple regression results from board respondents ($\beta = .449$, $t = 3.839$, $P = 0.001$) showing a positive association between oversight on regulatory compliance and strategy goal attainment. This finding aligns well with results by (Hopkin, et al., 2017; Nyakundi et al., 2014) posit that oversight role is part of effective compliance controls and failure to do so the organization may be exposed to operational and business risks that may be costly to the organization and affect strategy implementation. The management team while appreciating the commitment of the board on enhancing compliance to regulatory requirements, their stand was that compliance to regulatory requirement was compromised due issues related to staff shortages and qualification gaps among the staff.

The current research aimed to establish hospital governance challenges that impact on their capacity to influence performance towards attainment of strategic goals. Results revealed that while the health care facilities are important institutions in the health service delivery in Malawi, they are experiencing several governance challenges. Governance leadership was the first and main challenge. In this respect, most of the boards did not have an audit and finance committee, where this existed the members did not have the right expertise. Selection of board members was not competency based. This compromises the quality of oversight on management. Human resource management was another key challenge. Most hospitals do not have qualified human

resource management officers, this contributes to poor human resource management practices. Resource development/mobilization was another challenge. The hospitals are heavily dependent on CHAM and the government to support the wage bill and other operations. This poses a sustainability challenge. The result revealed that due to financial constraints most hospitals fail to attract more qualified technical staff beyond the numbers that are supported either through CHAM or the government. Staff shortages and gaps in qualifications do impact on quality of health services and compliance issues to regulatory requirements.

CHAPTER 5: IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS

The Purpose of the study was to answer the broad question how does the board impact on hospital performance in nonprofit hospitals in Malawi towards realization of strategic goals. Nonprofit hospitals (21) operating under the umbrella of Christian Health Association of Malawi (CHAM) were sampled to participate in this research. CHAM is a membership institutional body that coordinates Christian nonprofit hospitals in Malawi. It is the biggest institution delivering patient care services in Malawi second to the government Ministry of Health. Health care governance is referred as a means of directing the general management of a hospital by developing the mission, formulating strategic goals and objectives, supervising, and checking their realization as set in the strategic plan (Flynn, 2002). Having a board provides an internal mechanism of providing governance leadership in the hospitals. The effectiveness of health care governance systems is determined by how well it performs its functions and its ability to successfully implement the hospital corporate strategy. (Ecklooo, et al., 2014; and Ror & Moon, 2015; Boivie et al, 2016). Corporate governance is central to the functionality and efficiency of hospital performance to words its social mission of provision of quality health services. There are several challenges that hospital boards face in their corporate governance work in developing countries and Malawi inclusive. The challenges include financial management, inadequate resources (physical, material, human), compliance with regulations, inadequate staff, personnel expertise, and organizational capability (Funhiro et al, 2022). Not much research has taken place to investigate the effect of governance on hospital ability to accomplish strategy goals despite the notable challenges.

Specifically, this study sought to review the association between strategy goal attainment with the governance practices regarding finance management, quality service management, resource mobilization connections, and regulatory compliance. The study adopted a mixed method design. CHAM had a total number of 145 hospitals out of which 15% were simple randomly sampled translating to 21 hospitals that participated in the survey. Quantitative data was sourced through a questionnaire with closed ended questions whose respondents were board and senior management representatives. Qualitative data was sourced using an interview guide with open ended questions. The research generated both quantitative and qualitative data hence data was analyzed utilizing SPSS version 26 and thematic analysis, respectively. Ethical considerations ensured compliance with confidentiality, seeking consent from respondents to be participants in the study, respect for privacy and right to walk out at any given point in time. The findings indicate the hospital board provides strategic leadership in setting strategic objectives and goals. The hospital strategy sets the governance foundation regarding functions within the hospital for management and the board. Findings demonstrate that the overall mission and strategic goal of the hospital is to provide quality services to patients. Resources are required to support execution of the strategy while ensuring compliance with regulatory requirements relevant to the hospital and prudent management of resources (financial, human, material, physical). Results indicate a positive association between finance management and quality services. Correlation analysis indicates a positive relationship between resource mobilization and goal attainment. However, this was not confirmed by regression analysis for both the board and management survey. Results revealed a negative relationship.

Limitations

The research aimed to address the question how does the board impact on hospital performance in health care organizations operating under Christian Health Association of Malawi. Explicitly, the study aimed to examine the association between strategy goal attainment the dependent variable with the independent variables board oversight on finance management, quality service management, resource mobilization, and regulatory compliance.

The study focused on evaluating the strategic practices around the four independent variables areas to assess the influence of the board on hospital effectiveness towards implementation of the strategic goals. The research was based on a set of reported data of the best-informed managers and board representatives in the hospitals. As much as senior managers were assumed to be adequate for reliable and valid data, there could be overstated stance and subjectivity could impair quality of data generated. The mixed method was used where governance experts were engaged in the study to provide opportunity for validation and complementarity of quantitative data sourced through the survey questionnaire. The hospital's key strategic focus is ensuring delivery of appropriate patient care services . This study did not evaluate the views of patients (customers) as a key consumer of hospitals services to get more valid conclusion aside from the internal realization of goals on the impact of attaining strategic goals satisfaction with the services provided. The recommendation is for future research to review customer perspectives for measuring the influence of the board on hospital performance towards attainment of strategy goals.

The Board is viewed as the highest level of leadership in the hospital. This study evaluated the influence of the board on performance of the hospital towards attaining the strategic objectives as directed by the board in the strategic plan. Management staff were uncomfortable participating in the study given the power sensitivity of the topic. The remedy for this challenge was assurance on confidentiality of information and protection of identity of the respondents. Procedures that would be used for confidentiality assurance were explained to the study participants. Participant when given the option of opting out where need arise.

The third challenge was that it was challenging to access management survey respondents and particularly board respondents in time due to busy schedules and the fact that they are not routinely available on the hospital premises. The questionnaire had questions on resource mobilization and financial management. Participants had suspicions about how the resource mobilization information would be used by researchers. Some hospital policies have strict policies on disclosure of such information to external stakeholders. Not all respondents could be reached by phone. The researcher sought approval from CHAM to conduct the research and used an introductory letter that facilitated entry into the hospitals. In some hospitals despite the letter of introduction, hospital management leadership required approval from the board to participate in the study. In those situations, meetings were arranged with hospital leadership seeking approval to proceed with the data collection. Assurance of confidentiality and creating a good rapport with respondents helped to complete the data collection process. The delay in returning questionnaires affected the timeline to finish the data collection and increased travel costs due to follow-up trips. To manage this issue the investigator made schedules at the convenient available time of respondents.

Implications

The board provides strategic leadership oversight in determining the strategic direction of the hospital and is legally accountable for the institutions corporate strategy. The performance success of an organization is assured by adoption of appropriate plans, effective implementation of the choices and within resources made available to achieve the expected operational and financial outcomes and results (Munala & Mwasiagi, 2023)

This study established that having a board that ensures that the hospital that they lead has a strategic plan and provides adequate oversight on management, influences the implementation of the plan and realization of strategic goals as expected by the leadership. The board holds the responsibility for establishing the mission and objectives. Many studies (Lee, Yang & Kang, 2010; Abor, 2015; Markayanawati & 2018) suggest the presence of the board has an influence on the capacity of the hospital to be able to deliver strategic objectives. Results have demonstrated that implementation of strategic corporate goals is positively enhanced when the board is engaged in formulating, execution, and appraisal of strategy, ensure the health facility has resources (financial, material, physical) which are prudently managed to support hospital strategic activities, the board provides control and oversight on the delivery and management of services, enhances oversight on compliance to regulatory and legal compliance relevant to the hospital. The study confirms that the strategic control and monitoring functions are key roles and responsibilities for the board (Roh & Moon, 2016). Murphy & McIntyre (2007) assert that strategy development provides a foundation for work for functions of the board and management in the hospital considering that all other functional operations assist strategy execution and must align around the

strategy. The board provides organization wide oversight and is legally accountable for performance.

The success for attaining goals is dependent on the ability of the hospital to mobilize adequate resources, ensure proper allocation and prudent utilization specifically on interventions that specifically support the attainment of set and approved plans which are aligned to the strategic goals and objectives. The board is an essential resource in the hospital that supports resource mobilization strategies and initiatives to support implementation of all strategic activities aligned to the strategic goals (Hillman & Dazziel, 2003; Larker et al., 2013). This study view is that while providing resources is positive performance of the board, resources alone are not adequate to support positive outcomes of the strategic goals. This result is supported by McCue & Dianna (2003) who advise that having resources does not translate to successful strategy implementation. Success in attaining the goals is dependent on better alignment and prudent use of resources. Board oversight on resource management promotes transparency, holds management accountable and supports with data needed/feedback to improve organizations' s performance effectiveness and efficiency towards attaining strategic goals (Kourtis, et al., 2021). The study also has the view that functions of the board in resource mobilization should be clearly defined for easy evaluation for performance in this field. The study noted that hospitals consider direct involvement of the board in resource mobilization as a key function but do not appreciate much the other contributions such as expertise, counseling, link/connections that when exploited support increase in resource access.

The finance management oversight function of the board is an important element that supports strategy implementation and evaluation process. This function can be defined as the

procedure of identification, gathering, selection, and analysis of financial information to assist management and the board to make strategic decisions about hospitals performance. Board oversight on financial management is a crucial function as it can significantly impact on the organization's survival and performance (Ward & Forker, 2021). The board exercises an important role in improving effective and efficient finance management. The study established that strong oversight on financial management is associated with positive performance of the hospital towards attaining strategic goals. In this regard it is advisable that financial management objectives should be synchronized with overall organizational strategy to ensure sound supports to strategy execution. Empirical evidence demonstrates that most strategies (75%) are not successfully implemented due to financial management related issues. This therefore calls for the importance of the board to put more emphasis on providing oversight on finance management in the hospital which is key to supporting organizational strategic goals and objectives. The financial management function contributes to improved success rate of implementation of organizational strategies (Bossidy et al., 2002). This study has established that finance management is a positive influencer of the hospitals ability to attain its strategic goals through proactive monitoring of resource available, allocation in support of strategic actions aligned to the strategic objectives, compliance to policies systems, standards, and procedures, demanding real time accountability through regular financial plans and reports and instituting audit function. Regression analysis established a positive significant association between finance management and goal attainment. These results are supported by Sahiti & Aliu (2016) who explored the function of finance management in accomplishing strategy execution targets. The result from this study confirms that

financial management oversight is an important strategic role of the board. If this role is well-managed, it contributes to increased success in strategy implementation.

Hospitals exist to provide quality services (Tsai et al., 2015). Results from this study demonstrated that among the board equally important tasks, the board has responsibility and accountability for clinical performance safely. The board is obligated to make sure that hospitals deliver appropriate care to patients. Quality oversight is a function of the board in this study results have shown that boards oversight on quality service significantly support attainment of quality service objectives. The results, resonates well with findings by Jhiang, Lockee & Fraser (2012) and Jha & Epstein (2009) that established that Performance is enhanced when the board monitors performance of management towards implementation of quality service through actively devoting time in the board to discuss quality issues which was also the case of this research. The results have demonstrated that oversight on quality should adopt an integrated approach. In this study, the board integrated risk management, resource allocation, good structure (personnel, equipment, infrastructure; policies, systems, and standards) monitoring quality programs. Further Tsai et al., (2015) established that hospital boards that pay great attention to quality service significantly contribute to attainment of quality service objectives. This position is also supported by Murphy & D'oohe, (2006) where through regression analysis confirmed that there is a positive relationship between quality service management and attainment of strategic goals in the organizations. This result is validated by Kroch et. al, (2006) who established that oversight on quality service influenced the success of implementation of strategy goals outcomes. This implies that when the board pays more focus on quality service management the chances of success attaining strategic goals are positively high.

The board has a responsibility and accountability for regulatory compliance in the hospital as part of the strategic control function to make sure the hospital has an environment that is compliant to regulatory requirement that are relevant to the hospital setting. Failure to enforce regulatory compliance risks the hospital from failing to accomplish its strategic goals (Hopt, 2011). The study evaluated the impact of regulatory compliance on influencing attainment of strategic goals in the hospitals. Regression analysis results from survey board respondents revealed the presence of a positive association between the regulatory compliance and ability of the hospital to achieve its strategic goals and objectives.

Recommendations for application

Hospital functionality towards meeting its strategic objectives is an obligation of hospital board due to the critical oversight role that they play as an important governance structure (Ngongo et al., 2017). The board provides two main functions, the control and service function (Hoglund, et al., 2018). The study established that the board provides a service to the hospital through strategic decision making in working with senior management in formulating the mission, values, strategic goals, and objectives, advice, and counsel to management in strategic management processes. The board mobilizes connects the hospital to external sources of resources and ensures prudent allocation of resources to support implementation of strategic actions. The board controls implementation of the strategy through oversight and monitoring the management to ensure implementation of operations plans follows the approved strategy and related regulatory requires relevant to the hospitals. The board control role (monitoring) on strategic implementation is an important function to monitor performance of management towards implementation of operations (Wang, et al, 2022). In this regard, policy makers, governance, and management leadership should

note that effective contribution from the board will require a well composed board and structure that has the right mix of competencies to support management with the strategic function role. Hospitals should have boards that understand and have the capacity to carry their expected roles and functions related to strategic management especially setting the mission, strategic goals, resourcing for the strategy and monitoring implementation. This should be enhanced through adequate well-structured board inductions and effecting recruitment mechanisms to identify the right match between the board members and their expected roles. This implies the hospital should have development budgets for the board. Further, it is important for the board to subject itself to evaluations to measure their contributions towards strategy implementation.

Managerial Implications

Results have shown that active engagement and involvement of the board in strategic management decision making processes contribute to improving hospital performance towards attainment of strategic goals. Results reveal that monitoring is an important control role. Monitoring involves ensuring accuracy of financial information & adequacy of internal controls, regular evaluation of strategic actions on quality service and resource mobilization. How well the board effectively monitors and advises management depends on director's competencies, experience, expertise, knowledge skills and application (Hillman & Dalziel, 2003) and complementarity within the board. This requires a good balance between hospital strategy board competencies. Findings have revealed that the board adopts a strategic approach to recruiting board members which promotes diversified competencies in the board. In this study, recruitment of board members is based on audit of existing gaps within the board related to skills/competencies for the board to effectively provide strategic control/oversight in finance management, quality service

management and regulatory compliance which were found to positively influence strategy implementation implying existence of a strategic alignment concerning the board diverse competency structure and the organization's strategy. Implications to managers and hospital leadership is to put in place good recruitment systems and procedures to guide the recruitment of board members that will bring expertise that will add value and strengthen capacity of the board to provide effective governance support to management. Better alignment of the board competencies and skills supports the success of the board in managing its key roles and responsibilities in the strategy processes (Asija & Ringov, 2020). Each board member's ability to contribute to the organization's technical requirements to implement the strategy depends in part on her capacity and professional background and the overall structure of the board. The lack of fit between the board leadership expertise and the strategy affects performance negatively (Nyukuri & Makokha, 2022). Management should ensure there is a great match within the hospital management and governance structure with their expected managerial and governance roles and responsibilities. Organizational performance suffers if the competency structure does not fit its strategy type. The greater the match between the board diversified skills, expertise, occupations the greater the capacity to support implementation of strategic goals (Branka, et al., 2016).

The super objective of any hospital is to optimize performance towards implementation of its strategic goals. Human Resource Management is a crucial factor that enhances the performance towards strategy implementation and gaining competitive advantage (Nafari, & Rezaei, 2022). Health care governance is a collective and multifaceted decision-making process in the management of the hospital. The objectives and implementation of the same is done with input and support from the executive and board leadership, clinicians, and senior managers. The hospital

board holds the legal responsibility and accountability of the strategic goals and monitors progress towards their realization. This requires separation of roles between management and the board (Segrestin, et al., 2019). Results showed that the key to success is proper alignment of management structure to strategy and human resource management tools (performance management system, competency requirements, job descriptions, functional reporting lines, HR policies). Implications to managers and policy makers is to note that the organization's choice of strategies has implications for human resource structure, policies, and practices. The functions of the board should be distinguished from that of management to allow exercising objective strategic control role on management. The board should be empowered to monitor and control management performance. The board should provide oversight on the development and execution of the organization's plans and ensure alignment of organizational structure, policies, and systems with the strategy. It is important to invest in effective human resource management practices to impact on performance towards strategy implementation. Results reveal that the organizational strategic plan provides a foundation for corporate governance. All functional systems (finance management, quality service management, compliance issues, resource management, human resource management) are aligned to the strategic plan that gives directions for the hospital work. This requires the board to have an organizational wide overview of hospital operations. Managers, board leadership to ensure designing integrated monitoring frameworks to enhance timely reporting to the board to support informed strategic decision-making processes in support of strategic operations in the hospital.

Social Implication

An important obligation of the board is to provide services to the community served by the hospital which they lead and link the organizations with external resource access sources (McDonagh, 2006). Results under this study will have a social effect on the communities served by the hospital as hospitals are heavily dependent on the external community to expand customer base and access to resources beyond revenue generated from services. It is important for the board to strengthen relationships with stakeholders from outside the hospital to provide opportunities for the hospital to access to resources (financial, personnel, material) which intern support service delivery for the targeted communities reached by the hospital. Quality service delivery is a social benefit to the hospital's community catchment area.

Theoretical Implications

Despite the numerous governance challenges very few studies have been done on board and hospital performance specifically how the board impact on hospital is very scanty in Africa. The few studies (see Molinali et al, 1993; Mc Donagh 2006; Funhiro et. al., 2022; Baird, 2017) have been done in the developed countries. Hospital boards are obliged to meet the needs of investors. However, governance failures and challenges continue to happen in health care institutions. Questions remain unanswered regarding how the board impacted hospital performance (Ghiasipour et al., 2017). The research is of value to the academia community because it will give more understanding into how the board practices around finance management, quality management, regulatory compliance, and resource mobilization impact on the attainment of implementation of the corporate strategy. The study has identified areas for explorations for

new research. This provides opportunities for research topical areas for academic students and other interested researchers. This will support building more information to help understanding hospital governance in Africa.

Recommendations for Application

Governance understanding

Hospitals and other health care organizations need to have a formal structure to oversee how management teams pursue implementation of the strategic goals and objectives (Tsai et al, 2015). The presence of the board is important as it takes strategic decisions, strategic decisions about strategic goals for the organization. The board has two strategic control roles in its governance function: setting the strategic direction of the organization and monitoring management performance towards the set objectives. The strategic plan sets the foundation of governance in the hospital. All other systems and functions are aligned around the strategic plan. The hospital's mission is to deliver safe and excellent patient care services. The board is held responsible to ensure and performs a substantial role in quality health care. Success in the implementation of quality care is dependent on its ability to provide control over quality implementation programs. Findings from this study reveal the board is very instrumental in supporting the realization of organizations goals around finance management oversight, quality service management, resource mobilization and regulatory compliance in influencing performance of attainment of corporate strategy goals. Practitioners should note that it is imperative to have a board in the hospital which has the legal mandate to direct and control the operations of an organization. The board should have the authority and be empowered to discharge their responsibilities independently.

The success of the attaining strategic goals and objectives is dependent not only on availability of resources but coupled with proper allocation and prudent management and allocation on interventions that specifically support strategic actions aligned to the corporate strategy and approved operational plans and budget (Kourtis et al., 2021). Results show that a strong governance structure such as the board is important to have in place to provide strategic leadership in the hospital in resource mobilization efforts. The board has overall responsibility for accountable availability and resource management. The results demonstrate that resource mobilization should integrate oversight on management of resources. Practitioners should note that the resource management function is an integral strategic management function of the board. The first recommendation to hospitals and other health service providers is to include resource mobilization as an important board's duty. The second recommendation is to make sure harmonization and alignment of resource mobilization strategies with the organizational strategy to support its implementation. Third recommendation for the board recruitment to include members with connections with resource providers, specific skills, knowledge, experience in resource mobilization and management. The last recommendation is for hospital boards to ensure putting in place strong systems, procedures and controls that demonstrate good management of resources (Human, finance, material) to build a positive reputation of the organization.

Finance Management and Goal Attainment

The finance management function plays an important role that supports strategy implementation and evaluation process. Strong oversight on finance management by the board is associated with positive performance of the organizations towards attaining strategic goals

(Zelalem, et al, 2022; Shivan et al., 2017; Aora & Bodhanwala, 2018). Findings from this study have confirmed that finance management enhances the ability of the hospitals towards attainment of the strategic goals and objectives. The study therefore recommends the need for hospitals to ensure putting in place financial systems that will safeguard the resources that are geared towards supporting strategy implementation. It is recommended for the board to exercise its authority to provide financial management oversight to limit the risk of misalignment/misallocation of resources. It is recommended to hospital leadership to ensure alignment of the financial management objectives with the overall strategy to ensure sound support to the strategy execution and strengthen the audit function.

Regulatory Compliance

The board has responsibility and accountability for regulatory compliance in the hospital as part of the strategic control role making sure that the hospital has an environment that is regulatory compliant. Failure to enforce regulatory compliance risks the hospital from failing to accomplish its strategic goals (Hopt, 2011; Letho et al, 2021). Results have confirmed the notion that regulatory compliance positively influences attainment of strategic goals and objectives in the hospitals. As the board has the overall accountability of regulatory compliance for the hospital, it is recommended that hospitals should integrated regulatory compliance as one of the key functions of the board to mitigate risks that come with noncompliance and the board is held accountable. The recommendation to hospital leadership and boards is to ensure integration of regulatory compliance in the overall strategy of the organization to ensure sound support of its execution. The second recommendation is to ensure the organization wide monitoring and reporting system

integrates regulatory compliance. The third recommendation is for the board to set leadership on regulatory compliance through approval and putting in place policies, system, procedures, and standards that support a regulatory compliant environment.

Quality Service Management and Goal Attainment

The core business of the hospital is to deliver quality health services. One of the key tasks of the board is providing oversight on health care services (Masfield, Msosa & Grugel, 2020). Results from this study confirm the notion that quality service delivery and management influences the capacity of the hospital to attain its goals. Study findings note that the board has the overall accountability and responsibility for all clinical service operations in the hospitals. It is therefore imperative that the board have an in-depth understanding of the quality programs. The study recommends that quality service strategies be integrated and aligned with the strategy to ensure a coordinated and harmonized implementation of quality interventions that contributes to strategy implementation. Organization wide monitoring system to integrate quality performance parameters to be established to capture organization wide performance. The board to integrate quality issues in its routine board operations to inform real-time decision-making processes in support of quality service delivery

Recommendations for future research

This research was designed to examine to answer how the board impact on hospital performance operating under Christian Health Association of Malawi (CHAM). Findings of this research bring to the fore some issues for future research. Recommendations are made in the following areas:

Results have shown that appropriate governance of hospitals depends on effective cooperation between the board and hospital management in pursuit of strategic goals and the ability of the board to effectively manage their oversight over management on specific functional areas as well as how well the board manages its roles. Further, studies show that recruitment of board members is informed by functional expertise gap existing in the board. The study revealed the existence of functional diversity in the board obtained through collective professional experience from diverse industries in the board. Results illustrate favorable association between oversight by the board on finance management, quality service management , regulatory compliance with ability for the hospital to accomplish set goals. While the study did not conduct statistical analysis to evaluate the impact of functional diversity on goal attainment, qualitatively it implies that functional diversity contributed to strengthening collective board intellectual capacity effectively management its oversight role on management performance leading to positive hospital performance outcome towards strategy implementation. The study proposes future research to conduct a structured study that should evaluate the effect of board's functional diversity on hospital performance. Results from such a study would contribute to improving strategies for board composition and board members' nomination processes.

Hospital governance has been established to be a function of the board, managers leadership, and clinicians. The research evaluated the effect of the board on performance of hospitals towards attainment of goals. It would be useful to consider conducting research to evaluate the influence of management involvement in the hospital board work. Resource mobilization did not positively influence strategy implementation in this study while literature demonstrates that it is a means that support strategy implementation. The contribution of resource

mobilization by the board through connection/links to resources, advising/counsel to management, technical skills set knowledge and expertise were not highly regarded as resource mobilization services compared to direct resource mobilization by the board. The second recommendation is to critically review the understanding of resource mobilization board functions and implications in supporting efficiency towards strategy implementation in nonprofit hospitals. This will give more insight on the impact of the contribution of the board on resource mobilization and its effect on the performance on execution of hospital strategies. The last research recommendation is a suggestion to conduct a similar study with other hospitals operating outside CHAM and compare the results.

Conclusions

The study aimed to answer how the board impact on hospital performance in hospitals operating under Christian Health Association of Malawi. CHAM is the second largest health service provider in Malawi covering 41% of health care service delivery second to the government Ministry of Health. Specifically the research reviewed the association between strategy goal attainment with finance management, quality service management, resource mobilization, and regulatory compliance. Further, the research was designed to establish the major challenges that impact on hospital governance. Data was sourced through surveys and interviews. The hospitals that participated in this study are all non-profit making hospitals operating under CHAM. Many of the hospitals receive funds from government grants, local authorities, and the public. Direct resource mobilization interventions by the board remain very limited.

Several theories were ideal to support the research work considering that no sole theory can rationalize the various duties of the board regarding how it impacts on organizational

performance (Panda & Lepsa, 2017; Agyie-Ansah (2016); Azeez, 2015). Agency, resource dependency, stakeholder theory, institutional and stewardship theories provide a foundation for important board roles that complement one another in support of organizational performance (Ugoani, 2018; Jensen & Meckling, 1976). All these roles are linked to strategic outcomes and organizational performance. Central to these theories is the promotion of corporate governance principles of transparency, accountability, and integrity across the organization in pursuit of strategic goals and objectives (Cardbury, 1992). Agency theory has been the central theory of this study complemented by other theories namely institutional, stakeholder and resource dependence theories to critically review how the hospital board impact on hospital performance.

Results demonstrate that the board provides the governance framework to direct, control and monitor performance of management towards implementation of strategic goals and objectives to prevent inefficiencies and minimize risks failure to achieve the strategic goals as directed by the board in the hospital strategic plans. Findings confirm that the board is an important and valuable governance mechanism for the hospital as it defines the mission and strategy and delegates implementation to management while holding accountability for performance. All other functional strategies, for example finance, quality management, finance management, regulatory compliance should be aligned to the strategy which allows the board to have an organization wide oversight and monitoring of hospital performance. This supports the board to have an overview and track overall performance of the management towards meeting the strategic objectives. The hospital strategic goals and objectives as outlined in the strategic plan, provides the foundation of the governance systems and functions as all other functional objectives and systems are informed and are obliged to work in harmony with the overall hospital strategy.

From the resource dependency theory perspective, results illustrate that resource mobilization is an important and key function of the board. The hospital requires resources to run its day-to-day services. The resource mobilization functions of the board integrate the control and monitoring role to ensure prudent allocation, utilization, and management of resources. Strategic control and monitoring role is derived from agency theory and the board assumes the position of a key stakeholder that supports resource mobilization efforts to support strategy implementation. The board extends its monitoring and control functions and takes a supportive role to the management in the task of resource mobilization. The support role is derived from the resource dependency theory. Results have shown that the board assumes responsibility and accountability for resource acquisition. In this regard the board extends its role beyond just being interested in provision of resources but also focus on the control role to ensure resources are specifically allocated to actions that support strategic goals and objectives. The alignment of resource mobilization objectives and the strategic plan objectives enables contribution to execution of the strategy.

From the agency theory findings have revealed that the board sets the strategic direction of quality service delivery and takes responsibility and accountability for this intervention. The board delegates the management implement quality service programs while holding it accountable through regular reporting to the board and integration of quality service decisions in board decision making processes. The board has demonstrated commitment and responsibility for service through providing an environment that supports quality service evidenced integration of quality and safety program issues and risk management in all board decision making. Quality service programming is evidenced based on information from risk management assessments. Findings demonstrate that

quality service management supports attaining hospital strategic objectives. According Masfield, Msosa & Grugel (2020) efficient health care organizations can implement strategy goals when they have boards that demonstrate commitment to quality care and patients' safety and treat this as a priority performance area. Successful organizations follow regulations and standards pertaining to sound financial management, administration, and quality service in support of implementation of overall strategy of the organization. Results illustrate the significance of providing oversight on financial management by the board. Results reveal that the board not only ensures availability of resources but focuses on ensuring monitoring allocation specifically to strategic objectives and activities. The Board demands timely and accurate reporting to make informed decisions related to finances. The board provides a conducive environment to allow prudent management of resources through providing leadership in formulating financial management systems, procedures, and standards. An effective board ensures that it takes an active role in ensuring that financial plans, budgets, and audit reports are approved by the board. The board ensures alignment of strategic goals with financial goals and plans. Results show a favorable association between financial management oversight and strategy attainment implying that oversight on utilization of finances is a key duty of the board that supports hospital performance when exercised efficiently. The board financial management oversight function integrates perspectives of agency theory (board holding overall accountability while holding management accountable for finance performance in support of strategy objectives), resource dependency (ensuring resource available and allocation) and stewardship theories (compliance to utilizing resources specifically to support approved strategic actions).

Successful hospital boards ensure that the institution operates with adherence in compliance with applicable norms, policies, and ethical standards relevant to the hospital industry. This function is derived from institutional theory. Findings revealed that regulatory compliance cuts across the hospital operations i.e finance management, personnel, clinical quality service, and the board itself. It is therefore the responsibility of the board to monitor compliance and adherence to regulatory requirements, systems, and procedures. In this study, the board was well informed about regulatory requirements relevant to the hospital operations. Results have shown that when boards are knowledgeable about regulatory requirements, they are able to provide oversight on compliance plans, create a compliant environment through enforcement of policies, ensure regular reporting on compliance, able to identify gaps and follow up on remedial actions. Results pose a notion that regulatory compliance is one of the key functions of the hospital board.

REFERENCES

- Adhikari, R., Sharma, J.R., Smith, P., & Malata, A. (2019). Foreign aid, cash gate and trusting relationships amongst stakeholders: Key factors contributing to malfunctioning of the Malawian health system. *Health Policy and Planning*, 34, 197-206
- Abdullah, D., Sofian, S. & Bajuri, N. (2015). Intellectual capital as the essence of sustainable corporate performance. *Pertanika, Journal of Social Sciences & Humanities*, 23(5), 131-144
- Abdullah, H. & Valentine, B. (2009). Fundamentals and ethics of corporate governance. *Middle Eastern Finance and Economics*, 4, 88-96
- Abor, P.A. (2015). The effects of health care governance and ownership structure on the Performance in Ghana. *Journal of Law & Management*, 57(2) 107-140
- Abu, J.A.A. & Nashwan, A.J. (2022). Balanced Score Card hospital performance measurement framework: A performance construct development approach. *Cureus*, 14(5), e24866
- Abulela, M.A. A. & Harwell, M.M. (2020). Strengthening inferences in quantitative education studies conducted by novice researchers. *Educational sciences: Theory and Practices*, 20(1), 59-78
- Akhmetshi, E. M. (2017). The system of internal control is a factor in the integration of the strategic and innovative dimensions of a company's development. *Journal of Advance Research in Law and Economics*, 8(6), 1684-1692
- Afrifa, G. & Taurigana, V. (2015). Corporate governance and firm performance of UK Listed and medium enterprises. *Corporate Governance*, 15(5),
- Afriyie, S. W., Ampoimah, B.C., Vanderpuije, L.N.O., Kong, Y., Akuomoah, C.D., Xinlei, Z. (2019). Verifying the impact of corporate governance on hospital performance on HIV and Malaria control: A structural equation modelling approach. *International Journal of Health Planning Management*, 35, 22-25

- Agnihotri, A. & Arora, S. (2021). Study of corporate governance in Government hospitals a case study of emerging markets. *Corporate Governance and Sustainability*, (1), 8-14
- Agyapong, K.E. (2017). Internal control activities as a tool for financial management in the public sector: A case study of Ghana Post Company Limited. *Journal of Advancement of Developing Economics*, 6(1), 43-77
- Agyei, S. & Gyamerah, S. (2016). OECD principles of corporate governance: Compliance among Ghanaian Listed Companies. *International Journal of Advanced Multidisciplinary Research*, 3(11), 82-92
- Achua, C.F.& Lussier, R.N. (2016). *Leadership: Theory, Application, and Skills Development*, 6th Ed., Boston MA CENGAGE Learning USA
- Adarmouth, L., Felaefel, M., Wachibroit, R. & Silverman, H. (2020). Perspectives regarding privacy in clinical research among research professionals from the Arab region: An exploratory qualitative study. *BMC Medical Ethics*, 21, 27
- Adegbite, E. (2012). Corporate governance regulations in Nigeria. *Corporate Governance the Internal Journal of Business Ethics in Society*, 12(2), 257-276
- Adegboye, A., Ojeka, S., Adegboye, K., Ebuzor, E., & Samson, D. (2020). Firm performance and condensed corporate governance mechanisms: Evidence of Nigeria financial institutions. *Business Theory and Practice*, 20, 403-416
- Aini, Q., Zuliana, G.R., & Santoso, N.P.L. (2018). Management Measurement Scale as a Reference to determine interval in a variable. *ATM*, 2(1), 45-54
- Ajao, O.S. Oluwandamilola, A.O. (2020). Internal control system and quality of financial reporting in insurance industry in Nigeria. *Journal of Finance and Accounting*, 8(5), 218-226
- Ahmad, H., & Halim, H. (2017). Determining sample size for research activities. *Selangor Business Review*, 20, 34

- Akinlabi, O.C.A. (2018). Strategic leade Abdullah, S. N. (2004) Board composition and CEO duality and performance among Malaysian Listed companies. *Corporate Governance*, 4(4), 47-61
- Akinleye, D.D., McNutt, A., Lazariu, V., McLaughlin, C.C. (2019). Correlation between hospital finances and quality safety of patients. *PLUS One*, 14(8), e0219124
- Akoglu, H. (2018). Users guide to correlation coefficients. *Turkish Journal of Emergency Medicine*, 18, 91-93.
- Akram, F. & UL Hag, M.U. (2022). Integrating agency and resource dependency theories to Examine the impact of corporate governance and innovation on firm performance. *Cogen Business & Management*, 9(1), 1-22
- Abdullah, A. (2019). Effectiveness of qualitative research methods: Interviews and diaries. *International Journal of English and Cultural Studies*, 2(1), 65-70
- Alabdullah, T.T.Y., Yahya, S. & Ramayah, T. (2014). Corporate governance mechanisms and Jordanian company's financial performance. *Asian Social Science*, 10(22), 247-262.
- Alam, M. D.C. (2020). A systematic qualitative case study: Questions, data collection, NViro analysis and saturation. *Qualitative Research in Organization and Management: An International Journal*, 16(1), 1-31
- Alawaqleh, Q.H. (2021). The effect of internal control of employee performance of small and medium-sized enterprises in Jordan. The role of accounting information systems. *Journal of Asian Finance, Economics and Business*, 8(3), 855-863
- Alchian, A. A. & Demsetz, H. (1972). Production, information costs and economic organization. *American Economics Review*, 62, 772-795
- Alhazmi, A.A. & Kaufman, A. (2022). Phenomenological qualitative methods applied to the analysis of cross-cultural experience in novel education social contexts. *Frontiers in Psychology*, 13 (134), 1-12

- Almansoori, M. R.M.A., AL-Tahitan, A.N.A. & Battour, M.K. M. (2021). The impact of strategic Planning on the performance of economic government organizations: The moderating role of organizational leadership & sustainability. *International Journal of Contemporary Management and Information Technology*, 1(6), 1-8
- Al Hammadi, F.& Matloub, H. (2019) Sustainable organizational performance. International Journal of Organizational Performance. *International Journal of Organizational Analysis*, 27(1), 169-186
- Al Zwyalif, D.A. (2015). The role of internal control in enhancing corporate governance: Evidence from Jordan. *International Journal of Business Management*, 10, 7
- Alzhrani, A.H. & Hakami, M.S.A. (2022). The influence of hospital governance on the organization success: A study done at king Fahad hospital, Al-Baha KSA. *Egyptian Journal of Health Care*, 13(4), 1173-1184
- Alexander, J.A. & Weiner, B.J. (1993). Corporate and philanthropic models of hospital governance: A taxonomic Evaluation. *Health Service Research*, 28(3), 325-335
- Alemu, A. & Agegrew, A. (2020). The effect of internal control on organizational performance in reference to MOHA Soft Drinks Company Ethiopia: A case study in Hwassa Pepsi Cola factory. *International Journal of Research in Business Studies and Management*, 7(3), 10-19
- Alduais, F., Almasria, N.A., & Airout, R. The moderating effect of corporate governance on corporate social responsibility and information asymmetry: An empirical study of Chinese listed companies. *Economies*, 10(11), 280
- Alfuzai, R. (2022). More needs to be done during the informed consent process. *Cureus*, 14(3), e23346
- Allanson, P.E. & Notar, C.F. (2020). Statistics as measurement: 4 Scales/levels of measurement. *Education Quarterly Review*, 3(3), 375-385

- Alpi, K.M. & Jamal, J. (2019). Distinguishing case study as a research method from case report as a public type. *Journal of medical Library Association*, 107(1), 1-5
- Alatawi, M.A. (2017). Purposive sampling in qualitative research. Research synthesis. *Qualitative Research Journal*, 5 (3), 7-11
- Aleck, P.L., Settle, R.B., Roberts, S. (1995). *The survey research handbook*. McGraw-Hill/Irwin
- Ali, P. & Younas, A. (2021). Understanding and interpreting regression analysis. *Evidence Based Nursing*, 24(4), 116-118
- Ali, F. & Haapasalo, H. (2022). Analyzing the challenges in stakeholder relationship management in the health care process: a social network perspective. *International Journal Networking o and virtual organizations*, 26 (1-2), 125-126
- Alqatan, A., Chbib, I., & Hassainey, K. (2019). How does the board structure impact on firm performance: *Corporate Board Roles, Duties, and Composition*, 5, 18-25
- Amer, F., Hammould, K., Khatatbeh, H., Lohner, S., Boncz, I., Endre, D. (2021). The dimensions to evaluate health care performance and an implication during the pandemic. *BMC Health Service Research*, 22, 621
- Ames, H., Glenton, C., Lewin, S. (2019). Purposive sampling in qualitative evidence synthesis: A worked example from a synthesis on parental perceptions. *BMC Medical Research Methodology*, 19, 26
- Ammenwerth, F., Ehlers, Hirsh, B., & Gratl, G. (2007). HIS-Monitor: An approach to assess the quality of information processing in hospitals. *International Journal of Medical informatics*, 76, 216-225
- Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education*, 74(8), 1-7
- Andra, C. (2021). The inconvenient truth about convenient and purposive sample. *American Journal of Pharmaceutical Education*, 1-7

- Anja, F.E. & Casper, J.A. (2017). Regression assumption in clinical psychology research practices a systematic review of common misconceptions. *Peer Journal*, 5, e3233
- Annergger, M., Hofmann, C., Pull, K.; Vetter, K. (2020). Firm size and board diversity. *Journal of Management & Governance*, 18(4), 1109-1135
- Ansmann, L., Vennedey, V., Hillen, H.A., Stock, S.S., Kuntz, L., Pfaff, H., Mannion, R., Hower, K.I. (2021). UdayasankarResource dependency and strategy in health care organizations during a time of scarce resources: Evidence from the Metropolitan area of Cologne. *Journal of Health Organizations & Management*, 35(9), 211-227
- Anuruddha, M.S. & Mahanamahewa, P. (2021). Influence of Accounting information and the effectiveness of internal control on public financial reporting quality: An Empirical study. *International Journal of Multidisciplinary Research*, 4(2), 155-167
- Anwar, G. & Abdullah, N.N. (2021). The impact of human resources management practice on organizational performance. *International Journal of engineering Business and Management*, 5(1), 35-47
- Ambrosini, V., Jenkins, M., Collier, N. (2015). *Advanced strategic management*. 3rd Ed., Palgrave McMillan
- Akers, K.G. & Amos, K. (2017). Publishing case studies in health services. *Librarianship (editorial) Med Library*, 105(1), 115-118
- Apuke, O.D. (2017). Quantitative Research Methods. A synopsis approaches. *Arabian Journal of Business and Management Review (Kuwait Chapter)*, 6 (10), 40-47
- Aspan, H. (2017). Corporate governance principles in the management of limited liability company. *International Journal of Law Reconstruction*, 1(1), 87-100
- Arwine, D.L. (2202). Effective governance roles and responsibilities of board members. *BUMC Proceedings*, 15(19), 19-22

- Axerlod, N.R. (1994). *Board leadership and board development*. In R.D. Herman & Associates (Eds), *The Jossey handbook of nonprofit leadership and management*, San Francisco: Jossey-Bass
- Ayed, T.L., Hajlaoui, A.H., Ayed, A.H., Bardr, O.M. (2015). Necessity of changing modes of the traditional hospital governance. *Journal of advanced Management Service Science*. 3, 60-66
- Akionde, B.F. & Khan, T.H. (2018). Step by step approach for qualitative data analysis. *International Journal of Built Environment and Sustainability*, 5(3), 163-174
- Akisik, O. and Gal, G. (2017). The impact of corporate social responsibility and internal controls on stakeholders' view of the firm and financial performance. *Sustainability Accounting, Management and Policy Journal*, 8(3), 246-280
- Amuomo, N. & Odoyo, C.O. (2023). Ethnography has its strengths and weaknesses and application in Information technology and communication as a research design. *Computer Sciences & Information Technology*, 8(2), 50-56
- Asehabi, B.M. (2019). Basics of research design: A guide to selecting appropriate research design. *International Journal of Contemporary Applied Research Design*, 6(5), 76-89
- Asahak, S., Albrecht, S.L., Sanctis, M., & Barnett, N.S. (2018). Board of directors: Assessing their functionality and validation of a multidimensional measure. *Frontiers in Psychology*, 9, 2425
- Asamoah, M.K. (2014). Re-examination of the limitation associated with correlational research. *Journal of Educ Research and Reviews*, 2 (4), 45-52
- Asija, A. & Ringor. (2021). Dynamic capabilities: The role of board monitoring and managerial incentives. *Business Research Quarterly*, 24(4), 268-280

- Askari, R., Dolatian, M., Shafil, M., Baghanian, N., & Raliel, S. (2017). Challenges in Implementing clinical governance: A qualitative study in YAZO, Iran. *East African, Medical Journal*, 94 (1), 44-50
- Asogwa, C.I., Ofoegbu, G.M., Nnam, J.I., & Onyekachi, D.C. (2019). Effect of corporate governance board leadership and attributes on earnings of quoted Nigerian companies. *Cogent Business & Management*, 6, 1683124
- Ashford, R.D., Brown, A., Brown, T., Callis, J., Cleveland, H.H. , & Groover, H. (2019). Defining and operationalizing the phenomena of recovery: A working definition from the recovery science research. *Collaborative, addiction Research and Theory*, 27(3), 179-188
- Amartey, L.A., Yu., M., & Chukwu-Lobel, O. (2019). Corporate governance in Ghana: Analysis of board accountability in Ghanaian hotel banks. *Journal of Finance Regulation and Compliance*, 27(2), 126-140
- Arora, A., & Badhanwala, S. (2018). Relationship between corporate governance index and firm performance Indian evidence. *Global Business Review*, 19 (3), 675-689
- Austen, A. (2012). Stakeholders' management in public hospitals in the context of resources. Management in public hospitals in the context of resources. *Management*, 16(12), 217-230.
- Ayagre, P., Appiah-Gyamerah, I., Manzy, J. (2014). The effectiveness of internal control systems in Banks. The case of Ghanaian Banks. *International Journal of Accounting and Financial Reporting*, 4(2), 377-389
- Azeez, A.A. (2015). Corporate governance and firm performance: Evidence from Sri Lanka. *Journal of Finance and Bank Management*, 3(1), 180-189
- Azilaku, J.C., Abor, P.A., Abuosi, A. A., Anaba, E.A. & Tiliati, A. (2021) Relationship between clinical governance and hospital performance: A cross sectional study of psychiatric hospitals in Ghana. *International Journal of Health Governance*, 26(3), 2069-4631

- Azungah, T., Blonch, A.B., & Tembil, J.R. (2019). Appraisal performance of CEOs of banking institutions in Auckland. *Open Journal of Social Sciences*, 7, 478-487
- Bakalikwira, J.; Bananuka, J. Kigongo, T. K., Musimenta, D. & Mukyala, V. (2017). Accountability in the public health care systems: A developing country perspective. *Cogent Business Management*, 4(1), 1334995
- Baker, S.E., & Edwards, R. (2012). *How many interviews are enough?* National Centre for Research Methods, Economics and Social Research Council (ESRC)
- Bakotic, D. & Rogosic, A. (2017). Employee involvement as a key determinant of care quality management practices. *Total Quality Management and Business Ethics*, 28 (11), 1209-1226
- Banerjee, A., Nordquist, M., & Hellerstedt, K. (2020). The role of the board -A literature review and suggestions for future research. *Corporate Governance International Review*, 28, 377-405
- Barante, D. M. & Arasa, R. (2018). Corporate governance practices and firm performance: A Review and interrogation of theory. *International Journal of Innovative Research and Advanced Studies*, 15(3), 58
- Barroso-Castro, C. Villegas-Perinon, M.M., & Domonguez, M. (2017). Board members Contribution to strategy. The mediating role of board internal processes. *European Research on management & Business Economics*, 23(2), 82-89
- Bartuseviciene, I., & Sakalyte, E. (2013). Organizational assessment: Effectiveness Vs efficiency. *Social Transformation in Contemporary Society*, 1, 45-53.
- Basias, N. & Pollalis, Y. (2018). Quantitative and qualitative research in business & technology: Justifying a suitable research methodology. *Review of Integrated Business and Economics Research*, 7(1), 91-105

- Barnes, M., Oner, N., Ray, M.N., Zengul, F.D. (2017). Exploring the association between quality and financial performance in USA hospitals: A symmetric review. *Journal of Health Care Finance*, 44(2), 1-32
- Bastian, P., Mohammadpour, M., Bahmael, J., Ravangard, R., Mehralian, G. (2021). Hospital management by health services management gradius: The change Paradigm in Iran, *Heliyon*, 7, e08414
- Bataineh, H.A. & Al Harthy, S.S. (2021). The relationship between corporate governance practices and financial performance: Evidence from Amman Stock Exchange, *Journal of finance and investments Analysis*, 10(1), 63-87
- Batti, R. C. (2014). Challenges facing local NGOs in resource mobilization. *Humanities & Social Sciences*, 2(3), 57-67
- Behzadifar, M., Bragazzi, N.L., Arab-zozani, M., Bakhtiari, A. & Behzadir, M. (2019). The challenges of implementing clinical governance in Iran: a meta synthesis of qualitative studies. *Health Policy Research and Systems*, 17 (3), 1-154
- Belotto, M. J. (2018). Data analysis methods for qualitative research: Managing the Challenges of coding, interrelated reliability, and thematic analysis. *The Qualitative Report*, 23(11), 2622-2633
- Bello, U. & Abu, M.M. (2021). Shareholder & stakeholder theories. Understanding corporate governance practice. *Nile Journal of Business Economics*, 17, 93-99
- Bendickson, J., Muldoon, J., Liquori, E.W., & Davis, P.E. (2016). Agency theory background and epistemology. *Journal of Management History*, 22(4), 437-449
- Benzaghta, M.A., Elwada, A., & Mousa, M.M. (2021). SWOT Analysis Application: An integrative literature reviews. *Journal of Global Business Insights*, 6(1), 55-73

- Bernstein, R.S., Buse, K., & Bilimoria. (2016). The influence of board diversity policies and practices, board inclusion behaviors of non-profit governance practices. *Journal of Business Ethics*, 133, 179-191
- Berghe, A. & Baelden, T. (2005). The complex relation between director independence and Board effectiveness. *Corporate Governance*, 5(5), 61-68.
- Berle, A.A. & Means, G.C. (1932). *The modern corporation and private property*. Macmillan, New York
- Berman, S.L., Wicks, A.C., Kotha, S., Jones, T. (1999). Does stakeholder orientation matter? The relationship between stakeholders' management models and firm financial performance. *Academy of Management Journal*, 42(5), 488-506
- Bertoncello, C., Buja, A., Silenzi, A., Lazi, A., Baldo, V., et al. (2015). Good governance competencies in public health to train public health physicians. *International Journal of Public Health*, 60(6), 737-749
- Bigdeli, M., Rouffy, B., Lane, B.D., & Schmets, G. (2020). Health systems governance: The missing link. *BMJ Global Health*, 5, 1-5
- Bilgi, I., Mihaylova, L., & Papazov. (2017). The internal control activities in small Turkish companies. *Journal of contemporary management issues*, 22, 69-83
- Birks, M. & Mills, J. (2015). Grounded theory: A practical guide. 2nd Ed. London: SAGE
- Bhardwaj, P. (2019). Types of sampling methods in research design. *Headache*, 60(1), 8-12
- Black, G.B. Van O.S., Machen, S., & Fulop, N.J. (2021). Ethnography research as an evolving method for supplying health centre improvement skills: A scoping review. *BMC Medical Research Methodology*, 21, 274
- Block, S.R. (1998). *Perfect nonprofit boards: Myths, paradoxes paradigms*. Needham Heights, MA: Simon & Schuster Customer

- Boamah, S.A., Laschinger, H.K.S., Claire, S. (2018). The effect of transformational leadership on job satisfaction and patient safety outcome. *Nursing Outlook*, 6 (2), 180-189
- Board Source. (2010). *The handbook on nonprofit governance*. San Francisco, CA: Jossey-Bass
- Boeker, G., & Goodstein, J. (1991). Organizational performance and adaptation: Effects of environment and performance changes in board composition. *Academy of Management Journal*, 34(4), 805-826
- Bourne, L. (2014). The six functions of governance. *PM World Journal*, 3 (11), 1-6
- Bombard, Y., Baker, G.R., Orlando, E., Farcott, C., Bhatia, P. (2018). Engaging patients to improve quality of care: A systematic Review. *Implementation Science*, 13, 1-22
- Boivie, S., Bednar, M.K., Aguilera, R.V., Andrus, J.L. (2016). Are boards designed to fail? The implausibility of effective board monitoring. *The Academy of Management Annals*. Doi: 10.1080/19416520.2016.1120957
- Bordean, O.N., Crisan, E., & Cristiana, P.Z. (2012). A multitheory approach pf strategic role of boards. *Studies in Business and Economics*, 7(2), 43-51
- Borza, A., Bordean, O., Maier, V. (2011). The involvement of boards in strategy implementation. *Review of International Comperative Management*, 12 (5), 986-992
- Borgstede, M. & Scholz, M. (2021). Quantitative and qualitative approaches to generalization and replication. A representationalist view. *Frontiers Psychology*, 12, 1-9
- Bossidy, L., Charan, R., Burak, C. (2002). *Execution the discipline of getting things done*. New York, Crown Business
- Bovens, M. (2007). Analyzing and assessing accountability: A conceptual framework. *European Law Journal*, 13, 447-468

- Brauer, M. & Schmidt, S. (2016). Defining the strategic role of boards and measuring boards effectiveness in strategy implementation. *Corporate Strategy International Journal of Business in Society*, 8(5), 649-660
- Brennan, N.M. & Flynn, M.A. (2013). Differentiating clinical governance, clinical management and clinical practice, *Clinical Governance: An International Journal*, 18(2). 114-131
- Bridoux, F., & Stoelhorst, J.W. (2022). Stakeholder theory, strategy, and organization: Past, present, and future. *Strategic Organization*, 20(4), 797-809
- Bryman, A. (2006). Integrating quantitative and qualitative research: how is it done? *Qualitative Research*, 6(1), 97-1174
- Braithwaite, J. & Travaglia (2014). An overview of clinical governance policies, practices, and initiatives. *Australian Health Review*, 32(1), 10-22
- Branka, J. (2016). *Understanding the potential impact of skills recognition: Systems on labour markets*. Research Report International Office, Skills, and Employability Branch. Geneva ILO
- Braun, V., & Clarke, V. (2006). Thematic networks: an analytical tool for qualitative research. *Qualitative Research*, 1(3), 77-101
- Brown, A. (2019). Understanding corporate governance of health care quality: A quality comparative study of eight Australian Public Hospitals. *BMC Health Research*, 19, 975
- Brown, W.A. (2005). Exploring the association between the board and organizational performance in non-profit hospital. *Nonprofit management and leadership*, 15(3), 317-339
- Buallay, A., Hamdan, A., & Zureigat, Q. (2017). Corporate governance and firm performance: evidence from Saudi Arabia. *AABFJ*, 11(1), 1-21

- Butari, P. & Njoroge, D.C. (2020). Selecting hiring, organizational performance and commitment. *Business & Management*, 22(1), 63-69
- Burt, T. (2015). Following mixed methods some travel advice. *British Journal of General Practice*, 65 (634), 245-265
- Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research Methods. *Neural Research & Practice*, 2(14), 2-10
- Bwana, K.M. (2018). Measuring financial strength of council designated hospitals in Tanzania using financial index mode. *African Journal of Applied Research*, 4(2), 32-44
- Cardbury, A. (1992). *Report of the committee on the financial aspect of corporate governance*: First edition London, Gee and Company Limited.
- Campbell, S., Prior, S., Shearer, T., Young G., & Greenwood, M. (2020). Purposive sampling: Complex or simple? Research case examples. *Journal of Research in Nursing*, 25(8), 652-661
- Campbell, R., Goodma-Williams, R., Feency, H., & Fehler-Cabra, G. (2020). Assessing triangulation across methodological methods and stakeholder groups: The says, woes and politics of interplay convergent and divergent data. *American Journal of Evaluation*, 41 (1), 125-144
- Canals, L. (2017). *Instruments for gathering data*. In Moore, E., & Doly, M. (Eds). Qualitative approaches to research on Plurilingual education. Research Publishing Net.
- Carver. J. (2001). *The policy governance model*. Board leadership Policy Governance in Action, 58, 3
- Carver, J. (1990). *Boards that make a difference*: Jossey Boss
- Caruth, G.D. (2013). Demystifying mixed method research design. A review of the literature. *MEVLANA Journal of Education*, 3(2), 112-122

- Castellin, M. & Agyemang, O.S. (2012). Ownership of board structures to ensure effective corporate governance through ownership and board control systems. *Corporate Ownership and Control*, 9(2), 343-354
- Castrillon, M.A. G. (2021). The concept of corporate governance. *Vision de Futuro*, 18(2), 178-194
- Chambers, N., Harvey, G. & Mannion, R. (2017). Who should serve on health care boards. What should they do and how should they behave? A fresh look at the literature and the evidence. *Cogen Business & Management*, 4, 1-14.
- Chambers, N. (2012). Health Care board governance. *Journal of Health Organization Management*, 26 (1), 8-14
- CHAM. (2020). *Towards sustainable church-based health care in Malawi Strategic Plan 2020-2024*.
- Charmaz, K. & Thornberg, R. (2020). The pursuit of quality in grounded theory. *Qualitative Research in psychology*, 18 (3), 305-327
- Chelliah, J., Boersma, M., Klettner, A. (2016). Governance challenges in nonprofit organizations. Empirical evidence in support of a contingency approach. *Contemporary Management Research*, 12(1), 3-24
- Cardy, R.L., & Lengnick-Hall, M.L. (2011). Will they stay, will they go? Exploring a customer-oriented approach to explore employee retention. *Journal of Business and Psychology*, 26, 213-217
- Chabot, J.M. (2005). Clinical governance. *French Annales of Anesthesia and Intense Care*, 24(1), 53-59
- Chait, R. Ryan, W., & Taylor, B. (1996). *Governance Leadership: Reframing the work of Nonprofit boards*. Phoenix, AZ: Oryx Press

- Chantwidze, T. & Obermman, K. (2016). Governance in health- the for exchange and evidence: Comment on governance, government, and the search for new provider models. *International Journal Health Policy Management*, 5(8), 507-510
- Chelliah, J., Boersma, M. & Klettner, A. (2020). A governance challenges for nonprofit organizations: Empirical evidence in support of a contingency approach. *Contemporary Management Research*, 12(1), 3-24
- Chen, K., Hsieh, F. & Hsiao, Y. (2021). Hospital board of directors' composition and financial performance: Empirical evidence from Taiwan. *Journal of Health Care Organization, Provision, and Financing*, 58, 1-10
- Chen, A., & Lu, S.H. (2015). The effect of managerial overconfidence on the market on the market timing and post buy back performance of open market repurchases. *Journal of Economics Finance*, 33, 234-252
- Chirwa, M. & Boikanyo, D.H. (2022). The role of effective communication in successful strategy implementation. *Acta Commercial*, 22(1), 1-13.
- Chita, J.M. (2022). The rationale for saturation in qualitative research: when practice informs theory. *Cross Cultural Management Journal*. XXIV (1)., 29-35
- Chopra, R. (2017). Strategic human resource management and its impact on organizational performance. *Global Journal of Enterprise Information System*, 9(3), 89-93
- Choy (2014). The strengths and weaknesses of research methodology: Comparisons of complementarity between qualitative Approach. *Journal of Humanities and Social Science*, 19 (4), 99-104
- Chmielewska, M., Stokwiszewski, J., Markowska, J., Hermawski, T. (2022). Evaluating organizational performance of public hospitals using McKinsey 7-S Framework. *BMC Health Services Research*, 22 (1), 1-12

- Christopher, J. (2010). A multi-theoretical approach to recognizing the wider forces impacting on organization. *Critical Perspectives on Accounting*, 21, 683-695
- Chul-Young Roh & Moon, M.J. (2016). Does Governance Affect Organization Performance? Governance Structure and Hospital Performance in Tennessee. *The Korean Journal of Policy Studies*, 13(2), 23-40
- Cleland, D.J. (1986). Project stakeholder management. *Project management Journal*, 17(4), 36-45
- Cole, R., John, S., & Schwiezer, D. (2021). Corporate failures: Declines, collapses, & Scandals. *Journal of Corporate Governance*, 67, 101872
- Cornforth, C. (2001). What Makes Boards Effective? An examination of the Relationships Between board Inputs, Structures, Processes in Non-Profit Organizations. *Corporate Governance*, 9(3), 217-227
- Constantinou, C.S., Georgiou, M., & Perdikogianni, M. (2017). A comparative method for themes saturation (CoMeTs) in qualitative interviews. *Qualitative Research*, 1, 1-18
- Contu, E.G. (2020). *Organizational Performance: Theoretical and Practical approaches: Students Perception*. Proceedings of the 14th International Conference on Business Excellence
- Contandriopouloset, A.P. & Souteyrand. (1996). *The Strategist hospital: Local dynamics and provision of care*. John Libbey Eurotext, Paris.
- COSO. (1994). *Internal control integrated framework*: New Jersey: America Institute of Certified Public Accountants,
- Creswell, J. W. (2015). *A concise introduction to mixed methods research*. SAGE Publication Ltd.
- Creswell, J.W. & Clark, P. (2018). *Designing and conducting mixed method research*. 3rd Ed. SAGE Publication Limited.

- Croasmum, J. T. & Ostrom, L. (2011). Using Likert type scales in social science. *Journal of Adult Education*, 40 (1), 19-22
- Culica, D., & Prezio, E. (2009). Hospital infrastructure and functions: The role of governance in financial performance. *Journal of Environmental Research Public Health*, Vol. 6, 862-873
- Curtis, E.A. Comiskey, C., Dempsey, O. (2016). Importance of correlational research. *Nurse Res.* 26 (6), 20-25
- DBA, B.O.J. (2018). The effect of a mission and a vision on organizational performance with private universities in Kenya. *Journal of Education Sciences*, 5 (2), 15-33
- Dhakal, C. (2018). Interpreting the basic outputs of (SPSS) of multiple linear regression. *International Journal of Sciences and Research*, 8(6): 7426
- Dharmastuti, C. & Wahyudi, S. (2013). The effectiveness of internal corporate governance mechanisms towards corporate performance. *Research Journal of Finance and Accountability*, 4 (4), ISSN 2222-1697
- Daily, C.M., Dalton, D.R. & Cannella, A.A. (2003). Corporate governance: decades of dialogue and data. *Academy of Management Review*, 28(3), 371-382
- Dalton, D.R. & Dalton, C.M. (2011). Integration of micro and macro studies in governance Research: CEO duality, board composition, and financial performance. *Journal of Management*, 37, 404-411
- Dalati, S. (2018). Modernizing the academic teaching research environment progress, in IS, https://doi.org/10.1007/978-3-319-74173-4_5
- Daniel, E. (2016). The usefulness of qualitative and quantitative approaches and methods in researching problem-solving ability in science education curriculum. *Journal of education and practice*, 7(15), 91-100

- Dao, T.T.B., & Tran, T.K.A. (2017). Stakeholder approach on corporate governance and Performance of Vietnamese manufacturing firms. *Journal of governance and regulation*, 6(2), 61-73
- David, F.R., Creek, S.A., & David, F.R. (2019). What is the key to effective SWOT Analysis , industry AQCD factors. *Advanced Management Journal*, 84(1), 25-31
- Davis, G.F. & Cobb, J.A. (2010). Resource dependency theory: Past and future. *Research in Sociology of Organizations*, 28, 21-48
- Darko, J., Aribi, Z. & Uzonwanne, G. (2015). Corporate governance: The impact of director and board structure and corporate control on the performance of listed companies on Ghana Stock exchange. *Corporate Governance: The International Journal of Business in society*, 16, 259-277
- Donabedian, A. (1998). The quality of care: How can it be assessed. *Archives of Laboratory Medicine*, 121, 1145-1150
- Donabedian, A. (2005). Evaluating the quality of medical care. *The Milbank Quarterly* 83(4), 691-729
- Dele, A.O., Ezekiel, A.O., Alani, A. (2015). Strategic human resource management and organizational climate in the Nigerian Banking industry. *American Journal of Environmental Policy and Management*, 1(3), 35-80
- Delima, V. & Ragel, V.R. (2017). Impact of corporate governance on organizational performance. *International Journal of Engineering*, 5(2), 6-16
- Denis, T. (2014). Accountability in health care organizations and systems. *Health Care Policy*, 10, 8-9
- Denny, G. (2015). Role confusion on nonprofit boards: Prioritizing board engagement. *SPNHA Review*, 11 (1), 25-45

- De Reggae, M., & Eeckloo, K. (2020). Balancing hospital governance: A systematic Review of 15 Years of empirical research. *Social Science & Medicine*, 262, 11325
- DeMartini, C. & Trucco, S. (2017). Are performance measurement systems useful: Perceptions from health care. *BMC Health Service Research*, 17 (1), 1-15
- Debbie, A., Khatri, R.B., & Assef, Y. (2022). Success and Challenges of health systems governance universal health coverage and health security. A narrative review and health synthesis of the literature. *Health Policy and Systems*, 20(50), 1-7
- Dibdinian, A. (1998). The quality of care: How can it be assessed. *Archives of Laboratory Medicine*, 121, 1145-1150
- De Harley, Y., Malagueno, R. (2015). Examining the joint effects of strategic priorities, use of management control systems, and personal background on hospital performance. *Management Accounting Research*, 30, 2-7
- Demir, S.B. & Pismek, N. (2018). A convergent parallel mixed methods study of controversial Issues in social studies classes: A clash of ideologies. *Education Sciences: Theory & Practice*, 18, 119-149
- Dibbs, R., Andrew, B.S., Edward, M.D., Buchanan, E. (2021). Composition of boards within top grossing hospitals: A cross-sectional study. *Plastic Reconstruction Surgery-Global Open*, 9(105), 161-162
- Dixit, S.K., & Samba Sivan. (2019). An Integrated multitheoretical perspectives of public healthcare services delivery organizations. *Public Organization Review*, 20(2), 319-335
- Driscoll, D.L., Apiiah-Yeboah, A., Salib, P., & Rubert, D.J. (2007). Merging qualitative and quantitative data in mixed methods research how to and why not. *Ecological and Environmental Psychology*, 3(1), 19-28
- Dyer, J.H., Godfrey, P., Jensen, R., Bryce, D. (2016) *Strategic Management: Concepts and Tools for Creating Real World Strategy*. Hoboken, N.J., John Wiley & Sons

- Doyle, L., Brady, A. & Byrne, G. (2009). An overview of mixed methods. *Journal of Research in Nursing*, 14 (2), 175-185
- Dodgson, R., Lee, K., & Drager, N. (2017). *Global Health Governance and Conceptual Review*. Routledge
- Doherty, J.E. (2015). Regulating the for-profit private sector: Lessons from East and Southern Africa. *Health Policy and Planning*, 30, 93-102
- Donaldson, T. & Preston, L.E. (1995). The stakeholder theory of the corporation concept, evidence, and implications. *Academy of Management Review*, 20(10), 65-91
- Drolet, M., Rose-Derouin, E., Leblanc, J., Ruest, M., & William-Jones., B . (2023). Ethical issues in research : Perceptions of researchers, research ethics board members and research ethics
- Dubas-Jacobczik, K., Kocot, E., Tamborm M. (2020). Financial performance in public hospitals: A cross-sectional study among polish providers. *International Journal of environmental research*, 17, 1-14
- Dunbar, N.F., Browne, J.P., O'Connor, L. (2021). Determinants of regulatory compliance in health and social care services: A systematic review protocol. *HRN Open Research*, 4(13), 1-
- Durmaz, Y., & Dusun, Z. D. (2016). *Expert Journal of Business and Management*, 4 (1), 38-45
- Dzingai, I. & Fakoya, M.B. (2012). Effect of corporate governance structure on the financial performance of Johannesburg stock exchange listed mining firms. *Sustainability*, Vol. 9(6) 867
- Eeckloo, K., Van Herck, G., Van Hulle, C., & Vleugels, A. (2004). From corporate governance to hospital governance. Authority, transparency, and accountability of Belgian nonprofit hospital's board and management. *Health Policy*, 68, 1-15
- Eisenhardt, K.M. (1989). Agency Theory: An assessment and review. *The Academy of Management Review*, 14(1), 57-74

- El-Chaarani, H, Abraham, R. M. & Scaf, Y. (2022). The impact of corporate governance on financial performance of banking sector in MENA: An immunity test of banks for COVID-19. *International Journal of Risk Financial Management*, 15, 82
- El-Toukhy. (2021). The importance of implementation and Strategic Control in the effectiveness of strategic plans. *Palarch's Journal of Archeology of Egypt*, 18 (4), 3271-3290
- Elfil, M., & Nesida, A. (2017). Sampling methods in clinical research: An educational review. *Emergency*, 5(1), E.52
- Emslie, S. (2006). Getting right at board level: The policy governance approach to building better National Health Service boards. *Clinician Management*, 14, 69-77
- Etiken, I & Kabiru, B. (2017). Sampling and sampling methods. *Biometrics & Biostatistics International Journal*, 6(6), 215-217
- Evans, Y., Leggat, S.G., & Samson, D. (2023). A systematic review of evidence of how hospitals capture financial benefits of process improvement and the impact of hospital financial performance. *BMC Health Services Research*, 23, 237
- Faghaly, A. (2018). Comparing and contrasting quantitative and qualitative research approaches in education: The peculiar situation of medical education. *Education in Medicine Journal*, 10(1), 3-11
- Fama, E.F. & Jensen, M.C. (1983a). Separation of ownership and control. *Journal of Law and Economics*, 26(2), 391-325
- Fanning, E. (2005). Formatting paper-based survey questionnaire: best practices. *Practical Assessment, Research and Evaluation*: 10(12), 1-14
- Fare, J., Chung, K.S.K. & Abbas, A. (2021). Stakeholder theory and Management: Understanding longitudinal collaboration networks. *Plos One*, 16 (10), 1-28

- Fauzi, T.H., Santosa, P., Purwanti, Y., & Nurhayati, N. (2021). The effect if internal elements of strategy management of organizational structure, management role, and employee behaviour on corporate mission. *Management Sciences Letters*, 11, 1189-1196
- Fere, F., Veinieri, M., Giaconelli, & Nuti, S. (2019). Explaining performance in health care: How and when top management competencies make the difference. *Health Care Management Review*, 44(4), 306-317
- Ferenc, P., Varmus, M., & Vodac, J. (2017) Stakeholders in the various fields and relationships between them. *Procedia Engineering*, 192, 166-170
- Figueroa, C.A. Harrison, R., Chaulan, A., & Meyer, L. (2019). Priorities and Challenges for health leadership and workforce management globally: A rapid Review. *BMC Health Services Research*, 19(1)., 239
- Filatotchev, I. & Nakajima (2010). Internal and external corporate governance: An interface between an organization between an organization and its environment. *BMC B Journal of Management*, 21, 591-606
- Ford-Eickhoff, K., Plowan, D.S & McDaniel Jr, R.R. (2011). Hospital boards and strategic focus: The impact of board involvement in strategic decision making. *Health Care Management Review*, 36(2), 145-154
- Fottler, M.D., Blair, J., Whitehead, C.J., Laus, M.D., & Savage, G. T. (1989). Assessing key stakeholders: Who matters to hospitals and why? *Hospital and Health Services Administration*, 34(4), 525-546
- Fox, R.C., Lidz, V.M., Bershady, H.J. (2005). *After Parsons: A theory of social action for twenty first century*. Russel Safe Foundation.
- Flynn, R. (2002). Clinical governance-bridging management and clinical approaches to quality in the UK. *Clinical Chemical Acta*, 319(2), 133-141

- Frayatt, R., Bennet, S.& Soucat, A. (2017). A health sector governance should we be investing more? *BMJ Global Health*, 2, 1-6
- Freeman, T. (2003). Measuring progress in clinical governance: Assessing the reliability and validity of the clinical governance climate questionnaire. *Health Services Management Research*, 16, 234-250
- Freeman, T., Miller, R., Mannion, R., & Davis, H. (2016). Enacting corporate governance of health care safety and quality: a dramaturgy of hospital boards in England. *Sociology of Health and Illness*, 38(2), 233-251
- Francis, R. (2013). *The mid Stafford shire NHS foundation trust public inquiry*. London: Stationery Office
- Fu, H., Li., L., Li., M., Yang, C., & Hsiao, W. (2017). An evaluation of systemic reforms of public hospitals: the Sanming model in China. *Health Policy and Plan*, 32 (8), 1135-1145
- Funhiro, W., Yalez, B., & Mutambara, E. (2022), Challenges faced by hospital management boards: A case of Central hospitals in the emerging market. *Journal of Governance and Regulation*, 11(2), 124-133
- Fung, B. (2014). The demand needs for transparency and disclosure in corporate governance and transparency and disclosure in corporate governance. *Universal Journal of Management*, 2(2), 72-80
- Fusch, P.I., & Ness, L.R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report*, 20(9), 1408.
- Fusch, P., Fusch, G.E. & Ness, L.R. (2018). Denzin's paradigm shift: revisiting triangulation in qualitative research. *Journal of Social Change*, 1, 19-32
- Fuzi, S, F. S., Halim, A.A., & Julizerma, M.K. (2016). Board independence and firm performance. *Procadia Economics and Finance*, 37, 460-465.

- Gagnon, D., Moore, G.M., & Shanmuganathan, D. (2014). Factors mediating between employ strategy awareness and commitment to organizational success. *Journal of Management & Sustainability*, 4(4), 24-31
- Gatuma, M. & Beyene, T. (2018). Strategic human resource management practice and organizational performance: A case of national insurance corporation of Eritrea. *Global Journal of management & Business Research Administration and Management*, 18 (1), 1-15
- Gauld, R., & Horsburgh, S. (2015). Health care professionals' perception of clinical governance implementation a qualitative New Zealand study comments. *BMJ Open*, 5, <http://bmjopen.bmj.com> downloaded
- Gauld, R., Sligo, J., Roberts, C, & Villa, L. (2017). A Literature review of large-scale health information system, planning, implementation, and evaluation. *International Journal of medical informatics*, 97, 86-97
- Gaur, P.S., Zimba, O., Agarwal, V. & Gupta, L. (2020). Reporting survey-based studies: A primer for authors. *Journal of Korean Med. Sci*, 45, e398
- Gasela, M. (2020). (2021). Strategy implementation in South Africa Public entities and does leadership impact on performance during strategy implementation? *Africa's Public Service Delivery and Performance Review*, 9 (1), 1-11
- Gehring, T. (2021). Corporate foundations as hybrid organizations. A systematic review of Literature. *Voluntas*, 32, 257-275
- Geoffroy, E., Harries, A.D., Bissel, K., Schell, E., Bvumbe, A., Tayler-Smith, K., Kazito, W. (2014). Bringing care to the community: Expanding access to health care in rural Malawi through mobile health clinic. *PHA*, 4(4), 252-258
- Gesso, C. (2019). Involving stakeholders in university hospital performance reporting. The state of the art in Italy. *African Journal of Business Management*, 13(11), 353-372

- Ghavamabad, L.H., Rasoogh-Moghaddan, A., Zaboli, R., Aarabi, M. (2021). Establishing Clinical governance model in primary health care? A systematic review. *Journal of Education Health Promotion*, 10, 1-7
- Ghiasipour, M., Mosaderghrad, A.M., Arab, M. & Jaafari-pooyah, E. (2017). Leadership challenges in health care organizations: The case of Iranian hospitals. *Medical Journal of Islamic Republic of Iran*, 31, 96
- Gile, P.P., Bulijac-Sarmadzic, M., & De Klundert, J.V. (2018). The effect of human resource management on performance in hospitals in Sub-Saharan Africa: A systematic literature review. *Human Resources for Health*, 16(34), 1-22
- Gilmore, D.C. & Turner, M. (2010). Improving executive recruitment & Retention. *The Psychologist Manager Journal*, 13(2), 125-128
- Gill, P., Burnard, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Analyzing and presenting qualitative data. *British Dental Journal*, 204, 429-432
- Gilbert, G., Cattell, K., Ewards, P., Bowen, P. (2017). A sequential mixed methods research approach to investigating HIV/AIDS intervention by construction organizations in South Africa. *ACTA Structilia*, 24(1), 27-52
- Glaser, B., & Strauss, A., (1967). *The discovery of grounded theory. Strategies for qualitative Research*. The Sociology Press.
- Glass, L., & Newis, J. (2015). Earth system governance for achieving sustainable development goals: How important are participation, policy coherence, reflexivity, adaptation, and democratic institutions. *Earth System Governance*, 2, 100031
- Glick, M.B. (2011). The role of the CEO. *Advances in Developing Human Resources*, 13(2), 171-207
- Glinkowska, B. & Kazmarek, B. (2015). Classic modern concepts of corporate governance (stewardship & Agency). *Management*, 19 (2), 1-9

- Gogtay, N.J. & Thatte, U.M. (2016). Principles of correlation analysis. *Journal of the Association of Physicians of India*, 65, 78-81
- Gomez, L.E. & Bernet, P. (2019). Diversity improves performance and outcomes. *Journal of the National Medical Association*, 111 (4), 383-392
- Ghonim, M., & Khashan, M. (2020). Strategic alignment and its impact on decision effectiveness: A comprehensive model. *International Journal of Emergency Markets*, 4, 1-22
- Government of Malawi. (2017). *Malawi Health Sector Strategic Plan 2017-2022: Towards universal health coverage*
- Government of Malawi (2020). *Public Sector Reforms Secretariat*. Ministry of Health and Population, Lilongwe
- Gogo, S. & Musonda, I. (2022). Use of exploratory sequential in mixed method research. A case of top leadership interventions in construction of health services. *International Journal of Environment Res. Public Health*, 19, 7276
- Goyal, R. (2019). Improving corporate governance with functional diversity on FTSE 350 boards: Director's perspective. *Journal of Capital Market Studies*, 3(2), 461-478
- Goyal, R., Kakabadse, N. & Kakabadse, K. (2019). Improving corporate governance with functional diversity of FTSE boards: Director's perspective. *Journal of Capital Markets*, 3(2), 113-136
- Gonzales, J.L.A.(2021). Guide to elaborate then operationalization of variables. *Innovation MAS DESARROLLO*, 10(28), 39-51
- Gravetter, E., & Forzano, L. (2012). Selecting research participants. *Res Methods Behav*, 3, 125-139
- Greenly, H.I. (1994). Strategic planning and company performance: An Appraisal of the empirical of the empirical evidence. *Scandinavian Journal of Management*, 10(4), 383-396

- Guluma, T.F. (2021). The impact of corporate governance measures on firm performance: The influence of managerial overconfidence. *Future Business Journal*, 7(1), 2-18
- Greer, C, Lusch, R. 7 Hitt, M. (2017). A service perspective for human capital resources: A critical base for strategy implementation. *The Academy of Management Perspectives*, 31(2), 137-158
- Griffin, D. (2011). *Hospitals: What they are and how they work*: Jones and Bartlett Learning
- Guisset, A.L, Sicotte, C., Leclercq, P., D’Hoore, W. (2002). Defining hospital performance: a survey among key stakeholders in hospitals. *Sciences Sociales et sante*, 20(2), 65-102
- Guest, G., Namey, E. , & Chen, M. (2020). A simple method to assess and report thematic saturation in qualitative research. *PLos One*, 15(5), e0232076, <https://doi.org.10.1371/journal.pone.0232076>
- Guest, G., Bunce, A., & Johnson, L., (2006). How many interviews are enough? An experiment with data saturation and variability. *Fields Methods*, 18 (1), 59-82
- Guest, D.E., Saunders, K., Rodrigues, R., & Oliveira, T. (2021). Signaling theory as a framework for analyzing human resources attribution theories and empirical exploration. *Human Resources Management Journal*, 31 (3), 796-818
- Gwala, R.S. & Mashani, P. (2022). Corporate governance and impact on organizational performance in the fourth industrial revolution: A systematic literature review. *Corporate Governance and Organizational Behavior Review*, 691), 98-114
- Gyamerah, S. & Agyei, A. (2016). OECD Principals of corporate governance: Compliance among Ghanaian listed companies. *International Journal of Advanced Multidisciplinary Research*, 3(11), 82-92
- Hafsa, M. (2019). Mixed method research: An overview for beginners’ researchers. *Journal of Literature, Languages, Linguistics*, 58, 45-58

- Hair, J. F., Page, M., & Brunsveld, N. (2020). *Essentials of business Research methods*. 4th ed. Routledge, New York
- Hagan, T.L. (2014). Measurement in qualitative research: How to select and report on research instrument. *ONF*, 41(4), 431-433
- Haj, H.I.E., Lamrini, M., Rais, N. (2013). Quality of care between Donabedian Model and ISO9000v2008. *International Journal for Quality Research*, 7(1), 17-30.
- Hamdani, R. & Albar, A.R. (2016). Internal controls in fraud prevention effort: A case study. *Jurnal Akuntansi & Auditing Indonesia*, 20(2), 127-135
- Hanna, F., Oostdam, R., Severiens, S.E. & Zijshra, B.J.H. (2019). Domains of teacher identit: A review of quantitative measurement instruments. *Education Research Review*, 27, 15-27
- Hanic, A. & Jevtic, D. (2020). *Human resource management between economy and ethics. Research of Sebia*. Bosnia and Hercegonia Report
- Halligan, N. & Danaldson, L. (2001). Implementing clinical governance: Turning vision into reality. *Education Debate*, 322, 1413-1417
- Halcomb, E. & Hickman, L. (2015). *Mixed methods research*. Facility of Science, Medicine, and Health Papers : Part A. of 2256
- Hampel, K.& Haduova, Z. (2023). Human resource management as an area of changes in a health care institution. *Risk Management and Health Care Policy*, 16 (3), 31-41
- Harningrum, Y.L., Aisyah, M.N. (2021). Performance measurement analysis using Balanced Score Card in SOEWONDO Kendal Hospital. *Nominal Barometer Riset Akuntansi dan Manajemen*, 10(1), 71-81
- Hasan, M., & Ayuningtyas, D. (2016). Good corporate governance implementation and performance of civil servants. *National Public Health Journal*, 11(1), 20-25

- Hassan, Z.A., Schattner, P., & Mazza, D. (2006). Doing Pilot a study: Why is it essential? *Malysian Family Physician: The official Journal of the Academy of Family Physicians*, 1, 70
- Harrison, J., Freeman, R.E., Abreu, M.C. (2015) Stakeholder theory as an ethical approach to effective management: Applying the theory to multiple contexts . *Review of business Management*, 17 (55), 858-869
- Hausknert, F.P., Rodda, J.M., & Howard, M.J. (2008). *Targeted Employee Retention: Performance Based and Job-related Differences*. CAHRS Working Paper 09-06
- Health Research and Education Trust (2007). *Building an exceptional board: Effective practices for health care governance*. Report of the Blue Panel on Health Care Governance, Center for Health Care Governance Chicago
- Hendy, K., & Kiel, G.C. (2004). The role of the board in firm strategy: Integrating agency and organizational control perspectives. *Corporate Governance*, 12(4), 500-520
- Hendry, K.P., Kiel, G.K., & Nicholson, G. (2010). How Boards Strategize: A Strategy as Practice view. *Long Range Planning*, 43, 33-56
- Henk, O. (2020). Internal control through the lens of institutional work: A systematic literature review. *Journal of Management Control*, 31, 239-273
- Hennink, M.M., Kaiser, B.N., Marconi, V.C., (2017). Code saturation versus meaning saturation :How many interviews are enough? *Qualitative Health Research*, 27(4), 591-608.
- Hennink, M.M., Kaiser, B. N., & Weber, M.B., (2019). What influences saturation? Estimating sample sizes in focus group. Research. *Qualitative Health Research*, 29(Hills, R.J. (1968). *Toward a Science Organization*. The Centre for Science Education
- Hillman, A.J., & Daniel, T. (2003). Board of directors and firm performance: Integrity agency and resource dependence perspectives. *Academy of Management Review*, 28(3), 383-396.
- Hitt, M.A., Jackson, S.E., Carmora, S., Bierman, L., Shalley, C.E. Wright, D.M. (2016). *The Imperative Strategy*. Oxford Handbook Online, Oxford Press

- Hopt, K.J. (2011). Comparative corporate governance: The state of the art and international Regulation, 1(6) 59
- Ho, R (2006). *Handbook of univariate and Multivariate data analysis and interpretation with SPSS*. Chapman & Hall/CRC, Boca Paton. *Heliyon*, 8, e08954
- Hoa, T.T., Hung, B. & Nguyen, N.P. (2022). Impact of internal control systems on the intensity of innovation and organization performance of public sector organizations in Vietnam: The moderating role of transformation leadership. *Heliyon*, 8(2), e08954
- Hodge, M.M. & Piccolo, R.F. (2011). Nonprofit board effectiveness private philanthropy and financial vulnerability. *Public Administration Quarterly*, 35(4), 520-550
- Hoglund, J., Maartenson, M. (2018). Expectations and the performance functions between a board, management, and other stakeholders. The case of Robothadan. *Journal of Management and Governance*, 22, 805-827
- Hornby, P., Forte, P. (2002). *Guidelines for introducing human resource indicators to monitor health service performance*. Stafford's Shire, UK. Centre for Health Planning and Management, Keele University
- Howard, N. (2022). Examining the strengths and limitations of ethnographic research: An evaluation of two studies in distinctive educational contexts. *International Journal of Asian Education*, 2(4), 549-558
- Houle, C.O. (1997). *Governing boards: Nature and nurture*. San Francisco: Joseey-Bass
- Houng, G.N.T., Thai, H.M., & Binh, D. (2022). Agency theory in university governance and the role of internal audit. From the private sector perspectives to the case of Vietnamese public higher education. *AEBR*, 221, 594-607
- Howell, D.C. (1999). *Fundamental Statistics for the Behavioral Sciences*. 4th Edn. London: Duxbury Press

- Huebner, C., & Flessa, S. (2022). Strategic management in health care for long-term and Systems thinking in an uncertainty system. *Journal of Ent. Res. Public Health*, 17(14), 8617
- Ibrahim, S., Diibuzie, G., & Abubakari, M. (2017). The Impact of Internal Control Systems on Financial Performance: The case of health Institutions in upper west region in Ghana. *International Journal of Research and Business*, 7, 684- 696
- Iguina, E., Joel, O., Ebauche, F., & Peter, D. (2022). Employers' retention strategies and organizational performance. *Academy of Entrepreneurship Journal*, 28 (5), 1-12
- Imana, A., Dress, H. (2017). Strategic management organizational performance from which care the mistakes of strategic decision-making, *European Journal of Economics and Business Studies*, 3(3), 291-300
- Ingram, R.T. (2003). *Ten basic responsibilities of nonprofit boards*. Washington, DC: National Center for Nonprofit boards
- In, J. (2018). Introduction to pilot study. *Korean Journal of Anesthesia*, 70 (6), 601-605
- Institute of Directors in Southern Africa. (2016). *Kings Code of Good Corporate Governance in Southern Africa*
- Institute of Internal Control Auditors (1994). *Systems Audibility and Control*. Altamonte Springs.
- International Finance Cooperation. (2021). *Internal control handbook*. International Finance Cooperation World Bank Group, Washington, D.C
- Nirankari, N. V. & Creswell, J.W., & Stick, S. (2006). Sequential explanatory design: From theory to practice. *Field Methods*, 18(1), 3-20
- Ioana, A., & Mariana, M. (2014). Study regarding the impact of the audit committee Characterization on company performance. *Studies in Business and Economics*, 9 (2),5-15

- Ilyas, S., Susitna, D. & Saudi, M.H., (2021). *The role of control environment to effectiveness of internal control system*. International Seminar and Conference in Learning Organizations Report, ISCLO, 6th
- Isaac, L. (2014). Corporate governance and organizational performance in the Nigerian banking industry. *European Journal of Business and Management*, 6(25), 110-118
- Ishak, Z., Mana, N.A. A. & Abdullah, S.N. (2016). Is agency theory dominant in explaining the board roles of Malaysian listed firms. *Corporate Ownership and Control*, 13(3), 533-542
- Jacobsen, C.B. & Andersen, L.B. (2015). Is leading in the eye of the beholder? A study of intended and perceived leadership practices and practices and organizational performance. *Public Administration Review*, 75, 829-841
- Jafari, K., Hasinai, K. & Jahangir, K. (2018). Explaining the indicators of good governance in the health system. *Revest Publicado*, 5(15), 965-986.
- Jager, J., Putnick, D.L., & Bornstein, M (2017). More than just convenient: The scientific merits of homogeneous convenient samples. *Monogr Soc Res Child Dev*, (82), 13-30
- Jamshidy, M., Sofian, S., Bajuri, N.H., Karchegani, M.R. (2014). Mediating role of the board of directors between intellectual capital components and overall performance in Iranian high IC firms. *Journal of Applied Sciences*, 14(21), 1-12
- Jeddi, F.R., Farzandipoor, M., Arabfard, M., & Hosseini, A.H.M. (2014). Model of clinical governance information system for statistical indicators by using UML in two sample hospitals. *ACTA Inform MED*, 22(2), 98-102
- Jensen, R.C & Meckling, W. (1976). Theory of firm: Managerial behavior, agency costs, and ownership structure. *Journal of Finance Economics*, 3, 305-360
- Jeurissen, P.P.T., Kruse, F.M., Busse, R., & Woolhandler, S. (2021). For profit hospitals have thrived because of generous public reimbursement schemes, not greater efficiency: A multicountry case study. *International Journal of Health Services*, 5 (1), 67-89

- Jha, A. & Epstein, A. (2020). Hospital governance and quality of care. *Health Affairs*, 1, 182-189
- Jhiang, H.L., Lockee, C. Fraser, I. (2012). Enhancing board oversight on quality care: Agency Theory perspective. *Health and Care Management Review*, 37(2), 144-153
- Johnson, R.B. & Onwuegbuzie, A.J. (2004). Mixed Methods Research: A research paradigm whose time has come. *Educational Researcher*, 33(7), 14-26
- Jones, L., Pomeroy, L., Rabert, G., Burnett, S., Anderson, J.E, & Fulop, N.J. (2016). How do hospitals govern quality improvement. *BMJ Quality and Safety*, 26(2), 978-986
- Jones, J. & Smith, J. (2017). Ethnography challenges and opportunities. *Evidence Based Nursing*, Vol. 20 (4), 98-100
- Jongo, O.C. (2014). The role of research design in a purpose driven enquiry. *Review of Public Administration and Management*, 3 (6), 47-54
- Jooste, C. & Fourie, B. (2009). The role of strategic leadership in effective strategy implementation: Perceptions of South Africa. *Southern Africa Business Review*, 13(3), 51-67
- Joyce, P. (2022). *Strategic Management and Governance: Strategy Execution Around the World*. 1st Ed., Routledge, New York.
- Kabeyi, M.J.B. (2019). Organizational strategic planning implementation and evaluation with Analysis of challenges and benefits for profit and nonprofit organizations. *International Journal of Applied Research*, 5 (6), 27-32
- Kabir, S. (2014). Effectiveness of internal control environment in banking sector in Bangladesh with reference to the City Bank Limited. *Journal of Business and Economics*, 8(1), 123-140
- Kadir, D.H. & Omer, A.W. (2021). Implementing analysis of ordinal regression model on Students feedback response. *Cihaan University-Erbil Journal of Humanities and & Social Sciences*, 5, 45-49

- Kakooza, J.B., Tusiime, H, O., & Bagire, V. (2015). Management practices and performance of public hospitals in Uganda. *International Journal of Management Science and Business Administration*, 1 (7), 22-33
- Klepezarek. E. (2017). Corporate governance theories in the new institutions' economic perspectives. The classification of theoretical concepts. *Studia Prawno-Economiczne*, Vol. 105, <http://doi.org/10.26485/spe/2017/105/14>
- Klijn, E.A., Van Meerkerk, I., & Edelenbos, J. (2020). How do network characteristics influence network managers choice of strategies. *Public Money and Management*, 40 (2), 149-159
- Kaliyadan, F., Kaukorni, V. (2019). Types of variables descriptive statistics and sample size, *Indian Dematol Online Journal*, 10, 82-86
- Kamau, G, Aosa, G., Machuki, V. & Pokhariyal, G., (2018). Corporate governance, strategic choices, and performance of financial institutions in Kenya. *International Journal of Business and Management*, 13(7), 169- 177
- Kaplan, R.S. & Norton, D.P. (1992). *Strategy focused organization: How balanced scorecard companies thrive in the new business environment*, Boston: Harvard Business School Press
- Kaplan, R.S. (2001). Strategic performance measurement and management in nonprofit organizations. *Nonprofit Management and Leadership*, 11(3), 353-370.
- Kazemi, M. & Karimi, M.S. (2020). The production function of the hospital in Iran. A systematic review. *International Journal of Health Life Science*, 6 (2), e102179
- Kewo, C.L. & Afia, N.N. (2017). Does quality of finance statement affect by internal control systems and internal audit. *International Journal of Economics & Financial Issues*, 7(2), 568-573
- Khan, S. (2014). Qualitative research method: Grounded theory. *International Journal of Business and Management*, 9(11), 224-233

- Khan, H.U.D., Khidmat, W.B., Hares, O.A. & Mohammed, N. (2020). Corporate governance quality, ownership, and firm performance. *Journal of Risk and Management*, 3 (154), 5-33. doi.10.3390/jrfm 13070154
- Khan, M., Khan, U.N., Jamali, A.K., Jamshed, J. (2022). The factors contributing to corporate demise: An analysis from Enron. *Journal of Management Practices, Humanities, and Social Sciences*, 6(2), 15-21
- Khan, N. (2020). Critical review of sampling techniques in the research world. Available at SSRN 3572336
- Kiratu, A.M. & Moroge, M. (2016). Influence of corporate governance on organizational performance in Kenya: A case of Agricultural state corporations. *The Strategic Journal of Business Management*, 3 (2)., 724-551
- Kaur, A. & Rathinasamy, E.V.L. (2017). Major stakeholders in health care system: Government, nongovernmental and other professionals. *Global Journal of Business Management*, 2(1), 1-7
- Kheyley, I.B., & Ragui, M. (2018). Strategic leadership involvement and strategy implementation among parastatals in Kenya. *Business and Strategic Management (EJBSM)*, 3, 39-62.
- Keay, A.R. & Loughrey, J. (2015). The framework for board accountability in corporate governance. *Legal Studies*, 35(2), 252-279
- Kiel, G.C., & Nicholson, G. (2004). Board composition and corporate performance: how the Australian experience informs contrasting theories. *Corporate Governance*, 11, 3, 189-205
- Khalifeh, A. N., Som, A. P.M. (2017). The antecedents affecting employee engagement and organizational performance. *Asian Social Science*, 5(1), 35-47
- Kihara, P, Bwisa , H. , & Kihowa, J. (2016). Relationship between leadership styles in strategy implementation and performance of small and medium manufacturing firms in Thika sub-county. *International Journal of Humanities and Social Science*, 6, 216-227

- Kim, K., Mauldin, E., Patro. (2014). Outside directors and board advising and monitoring performance. *Journal of accounting & economics*, 57 (2), 110-131
- Kim, J.H. (2019). Multicollinearity and misleading statistical results. *Korean Journal of Anesthesiology*, 72 (6), 558-569
- Kitchenham, B., & Pfleeger, S.L. (2002). Principles of survey research: part 5: populations and samples. *ACM SIGSOFT Software Engineering Notes*, 27 (5), 17-20
- Koutopis, A.G. & Pazarskis, M., Lazos, G., Ploumpis, I. (2019). Financial crisis and corporate governance: The role of internal audit in the Greex context. *Corporate Board: Role Duties and Composition*, 15 (1), 45-55
- Kourmosi, N., Markogiannakis, G., Lazaridis, I, Kolliopoulou, K., Tzavara, C. & Koutras, V. (2017). Validity and reliability of an adaptation of personal and social skills scale for the K-students use in 2.691. *Greek Elementary Students Creative Education*, 18(4), 2352-2376
- Kohtamaki, M., Kraus, S., Makela, M., Ronkko, M. (2012). The personnel commitment to strategy implementation in organizational learning within the relationship between strategic planning and company performance. *International Journal of Entrepreneurial behavior & Research*, 18(2), 159-178
- Koksal, M.S. (2013). A comprehensive design for experimental studies in science education. *Elementary Educ. Online* , 12 (3), 628-634
- Kourtis, M., Panayiotis, C., Hantias, M., & Kourtis, E. (2021). A strategic financial management Evaluation of private hospitals effectiveness & Efficiency for sustainable financing: A Research study. *European Research Studies Journal*, 24(1), 1025-1054
- Kossaity, A., Rasputin, B, & Lahoud, J.C . (2013). Functions of a medical director in health care institutions: A master or a servant. *Health Services Insights*, 6, 105-110
- Kossivi, B., Xu, M, & Kalgora, B. (2016). Study on determining employee retention. *Open Journal of Social Sciences*, 4(4), 261-268

- Krause, R., Priem, R., Love, L. (2014). Who is in charge here? Co-CEOs, Power gaps and firm performance. *Strategic Management Journal*, 36(13), 2099-2110
- Krechovska, M. & Prochazkora, P.T. (2014). Sustainability and its integration into corporate governance focusing on corporate performance. *Management and Reporting Procedure Engineers*, 69, 1144-1151
- Kroch, E., Vaughn, T., Koepke, M., Roman, S., Foster, D., Signha, S. & Levey, S. (2006), *Hospital boards and quality dashboards. Journal of Patient Safety*, 2(1), 10-19
- Kruk, M.E., & Freedman, L.P. (2008). Assessing health system performance in developing countries: A review of literature. *Health Policy*, 85 (3), 263-276
- Kumar, S., Singh, S.K, & Mishra, P. (2013). Multivariate analysis: An overview. *J. Dentofac*, 2(3), 19-26
- Kumar, P. & Zattoni, A. (2013). Corporate governance, board of directors, and firm performance. *An international review*, 21(4), 311-313
- Kumaran, V. & Thenmozhi, R. (2016). Impact of corporate governance on corporate reputation. *International Journal of Management & Commerce innovations*, 3(2), 1-8
- Kunkel, S. Rosenqvist, U., & Westerling, R. (2007). The structure of quality systems is important to the process and outcome, an empirical study of 368 hospitals in Sweden, 9(7), 104
- Kuntz, L., Pulm, J., & Wttland, M. (2016). Hospital ownership decisions on supervisory board characteristics and financial performance. *Health Care Management Review*, 4(20), 165-176
- Lambe, I. (2014). Appraising the impact of budgeting and planning on the performance of financial institutions in Nigeria. *Research Journal of Finance & Accounting*, 5(16), 12-26
- Lavu, N.D. & Maina, J.R. (2019). Organizational resources and strategy implementation in Non-profit organizations: A case of Kenya Medical Research Institute, Kenya. *International Journal of Current Aspects*, 3(6), 33-49

- Leblanc, R. & Gilles, J. (2005). *Inside the boardroom. The coming revolution on corporate governance*, Wiley. com
- Lee, E. & Puranam, P. (2016). The implementation imperative: why one should implement even imperfect strategies. *Strategic Management Journal*, 37, 1529-1546
- Lee, S., Alexander, J.A., Wang, V., Margolin, F.S., & Combes, J.R. (2008). An empirical taxonomy of hospital governing board roles. *Health Research and Education Trust*, 43 (4), 1223-1243
- Leggat, S.G., Narine, L., Lemieux-Charles, L., Barnsley, J., Baker, G.R., Sicotte, C., Champagne, F., & Bilodeau, H. (1998). A review of organizational performance assessment in health care organizations. *Health Service Management Research*, 13,3-23
- Leggat, S.G. & Balding, C. (2019). Bridging existing governance gaps: Five evidence-based actions that boards can take to pursue high quality care. *Australian Health Review*, 43(2), 126-132
- Lester, J.N., Cho., Y., & Lochmiller, C.R. (2020). Learning to do qualitative data analysis. A starting point. *Human Resource Development Review*, 19 (1), 94-106
- L'Huillier, B.M. (2014). What does corporate governance mean? *Corporate Governance*, 14(3), 300-319
- Lemarleni, J.E., Ochieng, I., Gakobo, T., & Mwaura, P. (2017). Effects of resource allocation on strategy implementation at Kenya police service in Nairobi, *International Academic Journal of Human Resource and Business Administration*, 2(4), 1-2
- Leskaj, E. (2017). The challenges faced by strategic management in public organizations. *Administrative Si Management Public*, 29, 151-161
- Letho, Z., Yangdon, T., Lhamo, C., Limbu, C.B., Yoezer, S., Jamitsho, T. (2021). Awareness and Practice of medical waste management among healthcare providers in National Referral Hospital. *Plos One*, 16 (1), e243817

- Liaw, J., Wong, W.L., Mardzuki, K., Mohaiyadin, N.M, & Razak, M.A. (2018). Applying effective communication in quality management for military organizations. *Journal of Social Sciences and Humanities*, 1(6), 1-6
- Liu, Y., Wei, Z., & Xie, F. (2014). Do women directors improve firm performance in China? *Journal of Corporate Finance*, (28), 169-189
- Lipunga, A.M. (2014). A review of disclosure provisions in Malawi codes of corporate governance. *International Journal of business and Social Science*, 5(1), 246-256
- Lipunga, A.M., Tcherani, B.H.M., & Bakuwa, R.C. (2020). Exploring organizational governance awareness among public hospital's governance actors in Malawi: Qualitative study. *International Journal of Public Leadership*, 10 (1), 30-45
- Liping, Y., & Bo, Z., & Lidong, Q.I. (2022). Concepts and evaluation of saturation in qualitative research. *Advances in Psychological Science*, 30 (3), 511-521
- Lodenstein, E., Molenaar, J.Y., Ingemann, C., Botha, K., Mkandawire, J., Liem, L., Broerse, J.E.W. , Dieleman, M. (2019). Approaches to social accountability by health committees in Northern Malawi. *BMC Health Service Research*, 19(279), 1-14
- Loeb, S., Dynarski, S., Mafaland, D., Moris, P., Readon, S. & Robert, S. (2017). *Descriptive analysis in education : A guide for researchers* (NCEE 2017-4023). Washington DC Institute of Education Sciences
- Lopez, C. M., Scavarda, A.J., Vaccaro, L.R, Pohlmann, C.R., Korzenowski, A.L. (2019). Perspective of business perspectives of business models and innovation for sustainability in hospitals. *Sustainability*, 11(5), 1-19
- Lowe, G. (2012). How employees engage in hospital matters. *Health Care Quarterly*, V15(2), 29-39

- Lufti, A., Alkilanu, S.Z., Saad, M., Alshirah, M.H., Ibrahim, N., Ramadan, M.H.C. (2022). The influence of audit committee chair characteristic on financing Reporting quality. *Journal of Risk Financial Management*, 15, 563
- Lunenburg, F.C. (2012). Organizational structure: Mintzberg's framework. *International Journal of Scholary, Academia, Intellectual Diversity*, 14, 1-7
- Lutabingwa, L. & Autiacombe, C. J. (2007). Data analysis in quantitative research. *Journal of Public Administration*, 42(6), 528-548
- Maarufi, A. (2022). The effect of internal control components on organizational performance of Morrocan public organizations: A theoretical exploration. *Revue de Controle de Compatabilite et de L'Audit*, 6(2), 242-262
- Macinati, M.S. (2016). Exploring the link between clinical manager involvement in budgeting and performance: Insights from Italian public health sector. *Health Care Management Review*, 41(3), 213-223
- Maxwell, J.A. (2016). Expanding the history and range of mixed methods research. *Journal of Mixed Methods Research*, 10(1), 12-27
- McDonagh, K.J. (2006). Hospital governing boards: a study of their effectiveness in relation to organizational performance. *Journal of Healthcare Management*, 51(6), 377-389.
- McGregor, D. (1960). *The Human Side of Enterprise*. New York
- McCradden, M.D., Josh, S., Anderson, J.A., Mazwiri, M., Goldenberg, A. & Zlotnik, Z.R. (2020). Patient safety and improvement: Ethical principles for a regulatory approach to bias in healthcare machines. *Learning Journal of the American Medical Information Association*, 27 (1-2), 2024-2027
- McKim, C.A. (2017). The value of mixed methods study. *Journal of Mixed Methods Research*, 11(2), 202-222

- Mchenga, M., Manthalu, G., Chingwanda, A., Chirwa, E. (2022). Developing Malawi's universal health coverage index. *Frontiers in Health Service*, 1, 1-14
- McIntyre, M.L., Murphy, S.A., & Mitchel, P. (2007). The top team: Examining board composition and firm performance. *Corporate Governance*, 7(5), 547-561
- McMullin, C. & Raggo, P. (2020). Leadership and governance in time of crisis: A balancing net act of nonprofit and voluntary boards. *Nonprofit and Voluntary Sector Quarterly*, 48 (6), 1182-1190
- Madhan, H.K. (2017). Two criteria for measurement in research. Validity and reliability. *Annals Spring University*, 17(31), 58-82
- Madsen, D.O., & Steinheim, T. (2015). The Balanced Score Card: A review of five research areas. *American Journal of Management*, 15(2), 24-41
- Magdalena, A.C., Rapina, R., & Mulianto. (2022). How does internal control and competency of human resource impact of financial reporting? *Jurna Akuntansi*, 14(1), 13-22
- Maguire, M. & Delanhunt, B. (2017). Doing a thematic analysis: A practical step-by-step guide for learning and teaching scholars. *All Ireland Journal of Teaching and Learning in Higher Education*, 9(3), 33351-333514
- Makonnen, W., & Azadi, E. (2020). The impact of strategic human resource management practice on organizational effectiveness: A case study of selected insurance companies in Ethiopia. *Journal of Strategic Human Resource Management*, 9(2), 17-28
- Makwero, M.T. (2018). Delivery of primary health care in Malawi. *African Journal of Primary Health Care in Malawi*, Vol. 10(1), 1-3. *Curationis*, 42 (1), 1-9
- Malakoane, B., Heunis, J.C., Chikobvu, P., Kigozi, N.G., & Kruger, W.H. (2020). Public health system challenges in the Free State South Africa: A situation appraisal to inform health system strengthening

- Mannion, R., Davies, H.T.O., Jacobs, R., Kasteridis, P., Miller, R, Freeman, T. (2017). Do hospital boards matter for better safer patient care? *Social Science and Medicine*, 177, 278-287
- Maphumulo, W.T. & Bhengu, B.R. (2019). Challenges of quality improvement in health care of South Africa post-apartheid: A critical review
- Maraïs, D.L. & Petersen, I. (2015). Health system governance to support integrated mental health care in South Africa: Challenges and opportunities. *International Journal of Mental Systems*, 9 (14), 1-21
- Madhi, J. & Belkacemm (2017). The electronic marketing mix and its impact on evaluating the performance of business organizations. A field study on several manufacturing companies in Annaba. *AL Quds Open University Journal of Human and Social Research* 1(39),
- Mahadeen, B., Al-Dmour, H., Obeidat, B. Y., & Tahim, A. (2016). Examining the effect of the organizational effectiveness: A Jordanian empirical study. *International Journal of Business Administration*, 7(6), 22-41
- Mahrani, M. & Soewarno, N. (2018). The effect of good corporate governance mechanism and corporate social responsibility on financial performance with earnings management as mediating variable. *Asia Journal of accounting*, 3(1), 41-60
- Mandlabana, C,Z., Mashamba, T.P.M., & Petersen, I. (2020). Performance management methods and practices among nurses in primary health care settings: A systematic scoping review protocol. *Systematic Reviews*, 9, 40-56
- Marchal, B., Hoeree, T., da Silveira, V.C, Belle, S., Prashnth, N., Kegels, G. (2014). Building on the building on the EGIPPS performance assessment.: The multipolar framework as a heuristic to tackle the complexity of performance of public service-oriented health care organizations. *BMC Public Health* 14, 1-11
- Marr, B. (2006). *Strategic management: Leveraging and Measuring Your Intangible Value Drivers*. 1st Ed., Elsevier Ltd, UK

- Maritan, C.A. & Lee, K. (2017). Resource allocation and strategy. *Journal of Management*, 43 (8), 2411-2420
- Mohajan, H.K. (2017). Two criteria for measurement in Research: Validity and reliability. *Annals of Spring University*, 17(31), 58-82
- Monday, J.U., Akinola, G.C., Ologbenla, P. & Maderaji, (2015). Strategic management and firm performance: A study of selected manufacturing companies in Nigeria. *European Journal of Business and Management*, 7 (2), 161-171
- Malawi Government (2017) *Health Sector Strategic Plan II 2017-2022*, Ministry of Health, Lilongwe
- Malawi Government (2017) *National Health Policy II*, Ministry of Health, Lilongwe
- Marshal, C., & Rossman, G.B. (2016). *Designing Qualitative Research* (6th Ed.). Thousand Oaks, CA: Sage
- Markaryanawati, Mentari, S., Zahro, F. & Ermayda, R. Z. (2018). Effective board commissioners Role: Review of resources dependence theory. *Advances in Economics Business & Management Research*, 92, 276-285
- Martins, F., da Cunha, F. & Serra, F. (2018). Secondary Data in Research uses and opportunities. *Iberoamerican Journal of Strategic Management*, 17,(4), 1-4
- Mentari, M.S., Zahroh, F.S., & Erymayda. (2018). Board commissioner's role: Review of Resource Dependency Theory. *Advances in Economics Business and Management Research*, 92, 276-285
- Meresa, M. (2019). The effect of strategic management on practices on institutional performance: The case of debit credit and saving institution in Eastern Tigray. *Social Economic Challenges*, 3(3), 80-92
- Mesaric, J., Bogdan, S., Bosanac, V., Bozic, M, Cvorisec, D., et al. (2011). Performance assessment tool for quality improvement in hospitals. *Lijec Vjesn*, 133 (8), 250-255

- Michelon, G., Bozolan, S. & Beretta, S. (2015). Board monitoring and internal control system Disclosure regulatory environment. *International Journal of Applied Accounting Research*, 16 (1), 138-164
- Michira, W., & Anyieri, G. (2018). Effect of leadership on implementation of strategic plans in savings and credit co-operatives societies in Kenya. A case of Mwalimu SACCO in Nairobi Kenya. *Journal of Economics and Finance*, 9 (1), 30-43
- Ministry of Health. (2019). *Harmonized Health Facility Assessment*, Lilongwe, Malawi
- Mintzberg, H. (1995). *Structure dynamics of organizations*. Montreal Paris, Arc Publishing.
- Minvielle, E., Sicotte, C, Champgne, F., Candtadriopoulus, A., Jeantet, M., Preaubert, N., Bourdi, A., & Richard, C. (2008). Hospital performance: Competing values or shared Values. *Health Policy*, 87, 8-19
- Mitchel, R. & Meachen, D. (2011). Knowledge worker control: Understanding via principal and agency theory. *The Learning Organization*, 18(2), 149-160
- Mohammed, N.F, Sanusi, Z.M., Sanusi, Z.M, Alsudairi, F.S. (2017)., Corporate governance and Malaysian Politics: Theoretical framework for accounting quality. *International Journal of Economics and Financial issues*, (2), 188-195
- Mohd-Sanusi, Z., Motjaba-Nia, S., Roosle, N.A., Solouri, R.N., & Harjitok, A. (2017). Effects of corporate governance structures on enterprise risk management practices in Malaysia. *International Journal of Economics & Financial Issues*, 7(1), 6-13
- Moayed, M.S., Khalili, R., Ebadi, A., & Parandeh, A. (2022). Factors determining the quality of health services provided to COVID 19 patients from the perspective of health care providers based on the Donabedian Model. *Front Public Health*, 10, 967431
- Molinari, C., Morlock, L., Alexander, J., & Lyles, C.A. (1993). Hospital board effectiveness: Relationships between governing board composition and hospital financial viability. *Health Service Research*, 8(3), 358-377

- Molina-Azorinn, J.F. (2018). Mixed methods research: An opportunity to improve our studies and our skills. *European Journal of Management and Business Economics*, 25, 37-38
- Moloney, K. (2006). *Rethinking public relations: PR propaganda & democracy*, 2nd Ed., Routledge, London
- Moradi, N.S., Aldin, M.M., Hevrani, F., & Iranmahd, M. (2012). The effect of corporate governance, corporate financing decision and ownership structure on firm performance: A panel data approach from Tehran stock exchange. *International Journal of Economics & Finance*, 4(6), 86-93
- Morlock, L. & Alexander, J. (1986). Models of governance in multihospital systems: Implications for hospital and system-level decision making. *Medical Care*, 24(12), 1118-1135
- Morse, J. (1995). The significance of saturation. *Qualitative Health Research*, 5, 147-149
- Mpaata, K.Z., Bumali, L., & Okiria, J. C. (2015). The effect of internal audit department function on the performance of the internal control system of a public hospital in Uganda. *International Journal of Science and Research*, 6(2), 1068-1073
- Mpaata, K, A., Lubogoyi, B., & Okiria, J.C. (2015). The effect of internal audit department function on the performance of the internal control system of public hospital in Uganda. *International Journal of Science and Research*, 6(2), 1068-1073
- Mrabure, K.O., & Abhulimhen, A. (2020). Corporate governance and protection of stakeholder rights and interests. *Beijing Law Review*, 11(01), 292-308
- Mudashiru, A., Yusuf, B. , Bakere, I. (2014). Good corporate governance and organizational performance: An empirical analysis. *International Journal of Humanities & Social Science*, 4(7), 170-178
- Muhunyo, B.M. & Jagongo, A.O. (2018) Effect of internal control system on financial performance of public institutions of higher learning in Nairobi. *International Journal of Human Resource and Business Management*, 3(2), 273-287

- Mukaka, M.M. (2012). Statistics Corner: A guide to appropriate use of correlation coefficient in medical research. *Malawi Medical Journal*, 24(3), 69-71
- Mukherjee, M. (2017). A review of research design. *International Journal of Advance Engineering and Management*, 2 (3), 56-59
- Mulili, B. M. & Wong, P. (2011). Corporate governance practices in developing countries: The Case for Kenya. *International Journal of Business & Administration*, 2(1), 14-27
- Munala, J.M., & Mwaisiaji, E. (2023). Strategy implementation practices and organizational performance of Kenya Medical Training College. *International Journal of Human Resources and Business Administration*, 4(2), 168-187
- Munro, S., Henningway, P., Law, G.R., Siriwardera, A. N., Cooke, D. & Quin, T. (2020). Mixed methods in pre-hospital research: Understanding complex clinical problems. *British Paranoic Journal*, 5(3), 44-51
- Muthoni, W. W., & Kavale, M.S. (2015). Factors influencing strategy implementation of water supply firms in Kenya (Case Study of Mombasa Water Supply & Sanitation Limited. *International Journal of Sciences: Basic and Applied Research (IJSBAR)*, 22(2), 191-211
- Mwai, G.M., Namada, J.M., & Katuse, P. (2018). Influence of organization resources on organizational effectiveness. *American Journal of Industrial and Business Management*, 8, 1634-1658
- Mwita, K.M. (2020). Research in business & social science. *International Journal of Research in Business and Social Science*, 11(4), 2147-4478
- Naderifer, M., Goli, H. & Ghalijaie, F. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides Development Med. Edu*, 14(3), m e67670.
- Nacit, V., Cesaroni, F. & Pulejo, L. (Corporate governance and sustainability: A review of literature. *Journal of Management and Governance*, 26, 55-74

- Nafari, E. & Rezaei (2022). Relationship between human resources strategies and organizational performance based on the balanced score in a public hospital in Iran. *BMC Health Services Research*, 23, 363
- Naimeh, Z. & Hamidah. (2017). *The role of corporate governance in firm performance*. SHS web 17 Conference 34, 13003
- Nienhuser, W. (2017). Resource dependency theory how well does it explain behaviour in organizations. *A European Perspective Management*, V1(1-2), 10-32
- Njagi, A.W. & Mwangi, M. (2019). Effect of internal control on revenue collection of level five hospitals of Kiambu county. *International Journal of Economics & Finance*, 3(3), 98-116
- Narayanama, P.L., Neelima, S., Mounika, K. (2022). Employee engagement and organizational performance: A literature review. *Journal of Positive School of Psychology*, 6(3), 3558-3563
- Naser, S.S.A., Shobaki, M.J., Ammar, T.M. (2017). Impact of communication and information on the internal control environment in Palestinian universities. *International Journal of Hybrid Information Technology*, 10(1), 41-60
- Nasution, N. & Putri, D.H. & Farugi, F. (2019). Effect of asymmetry information and corporate governance mechanisms on earning management in companies listed in the Islamic index period of Jakarta 2015-2018. *Advances in Economics Business & Management Research*, 127, 78-81
- Nawi, A.M., Tambi, A.M.A., Samat, M.J., & Mustafa, W.M.W. (2020). A review on the Internal consistency of a scale: The empirical example of influence of human capital investment on Macoln Baldbridge quality principles in TVET institutions. *Asian People Journal*. 3(1), 19-29

- Neher, A., & Maley, J. (2019). Improving the effectiveness of the employee performance management process: A managerial values approach. *International Journal of Productivity and Performance Management*, www.emeraldinsight.com/1741-0401.htm
- Neuman, W. (2014). *Social research methods: Qualitative and quantitative*. Pearson, Essex, UK
- Neubauer, B.E., Witkop, C.T., Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Prospect Med. Educ.*, 8, 90-97
- Nicholson, G., & Newton, C. (2010). The role of the board of directors: perception of managerial Elites. *Journal of Management and Organization*, 16, 201-218
- Nicholson, G.J. & Keil, G. (2004). A framework for diagnosing board effectiveness. *Corporate Governance: An International Review*, 12(4), 442-460
- Ngongo, B.P., Ochola, P., Ndegwa, J., & Katuse, P. (2019). Moderating role of transformational leaderships styles of hospital management boards on adaptation of mobile health innovations by hospitals in Kenya. *International Journal of Research and Business and Social Science*, 8(5), 286-294
- Nie, J. & Ye, S. (2022). Structure corporate governance and performance of listed companies -An Empirical application of the semi-parametric quantile regression model. *Sustainability*, 14, 2-18
- Nkundabanyanga, S.K. (2014). Board governance, intellectual capital, and firm performance. Importance of multiple effects. *Journal of economics and administrative Sciences*, 32(1), 20-45
- Noble, H. & Heale, R. (2019). Triangulation in Research, with examples. *Evidence Based Nursing* 22(3), 67-69
- Noorihekmat, S., Rahimi, H., Mehrolhaasani, M.H., Chashmyazdan, M., Haghdooost, A.A. et al. (2020). Frameworks of Performance measurement in public health and primary care system. A scooping review and meta-synthesis. *International Journal Prev Med*, 11, 165

- Ndege, J.M., Mwawa-Tenambergen, W., & Njoroge, K.M. (2022). Influence of corporate governance practices on performance of faith-based hospitals: A systematic review. *Open Access Library Journal*, 9, 1-19
- Ndikwe, T.K. & Owino, E.O. (2016). Corporate governance and the financial performance of public schools in Kenya. *Journal of Business Studies Quarterly*, 8(1), 157-173.
- Ntim, C.G. & Soobaroyen, T. (2013). Corporate governance and performance in socially responsible corporations: empirical insights from a neo-institutional framework. *Corporate Governance: An International Review*, 21(1), 468-494.
- Nunnally, J.C. (1978). *Psychometric Theory*. New York: McGraw- Hill.
- Nyakundi, D.O., Nyamita, M.O., & Tinega, T.M. (2014). Effect of internal control systems on financial performance of small and medium scale business enterprises in Kisumu City, Kenya. *International Journal of Social Sciences and Entrepreneurship*, 1(11), 1-13.
- Nyukuri, M., Makokha, E.N. (2022). Strategic management capabilities and performance of county governance of Kakamega, Kenya. *International Journal of Research in Commerce Economics and Management*, 9 (4), 17-32
- Nwazu, C.L.& Babalola, (2019).Impact of organizational ownership and strategy on organizational sustainable practices. *Academy of Strategic Management Journal*, 18 (5), 1-10
- Obeidat, B.Y., Abdullah, A.B., Aggal, N.O., Maqableh, M.(2017). The effect of intellectual Capital on organizational performance. The mediating role of knowledge sharing. *Communication and Network*, 9, 1-27
- Ogbo, A.I., Orga, C.C., Nwankwere, C.F., & Igwe, A. (2015). Impact of structure on organizational performance on selected technical and service firms in Nigeria. *Corporate Governance and Control*, 3 (1), 1278-1284

- Ojukuku, R.M., & Sajuyigbe, A.S. (2014) Effect of employee participation in decision making on performance of selected small and medium scale enterprises in Lagos Nigeria. *European Journal of Business and Management*, 6(10), 93-97
- Olden, P.C. (2003). Hospital and community health: Going from stakeholder management to stakeholder collaboration. *Journal of Health and Human Services Administration*, Vol. 26(1), 35-57
- Oleribe, O.O., Momoh, J., Ozochukwu, B.S.C., Mbatana, F., & Adebayo, A. (2029). Identifying key challenges facing health care systems in Africa and potential solutions. *International Journal of General Medicine*, 12., 395-403
- Oluwafani, A.S., Israel, A.N., Olugbenga, A.F., & Simeon, A.O. (2013). Corporate Governance and Firm Performance: Do ownership & board size matter. *Academic Journal of Interdisciplinary Studies*, 2(3), 251-258
- Omar, O., Sell, D., & Rover, A.J. (2017). The information Asymmetry aspect of agency theory in business compliance contexts: A systematic review. *Congresso International de Conhecimento e Inoacao*, 11(2), 1-10
- Omoniana, J.O. & DaSilva, (2019). Understanding internal control environment in view of curbing fraud in public health care unit. *African Journal of Business Management*, 13(18), 602-612
- Omodani, B., Tsotetsi, C., & Dube, B. (2020). Analysis of human relations theory of management: A quest to reenact people's management towards peace in university system. *SA Journal of Human Resource Management*, 18 (10), a1184
- Onu, C.A., Akinlabi, B.H. & Egbuta, O. (2018). Strategic leadership and organizational performance in Nigeria: An empirical investigation. *European Journal of Business and Management*, 10(25), 76- 85

- Oner, M., Zengul, F.D., Ozaydin, B., Pallota, R.A. (2016). Organizational and environmental factors associated with hospital financial performance: A systematic review. *Journal of Health Care Finance*, 43(2), 14-37
- Onwuegbuzie, A. J., & Byers, V. T. (2014). An exemplar for combining the collection, analysis, and interpretation of verbal and nonverbal data in qualitative research. *International Journal of Education*, 6, 183-246
- Olugbolahn, D. H. (2018). *OECD principles of good corporate governance and the quest to stop corporation's behavior: Wither Nigeria*. Paper delivered at the 3rd ASUP national conference, Zone C
- Otoo, F.N.K., Kaur, M. & Rather, N.A. (2022). Evaluating impact of internal control systems on management effectiveness. *LBS Journal of Management*, 11(1-20) DOI. 10.1108/LBJMR-11-2022-0078
- Onyebuchi, A.A., Custers, T., & Klazinga, N.S. (2003). *Updating key dimensions of hospital performance: The move towards a theoretical framework*. World Health Organization Regional Office Europe, 3rd workshop on hospital performance measurement, Barcelona, Spain
- Oyebamiji, F.F. (2018). Influence of employee's decision making on organizational performance: A study of Ladoke Akintola University of technology teaching hospital, Ogbomoso, Oyo State, Nigeria. *International Journal of Innovative Social Science and Humanities*, 6(3), 8-12
- Oyedukun, G.E. (2016). Management thoughts: The review of social action theory. SSRN Electrical Journal. <http://dx.doi.org/10.2139/ssrn.2912274>
- Ozochukwu, B., Onwujekwe, E., Mbachu, Chinyere, Okeke, C., Molyneux, & Gilson, L. (2018). Accountability mechanisms for implementing a health financing option. The case of the basic health care provision. *International Journal for Equity in Health*, 17, 100

- OECD. (2004). *OECD principles of corporate governance*, OECD, Paris
- O'Reilly, M., & Parker, N., (2013). Unsatisfactory saturation. A critical exploration of the Notion of the saturated samples sizes in qualitative research. *Qualitative research*, 13(2), 190-197.
- Padhi, A., Mitra, A., & Paul, S. (2020). *A study in the analysis of training and retention strategies in some selected IT sectors at Odisha*. International Conference on Computer Science, Engineering & Application (ICCSEA), 1-5
- Paranu, A., Dipson , S., Rens, A. & Vincent, C. (2014). The role of hospital managers in quality patient safety: A synthesis review. *BMJ*, 4, 1-15
- Payne, G.T., Benson, G.S. & Finegold, D.L.(2009). Corporate board attributes, team effectiveness, and financial performance. *Journal of Management Studies*, 24 (4), 704-731
- Pham, H. N. (2021). How does internal control affect bank credit risk in Vietnam, A Bayesian analysis. *Journal of Asian Finance Economics & Business*, 8(1), 873-880
- Palinkas, L.A. Hortwitz, S.M, Green, C.A., Wisdom, J.P., Duan, N., & Hoagwood., K. (2015). Purposive Sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, 42(5), 533-544
- Parsons, T. (1977). *Social systems and the evaluation of action theory*. New York: The free press.
- Patel, M. & Patel, N. (2019). Exploring research methodology: Review article. *International Journal of Research and Review*, 6(3), 49-55
- Patton, M.Q. (2015). Enhancing the quality and credibility of qualitative studies. In PattonM.Q., Ed. *Qualitative Research and Evaluation Methods*. Integrating Theory and Practice. 4th Ed. Thousand Oaks, CA: SAGE Publications
- Paul, M., & Ellwood, J.R. (2005). Models for organizing health services and implications of legislative proposals. *The Milbank Quarterly*, 83 (4), 1-31

- Panda, B. & Leepsa, N.M. (2017). Agency theory: Review of theory and evidence on problems and perspective. *Indian Journal of Corporate Governance*, 10(1), 71-95
- Peng, D., Shu, H., & Xia, Z. (2020). The control strategies for information asymmetry problems among investing institutions Investor and entrepreneurship. *Frontiers in Psychology*, 11, 1-8
- Pearson, N., Naylor, P., Ashe, M.C., Fernandez, M., Yongi, L., Wolfendez, L. (2020). Guidance for conducting pilot studies for implementation trials. *Pilot Visibility Trials*, 6, 1-12
- Phiri, W., Ng'ande, E., Makutu, I., Moono, D., Kapapi, P. (2019). A critical Analysis of Strategic process. *International Journal of Commerce and Management Research*, 5(1), 138-142
- Pathak, V., Jena, B., & Kalra, S. (2013). Qualitative research perspectives in clinical research. Vol. 4(3) 192. doi:10.4103/2229-3485.115389
- Paulinus, E.C, Patrick, E.A., & Nympha, A. N. (2015). The influence of corporate governance on earnings management practices: A study of some selected quoted companies in Nigeria. *American Journal of Economics, Finance & Management*, 1(5), 482-493
- Pfeffer, J. & Salancik, G.R. (1978). *The External Control of Organizations. A Resource Dependence Perspective*, Harper and Row, New York
- Ponto, J. (2015). Understanding and evaluating survey research. *Journal of advanced Pract. Oncol.*, 6, 168-177
- Pourcq, K., de Reggae, M., Callens, S, Coeffe, M., Gemmet, P. (2017). *Governance models for hospital collaboration*. Health Sciences Research, KCE Report
- Potdar, K., Pardawala, T. S., Pai, C.D. (2017). A comparative study of categorical variables on coding techniques for neural networks classifiers. *Int. Journal of Computer Applications*, 175(4), 7-9

- Price, T., Rowe, J., Walshe, K., Ferguson, J, Boyd, A. (2020). Reviving clinical governance? A qualitative study of the impact of professional regulatory reform of clinical governance in health care organizations in England. *Health Policy*, 124, 446-453
- Purbey, S., Mukherjee, K, & Bhar, C. (2007). Reflective practice: Performance measurement system for healthcare processes. *International Journal of Productivity and Performance Management*, 56(3), 241-251
- Priya, A. (2020). Case study methodology of qualitative research. Key attributes and navigation. The conundrums in its application. *Sociological Bulletin*, 70 (94-110
- Pye, A. & Pettigrew, A. (2005). Studying board content, process, and dynamics: Some challenges of the future. *British Journal of Management*, 16, 527-538
- Pyone, T., & Mirzoer, T. (2022). Feasibility of good governance at health facilities: A proposed framework and its application using empirical insights from Kenya. *International Journal of Health Policy*, 11 (7), 1102-1111
- Qahatan, N., Basiruddin, R., Anodhali, R., Sammuel, A.B., & Khelifa, H. (2020). Board level competency and firm performance in the information age. *International Journal of Innovation and Creativity Change*, 13(4), 1171-1189
- Qarashy, D.S., & Khalife, F.A. (2018). The effect of strategic management on the organization using Balanced Scorecard: of case study in the nursing department at AL-Khalid hospital and medical centre. *International Journal of Business and Management*, 13(4), 259
- OECD. (2015). *OECD Guidelines on Corporate Governance of State-owned Enterprises*, 2015
- Queiros, A., Faria, D., Almeida, F. (2017). Strengths and limitations of quantitative and qualitative research methods. *European Journal of Education Studies*, 3(9), 369-387
- Rabkiri, S.W. & Frein, M. (2021). Overcoming obstacles to develop high performing teams, involving physicians in health care organizations. *HealthCare*,9, 1136
<https://doi.org/10.3390/healthcare9091136>

- Rahim, H, Khammar-nia, M., Kavosi, Z., & Elslahi, M. (2014). Indicators of hospital performance evaluation. *International Journal of Hospital Research*, 3(4), 199-208
- Rahim, H. , Bahmani, Shojaei, P, Kauvosi, Z., Khavasi, M.O. (2018). Developing a strategy map to improve public hospital performance with balanced score card and DEMATEL approach. *Shivaz Medical Journal*, 19(7), e64056
- Rahman, M.S. (2017). The advantages and disadvantages of using qualitative approaches and methods in language testing and assessment research: A literature review. *Journal of Education and Learning*, 6(1), 1927-5269
- Rani, P. (2019). Strategy implementation in organizations: A conceptual overview. *Journal of Management*, 14(3), 205-208
- Rana, J. &Ahsan, M.A., (2021). *Ethical issues in research*. Global Encyclopedia of Public Administration Public Policy Governance. Faraznanda. Ed.
- Ransom, S.B. , Joshi, M.S., & Nash, D.B. (2015). *The Healthcare Quality Book Vision, Strategy, and Tools*. Chicago: Health Administration Press
- Rao, K., & Tilt, C. (2016). Board Composition and corporate social responsibility: The role of Gender, strategy, and decision making. *Journal of Business Ethics*, 138(2), 327-347
- Rashid, A. (2012). Rule of clinical services at Tehran University of medical sciences: Improving the quality of care. *Hospital*, 8(5), 27-32
- Ravaghi, H., Mannion, R. & Sajadi, H.S. (2015). Organizational failure in NHS hospital trust. A qualitative study. *The Health Care Manager*, 34 (4), 367-375
- Raymond, M.R. & Padia, N. (2016). Board composition, board size, and financial performance of Johannesburg stock exchange companies. *SAJEMSNS*, 19(4), 497-513
- Razil, M., Aziz, N.A.A., Rasli, R.M., Salim, S.A. (2019). Using convergent parallel design mixed method to assess the usage of multi-touch hand gestures towards fine skill theory pre-

- school children. *International Journal of Academic Research in Business & Social Sciences*, 9(14), 153-166
- Regnault, A., Willgoss, T., Barbic, S. (2018). Towards the use of mixed methods practice as best practice in health research. *Journal of Patient Reported Outcomes*, 2(1), 1-4
- Reyna, J.M.S.M, Vasquez, R.D., & Valdes, A.L. (2012). Corporate governance, ownership structure & performance in Mexico. *International Journal of Business Research*, 36(1), 12-27
- Richman, N. (2015). Human resource management and human resource development: Evolution and contributions. *Journal of Interdisciplinary Leadership*, 1 (2), 120-129
- Risnawati, Usuman, A., & Indirijawati, A. (2022). The effect of internal control on hospital operating performance: Case study of Bone District Hospital. *Journal of Research in Business and Management*, 10(11), 100-110
- Riyad, H.A. & Sukoharsono, E.G., & Alfaiza, S.A. (2019). The impact of social responsibility disclosure and board characteristics on corporate performance. *Cogent Business and Management*, 6, 1-18
- Royanto, S., Goklasi, A., Sihobing, J., Surnasi, D. (2020). The role of human resource management strategy on organization performance. *Journal Pemikiran Ilmiah dan Pendidikan administrasi Pekantoran*, 8(1), 245-254
- Roh, C., & Moon, M.J. (2016). Does governance affect organizational performance? Governance structure and hospital performance in Tennessee. *The Korean Journal of Policy Studies*, 33(2), 170-195.
- Rochmawati, N.E. Tarjo, & Musyarofah, S. (2020). The implementation of good corporate governance and efforts to prevent fraud in banking companies. *Journal ReviuAkuntansi dan Keuangan*, 10(1), 136-149

- Granarolo, F., Boivin, A., Denis, J., Herbert, R., & Lehoux, P. (2017). What we know about the needs and challenges of health system? A scoping review of the international literature. *BMC Health Service Research*, 17 (636), 1-18
- Ronchetti, J.L. (2006). An integrated balanced scorecard strategic planning model for Nonprofit organizations. *Journal of Practical Consulting*, 1 (1), 25-35
- Rossi, M, Nerino, M. & Capasso, A. (2015). Corporate governance and financial performance of Italian listed firms, the results of an empirical research. *Corporate Ownership and Control*, 12(2), 628-643
- Roscoe, J.T. (1975). *Fundamentals Research Statistics for Behavioral Sciences*, 2nd Ed., NewYork: Holt Rinehart & Wilson
- Rosco, M., Al-amin, M., Tovakori, M. (2020). Efficiency and profitability in USA not for profit hospitals. *International Journal of Health Economics and Management*, 20, 359-379
- Rubino, F. & Napoli, F. (2020). What impact does corporate governance have on corporate environmental performance ? An empirical study of Italian firms. *Sustainability*, 12., 1-21.
- Rusydi, A.R., Palutturi, S., Noor, N.B., Pasinringi, S.A. (2020). Implementation of good governance in Makassar Indonesia. *International Journal of Innovation Creativity and Change*, 12(7), 555-564
- Sabiu, .M.S., Ringim, K.J., Mei, T.S, Joarder, M.H.R. (2019). Relationship between human resource management practices ethical climate and performance: The missing link an empirical analysis. *PSU Research Review*, 3 (1), 50-59
- Santry, H.P., Srassels, S.A., Ingraham, A.M., Oslock, W.M., Ricci, K.B et al. (2020). Identifying the fundamental structures and processes of care contributing to emergency general surgery using mixed method approach. *BMC Medical Research Methodology*, 20 (1), 1-19

- Savickas, M.L. & Porfeli, E.J. (2012). Career Adaptabilities scale: Construction, reliability, and measurement equivalence across 13 countries. *Journal of Vocational Behavior*, 80, 661-673
- Sari, A N.K, Darmawati, (2020). The effect of preventive control and detective control on
- Shivan, M.V., Jain, P.K., Yadav, S.S. (2017). Governance structure and accounting returns: Study of Nifty 500 corporates. *Business Analysts*, 37(2), 179-194)
- Schweiger, S.A., Stetteler, T.R., Baldauf, A. & Zamudo, (2019). The complementarity of strategic orientation: A meta-analysis synthesis and theory extension. *The Strategic Management Journal* , 40 (11), 1822-1851
- Schneider, H. (2018). The governance of national community health worker programmes in low and middle-income countries: an empirical based framework of governance principles , purposes, and tasks. *International Journal of Health Policy and Management*, 8 (1), 18-27
- Schober, P. (2018). Correlation coefficients: Appropriate use and interpretation. *Anesthesia& Analgesia*, 126(5), 1763-1768
- Sahiti, A. & Aliu, M. (2016). The role of finance management in strategy execution. EAPJFRM, Vol. 7. (4)., DOI: 10.16962/EAPJFRM/issn. 2349-2325/2016
- Samad, S., Yusuf, M, S.Y, Ahmed, W.A., & Yakub, M.A. (2015). Modeling strategic planning, transformational leadership, and organization performance. The integration of strategic management theories. *Australian Journal of Basic and Applied Science*, 9(2), 94-99
- Sanchez, L.P., Guerrero, J.& Gonzalez, J.M.H. (2017). The influence of organizational factors on board roles. *Management Decision*, 55(5), 842-871
- Sandelowski, M. (2008). Theoretical Saturation. *The Sage Encyclopedia of Qualitative Research Methods*, 2, 875-876

- Saleh, S., Kaissi, A., Semaan, A., & Natafqi, N.M. (2013). Strategic Planning processes and Financial Performance among hospitals in Lebanon. *The international Journal of Health Planning & Management*, V8, e34-e45
- Salem, M.A., Hasna, N., Osman, N.H. (2012). Balanced Score Card: Weaknesses strengths and its ability as performance management system versus other performance management systems. *Journal of Env't & Earth Science*, 2(9), 1-10
- Samani, N.K.(2015). *Financial reporting and corporate governance. Essays on the contracting role of accounting and the effects of monitoring mechanisms*. BAS Publisher, University of Gothernburg, Sweden.
- Samwel, J.O. (2018). An assessment of performance management of employee and organizational performance – Evidence from selected private organizations in Tanzania. *International Journal of Human Resource Studies*, 8 (3), 199-217
- Sanusi, Z.M., Johari, R.J., Said, J., & Iskandar, T. (2015). The effects of internal control systems, financial accountability system, Financial Management, and accountability of Nonprofits the perspectives of mosques in Malaysia. *Economic and Finance*, 28, 156-163
- Sarstedt, M. & Mooi, E. (2017). *Regression Analysis. In a concise guide to market research. Springer Tests in Business Economics*. Springer, Berlin
- Sarkar, S., Xiao, X. & Beaulieu, T. (2013). Qualitative studies in information systems: A critical Review and some guiding principles. *MIS Quarterly*, 37(4), iii-xviii
- Sarto, F. & Veronesi, G. (2016). Clinical leadership and hospital performance: Assessing evidence based. *BMC Health Services Research*, 16(2), 86-109
- Saunders, M., Lewis, P., & Thornhill, A. (2009). *Research methods for business students*. Pearson Education Limited, Edinburgh Gate, England

- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H., & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality and Quantity*, 52(4), 619-634
- Sundean, L.J., White, K.R., Thomson, L.S., & Prybild, L.D. (2019). Governance education for nurses preparing nurses for the future. *Journal of professional*, 35(5), 346-353
- Slife, B.D., wright, C.D. & Yancher, S.C. (2016). Using operational definitions in research: best practices approach. *The Journal of mind and Behaviour*, 37(2), 119-139
- Savitri, E., Andreas, A., & Gumanti, T.A. (2020). The effect of leadership, internal control, system, and organization commitment on accounting of village financial management. *JAM*, 18(3), 522
- Sarwoko, H. (2016). *Agency Theory Perspective in Implementation of Corporate Governance*. The Second Multidisciplinary International Conference, Jarkatta, Indonesia, 68-84
- Scott, M.S. (2007). Determining sample size: How to ensure you get the correct sample size. *Qualtrics*, 4(3), 12-23
- Sebele-Mpoofu, F. Y. (2020). Saturation controversy in qualitative research: Complexities in Qualitative research. *Cogent Social Science*, , 1838706, <https://doi.org/10.1080/23311886.2020.1838706>
- Segrestin, B., Johnston, A., Hatchuel, A. (2019). The separation of directors and managers. A historical examination of the status of managers. *Journal of Management History*, 25(2), 1751-13-48
- Segui-Mas, E, Maria Bolas-Araya, H, & Polo-Garrido, F. (2018). Assurance on corporate governance reports in Spain: Towards an enhanced accountability or new a new form of public relations? *Administrative Sciences*, 2 (32), 5-12doi:10.3390/admisci8030032

- Serapicos, A.J.C., Laite, J.M., & Fernandes, P.O. (2019). The relationship between performance compensation and value creation in listed companies on Euronext Lisbon. *Contaduri Y Adminstracion*, Vol. 63 (3)
- Scherer, A.G., Rasche, A., Palazzo, G., & Spicer, A. (2016). Managing political social responsibility: new challenges and directions. *Journal of Management Studies*, 53 (3), 273-298
- Shaheen, J. & Jardat, N. (2019). Corporate governance impact on insurance firms' performance. The case of Palestine. *International Journal of Academic Research in Accounting Finance and Management Sciences*, 9, 201-210
- Shonubi, A. O. & Akintaro, A.A. (2016). The impact of effective communication on organizational Performance. *The international Journal of Social Sciences Humanities Invention*, 3(3), 1904-1914
- Sial, S., Shrivastava, D., & Mishra, P.N. (2018). Advantages of corporate governance for Indian Enterprises. *Journal of Emerging Technologies and Innovative Research*, 5(7), 342-344
- Signe, L. (2021). *Strategies for Effective Health Care for Africa in the Fourth Industrial Revolution*. Africa Growth Initiate
- Singh, S., Tabassum, N., Tamer, K., Georgios, B. (2018). Corporate governance and Tobin's QAs a measure of organizational performance. *British Journal of Management*, 29(1), 171-190.
- Singh, A.S. & Masuku, M.B. (2014). Sampling techniques and determination of sample size in applied statistics research: An overview. *International Journal of economics, commerce, and Management*, 11(11), 1-22
- Simister, N. & Jones, O. (2020). Quantitative and qualitative method. *Intrac for Civil Society*, 1, 6

- Smith, G. L. , Osullivan, G, Eime, R., Harvey, J. & Uffelen, J.Z. (2018). A mixed method case study exploring the impact of membership of a multi-activity, multicentre community group on social wellbeing of older adults. *BMC Geriatrics*, 18, 226
- Sekerani, U. (2013). *Research Methods for Business: A skill building approach*, 4th ed., New Jersey: John Wiley, and Sons
- Shorten, A. & Smith, J (2017). Mixed method research expanding the evidence base. *Evidence Based Nursing*, 20(3), 74-75
- Schinyambola., O., Rao, D., Bolt, D., Brown, C., Ward, E., Zhang,M. (2020). Using exploratory sequencing mixed method design to adapt an illness perception questionnaire for African American within diabetes: The mixed method data integration process. *Health Psychology and Behavioral Medicine*, 9(1), 796-817
- Schmidt, R., Bell, R., Warren, V. (2022). *The application of concurrent or sequential mixed method research designs and their methodological implications: Investing tacit knowledge, its use and application in Automotive development*. Sage Publications
- Schoonenboom, J.S. & Johnson, R.B. (2017). How to construct mixed method research design. *Koln Z. Soziol*, 69, 107-131
- Sharma, G. (2017). Pros and cons of different sampling techniques. *Internal Journal of Applied Research*, 3(7), 749-752
- Shrestha, N. (2021). Factor analysis as a tool for survey analysis. *American Journal of Applied Mathematics & Statistics*, 9(1), 4-11
- Shrestha, Noora (2020) Detecting multicollinearity in regression analysis. *American Journal of Applied Mathematics and Statistics*, 8(2), 39-42
- Shrestha, R. (2019). Employee engagement and organizational performance of public enterprises in Nepal. *International Research Journal of Management Sciences*, 4(1), 1-18

- Shabir, A. & Omar, R. (2014). Basic corporate governance models: A systematic Review. *International Journal of Law and Management*, 58(1), 73-107
- Shahwan, Y., Mohammad, N.R. (2016). Descriptive evidence of corporate governance & OECD principles for compliance. *Studia UBB Negotia*, 61(3), 99-116
- Shak, Z., Manaf, N.A.A, Abdullah, S.N. (2016). Is agency theory dominant in explaining the roles of the board of Malaysian Listed firms. *Corporate Ownership*, 3(3), 533-544
- Shilbury, D.M. & Moore, K. (2006). A study of organizational effectiveness for national Olympic sporting organization. *Nonprofit and voluntary quarterly*, 35(1), 5-38
- Shortell, S. M. (1998). New directions in hospital governance. *Hospital and Health Services Administration*, 34(1), 7-23
- Shorten, A., & Moorley, C. (2014). Selecting the sample. *Evi. Based Nursing*, 5(1), e52
- Sicotte, C., Champagne, F., Contandriooopoulos, A.P., Barnsley, J., Beland, F., Leggat, S.G., Denis, J.L., Bilodeau, H., Langley, A., Bremond, M., & Baker, G.R. (1998). A conceptual framework for the analysis of health care organization's performance. *Health Science Management Research*, 11, 24-48
- Sieber, J.E. (2004). Empirical research on research. *Ethics and Behaviour*, Vol. 14(4), 397-312
- Sileyew, K.J. (2020). Research design and methodology. IntechOpen, doi:10.5772/intechopen.85731
- Simon-Oke, O., Egbetunde, T., & Olugunwa, O. (2019). The implementation of OECD corporate governance principles in Nigeria: Evidence from Stakeholders Perspectives. *International Journal of Business Management*, VII (1), 87-103.DO: 10.20472/BM.2019.7.1.007
- Simon, E. (2021). The effect of internal control on organizational performance in the telecommunications industry South and Southeast Nigeria. *International Journal of Social Sciences*, 4(1), 78-79.\

- Siminica, M., Matoi, G., & Dumitru, A. (2017). Financial management as a component of tactical management. *Polish Journal of Management Studies*, 15(1), 206-217
- Smith, P., Anell, A., Busse, R., Crivelli, L., Healey, J., & Lindahl, A.K. (2012). Leadership and governance in seven developed health systems. *Health Policy*, 106, 37-49
- Stadhouders, N., Kruse, F., Tanke, M., Koolman, X. (2020). Effective health care containment policies: A systematic review. *Health Policy*, 123 (7), 71-79
- Staramevska, E., Dimitrieska, S. & Stankovska, A. (2019). Role and benefits of strategic Management. *Economics & Management*, xvi(2), 58-65
- SOCAM.(2001). *Malawi Code of Best Practice for Corporate Governance in Malawi*. SOCAM, Blantyre
- Soysa, I., Jayamaha, N.P., & Grigg, N.P. (2017). Performance measurement in the nonprofit sector. *Research Gate*, <https://www.researchgate.net/publication/259078971>
- Squires, B., & Elnahla, N. (2020). The roles played by the board of directors: An integration of agency and stewardship theories. *Transnational Corporations Review*, 12 (2), 126-139
- Stacchezzini, R., Rossignoli, F., Corbellah, S. (2020). Corporate governance in practice: The role practitioners understanding in implementing compliance programs. *Accounting Auditing Accountability Journal*, 33 (4), 887-911
- Stanciu, V. & Bran, F.P. (2018). A Romanian insight on corporate governance awareness. *Quality Access to success*, Vol. 19
- Stangor, C. (2011). *Research methods for the behavioural sciences*. 4th Ed. Cengage, Mouth View: Ca
- Starman, A. B. (2014). The case study as a type of qualitative research. *Journal of Contemporary Education*, 1, 28-43

- Sukmono, S. (2015). Effect of board commissioners of its value through quality of financial reporting. *International Journal of Scientific & Technology Research*, Vol. 4(4), 197-205.
- Sull, D., Homkes, R., & Sull, C. (2015). Why strategy execution unravels- and what to do about it. *Business Review*, 93 (3), 57-66
- Susi, V. & Lukason, O. (2019)., Corporate governance and failure risk: Evidence from Estonian SME population. *Management Review*, 42(6), 703-720
- Szmanie, A.F.K. (2012). Resource based view and resource dependency theory decision making process of public organizations research findings. *Management*, 16(2), 16-31
- Taber, K.S. (2017). The use of Cronbach's alpha when developing and reporting research instruments in science education. *Research in Science and Education*, 48(12), 1273-1296.
- Tans, W., Ye., T., X.S. et al. (2014). Integrated care a comprehensive bibliometric analysis and Literature review. *International Journal of Integrated Care*, 14, e017
- Taherdoost, H. (2016). Sampling methods in research methodology: How to choose a sampling. technique for research. *International Journal of Academic Research in Management*, 5(2), 18-27
- Taherdoost, H. (2017). Determining sample size: How to calculate survey sample size. *International Journal of Economics and Management Systems*, 4(2), 140-156
- Tarherdoost, H. (2022). How to conduct an effective interview: A guide to interview design in research study. *International Journal of Academy Research in Management*, 11(3), 39-51
- Tacon, R., Walters, G., Cornforth, C. (2017). Accountability in nonprofit governance: A process-based study. *Non-Profit & Voluntary Sector Quarterly*, 46 (4), 685-704
- Tanui, T.K, Makokha, E.N., & Nyaberi, D. (2022). International Journal of Recent Research in Commerce Economics and Management, 9. (3), 134-144

- Tapera, J. (2014). The importance of strategic management to business organizations. *International Journal of Social Science and Management*, 3(11), 122-131
- Taquette, S.R., Mata-Souza, L.M.B. (2022). Ethical dilemma in qualitative research: A critical review. *International Journal of Qualitative Methods*, 21, 1-15
- Tawse, A., & Tabesh, P. (2020). Strategy implementation: A review and an introductory framework. *European Management Journal*, 39, 22-33
- Tiejling, E. Rennie, A.M., Hundely, V., & Graham, W. (2001). The importance of conducting and reporting pilot studies: Th examination of Scottish births survey. *Journal of Advanced Nursing*, 34, 284-295
- Thangavelu, A. & Sugdhaher, D. (2017). Role clarity and job performance among the employees in small and medium industries. *Research on Humanities and Social Sciences*, (17), 6-10
- Thakurta, R. (2017). Identifying motives for user participation in information system. *Pacific Asia Journal of Information Systems*, 9(3), 5-67
- The Australian National Audit Office. (2003). *Public Sector Governance: Vol. 1: Better Practice Guide: Frameworks, Processes, & Practices*. Australian National Audit Office (ANAO), Canberra
- Thomson, A. & Strickland, A. (2015). *Strategic management concepts and cases*. 7th ed., Boston Irwin
- Tickel, J., (2005). *Good governance: A code for the voluntary and community sector*, NVCO, United Kingdom.
- Birks, M. Tie, Y.C., & Francis, K. (2019). Grounded theory research, A design framework for novice researchers. *SAGE Open Medicine*, 7, 1-8
- Torfin, J.& Bentzen, T.O. (2020). Does stewardship theory provide a viable alternative to control fix and performance management. *Administrative Sciences*, 10(86), 1-20

- Torres, I.T. & Gutierrez. (2016). Organizational learning and innovation as sources of strategic fit. *Industrial Management and Data Systems*, 116 (8), 1145-1467
- Tregoning, S. (2000). Hospital Changing form and changing issues. *Australian Health Review*, 23(3), 28-37
- Trevino, A.J. (2005). Parson's Action system: Requisite model & Weber's elective affinity. *Journal of Classical Sociology*, 5(3), 319-348
- Troth, A. C. & Guest, D.E. (2020). The case for Psychology in human resource management research. *Human Resource Management Journal*, 30(1), 34-48
- Tsai, T.C., Jha, A.K., Gawade, A.A., Huckman, R.S., Bloom, N., & Sadun, R. (2015). Hospital board and management practices are strongly linked to hospital performance on clinical quality metrics. *Health Affairs Quality*, 34(8), 1304-1311
- Tuner, D.P. (2020). Sampling methods in research design. *Headache*, 60(1), 8-12
- Tuval- Maschiach, R. (2021). Is replication relevant for qualitative research? *Qualitative Psychology*, 8(3), 365-377
- Ugoani, J.N.N. (2018). Good corporate governance and organizational performance in Nigeria. *Amity Business Journal*, 7(1), pp. 1-10
- Udayasankar, K. (2008). The foundations of governance theory: A case for the resource Dependence perspective. *Corporate Ownership & Control*, 5(4), 164-172
- Ullah, Z. (2016). The impact of corporate accountability and transparency on the performance of manufacturing sector firms listed on KSE. *University Research Journal*, 6, 1
- Ursachi, G., & Horodnic, I. A. (2015). How dependable are measurement scales? External factors with indirect influence on reliability estimates. *Procedia Economics & Finance*.20, 679-686

- Uyanik, G.K., & Guler, N. (2013). A study on multiple linear regression analysis. *Procedia – Social and Behavioral Sciences*, 106, 234-240
- Vainieri, M., Nofo, G., Fere, f, Rosella, L.C. (2020). A performance management system in health care for an all seasons. *International Journal of Environmental Research and Public Health* 17, 5590
- Van Hulle, C., Eeckloo, K., Van Herck, G., Vleugels, A. (2002). *Governance in Belgian Hospitals: Analysis and Improvement, Stakeholder Synergy*, 25th Flemish Scientific Economic Congress
- Vanclay, T., Baines, J.T., & Taylor, C.N. (2015). Principals of ethical research involving humans. Ethical professional practice in impact assessment. *Impact Assessment Project Management.*, 31 (4). 243-253
- Van Den Berghe, L.A.A. & Levrau, A. (2004). Evaluating boards and directors: what constitutes good corporate board. *Corporate Governance: An International Review*, (4), 461-461-478
- Van Rijnsoever, F. J. (2015). *Saturation of simulation and guidelines for minimum sample size in qualitative research*. Innovation Studies Utrecht, Working Paper, 15 (05), 1-25
- Van Vuuren, M.R., Mans-Kemp, N., & Viviers, S. (2022). Who monitors the monitors: An examination of listed companies in an energy market context. *Internal Journal of Disclosure and Governance*, <https://doi.org/10.1057/s4130-022-00165-1>
- Vargas-Hernandez, J. G. & Cruz, M.E.T. (2018). Corporate governance and agency theory: Megacable case. *Corporate Governance and Sustainability Review*, 2(1), 59-69.
- Varske, J. J., Bearman, J., Sponarski, C.C. (2017). Rethinking internal consistency in Cronbach's Alpha. *Leisure Sciences*, 39(2), 163-173
- Veenstra, G.L., Ahaus, K., Walker, G.A., Heineman, E. (2016). Rethinking clinical governance: Health professionals' views: A Delphi study. *BMJ Open*, 7, e0122591

- Veillard, J., Champagne, F., Nklazinga, N., Kazandijan, V., Arah, O.A., & Guisset, A.L. (2005) A performance assessment framework for hospitals: The WHO regional office for Europe PATH project. *International Journal for Quality in Health Care*, 6., 487-496
- Verma, J. & Abdel-Salam. (2019). *Testing Statistical Assumptions in Research*. John Willey & Sons. Inc
- Veronesi, G., Kirkpatrick, I. & Altanlar, A. (2005). Clinical leadership and the changing governance of public hospitals: Implications for patient experience. *Public Administration*, 93(4), 1031-1048
- Verdeyen, V., Put, J., van Buggenhout, B. (2004). A social stakeholder models. *International Journal of Social Welfare*, 13, 325-331
- Velnampy, T., Sivathaasan, N., Tharanika, R., & Sinthuja, M. (2014). Board leadership Structure, audit committee and audit quality: Evidence from manufacturing companies in Sri Lanka. *Intentional Journal of Business and Management*, 9 (4), 76-85.
- Velte, P. (2021). The link between corporate and corporate financial misconduct. A review of archival studies and implications for future research. *Management Review Quarterly*, Vol. 73, 353-411
- Vicnente-Ramos, Reymundo, W., Pari, L., Rudas, N., Rodriguez, P. (2020). The effect of good corporate governance on banking profitability. *Management Science Letters*, 10 (9), 2045-2052
- Villier, C., & Dimes, R. (2021). Determinants, mechanisms, and consequences of corporate governance reporting: A research framework. *Journal of Management and Governance*, 5 (7), 7-26 advances in social science.
- Xiong, X. (2022). Critical review of qualitative research. *Education and Humanitarian Research*, . 67, 956-959

- Xiaoding, L. (2016). Corruption culture and corporate misconduct. *Journal of Financial Economics*, 122(2), 307-327
- Yuksel, P. & Yildirim, S. (2015). Theoretical framework, methods, and products for conducting phenomenological studies in an education setting. *Turkish Online Journal of Qualitative Inquiry*, 6 (1), 1-20
- Wagana, D.M. & Nzulwa, J.D. (2019). Corporate governance, board gender diversity and corporate performance: A critical review of literature. *European Scientific Journal*, 12(7), pp. 221-233
- Wagdi, O., Mandouh, K., Aly, S. (2022). The BSC five dimensions and stock performance in emerging markets: Evidence from EGX. *Academy of Accounting and Financial Studies*, 26(4), 1-32
- Walker, K.B. & Dunn, L.M. (2006). Improving hospital performance and productivity with the Balanced Score Card. *AHCMJ*, 2, 89-110
- Walker, W. (2005). The strengths and weaknesses of research designs involving quantitative measures. *Journal of Research in Nursing*, 10 (5), 571-582
- Hunger, J.D. & Wheelen, L.T. (2011). *Concepts in strategic management and business policy*. Pearson Education, India
- Winokur, L.A. (2012). *The risk of the risk executive: A reappraisal*. Risk Professional-AGRP Publication
- Wang, P., Liu, T., & Song, J. (2022). Relationships between corporate governance and organizational structure under the background of intelligence. *Advances in Social Science, Education and Human Research*, . 664, 2533-536
- Wardhani, V., Utarini, A., van Dijk, T.P., Post, D. & Groothoff, J.W. (2009). Determinants of quality management systems implementation in hospital. *Health Policy*, 89(3), 239-251

- Washia, J. & Goudge, L. (2021). Strengthening public financial management in the health sector: A qualitative case study from South Africa: *BMJ Global*, 6, e0006911
- Wasti, A., Willgoss, T., Barbic, S. (2018). The growing importance of mixed methods research in health. *Nepal Journal of Epidemiol*, 12 (1), 1175-1178
- Watson, C., Ireland, A. (2021). A board in action processes and practices of strategizing in the boardroom. *Journal of Management and Governance*, 25, 933-966
- Weberg, D. (2012). Complexity Leadership: A health care imperative. *Nursing Forum*, 47 (4), 268-272
- William, M.N, Grajale, S. G., & Kurkiewise, D. (2013). Assumptions of multiple regression: Correcting misconceptions. *Practical Assessment Research and Evaluation*, 8 (11), 1-14
- Woerkom, M., & Meyers, M.C. (2019) Strengthening personal growth: The effects of strength intervention on personal growth initiative. *International Journal of Organizational Psychology*
- World Medical Association. (2013). Declaration of Helsinki: Medical Research involving human subjects . *Jama*, 310 (20), 2191-2194
- World Bank. (2014). *Corporate Governance of State-owned Enterprises in Latin America. Current Trends and Current Country Cases*. World Bank Group, Washington DC.
- World Health Organization (2011). *Governing public hospitals: Reform Strategies and the movement towards institutional autonomy*. Printed in the UK
- World Health Organization. (2010). *Monitoring the Building Blocks of Health Systems: A Handbook of Indictors and their Measurement Strategies*. Geneva: WHO
- World Health Organization and The World Bank (2017). *Tracing Universal Health Coverage: Global Monitoring Report*, Geneva: WHO
- World Health Organization (2018). *Malawi Country Cooperation Strategy*. Geneva: WHO

- WU, Y. (2013). Enterprise internal control from the perspective of risk management. *International Journal on Education Technology and Management Sciences*. Published Atlas Press, 1179-1184
- Wu, X, Li, H. (2015). Board independence and the quality of board monitoring: Evidence from China. *International Journal of Managerial Finance*, 11 (3), 308-328
- Yellapu, V. Descriptive statistics. *International Journal of Academic Medicine*, 4 (1), 60-63.
- Young, R. (2020). Review of corporate governance theories. *European Journal of Business and Management Research*, 7(6), 79
- Young, D.S. (2017). *Handbook of regression methods*. CRC Press. Boca Raton
- Younas, A. (2022). Review of corporate governance theories. *European Journal of Business & Management Research*, 7(6), 74-85
- Yousef, M.U., Khurshid, M.K., Ahmed, A., & Zulfikar, M. (2019). Empirical Investigation of relationship between research and development intensity and firm performance: The role of ownership structure and board structure. *International Journal of Financial Engineering*, 6(2), <https://doi.org/10.1142/S2424786319500166>
- Yudianti, N., Suryandari, I.H. (2015). Internal control and risk management in ensuring good university governance. *Journal of Educational and Vocational Research*, 6(2), 6-12
- Zaid, M.A. (2015). *Correlation and regression analysis textbook: The statistical, Economic, & Social Research Training Center for Islamic Studies*. Ankara Turkey
- Zigmund, W.G. (2013). *Business Research Methods*, 9th Ed. Cengage Learning, Mason
- Zelie, E.M. (2021). The effect of internal control components on mitigating the impact of COVID-19 risks in Health Care organizations in Ethiopia. *Journal Economics, Business & Accountability venture*, 23(3), 402-413

- Zelman, W.N., Pink, G.H., Mathias, C.B. (2003). Use of balanced score card in healthcare. *Journal of Health Care Finance*, 29(4), 1-16
- Zeze, G., Walker, O., Kirigin, J, Zawara, F., Magombo, F. (2010). Health financing in Malawi: Evidence from National Health Accounts. *BMC International Health and Human Rights*, 10(27), 2-11
- Zehir, C., Timdikli, M.A., Kudret, C. (2019). *Resource dependency theory firm performance and procedures – supplier's relationships*. The European proceeding social and behaviour sciences. Future Academy, UK
- Zhara, S. & Prince, J. (1989). Boards of directors and corporate financial performance: A review and integrative model. *Journal of Management*, 15, 291-334.
- Zogning, F. (2017). Agency theory a critical review. *European Journal of Business Management*, 9(2), 1-8
- Zollinger, P. (2009). *Stakeholder Engagement and the Board: Integrating Best Practices*. Global Corporate Governance Forum , 8, Pennsylvania.
- Zubair, A.M. (2022). Experimental research design types and processes in science education. *Elementary online*, 12(3), 628-634

APPENDICES

Appendix A Consent Forms



UU_IC - Version 2.1AP



Informed Consent Form

Part 1: Debriefing of Participants

Student's Name: Ethel Kaimila

Student's E-mail Address: ethel2kaimila@gmail.com

Student ID #: R1708D3210933

Supervisor's Name: Dr Wajdi Ben Rejeb **University Campus:** Unicaf University Malawi (UUM)

Program of Study: UUM: DBA-Doctrate of Business Administration

Research Project Title: Impact of governance on Health Care Facilities Performance in Malawi

Date: 29-March-2021

Provide a short description (purpose, aim and significance) of the research project, and explain why and how you have chosen this person to participate in this research (maximum 150 words).

Purpose: The research addressed the question: How does the board impact on hospital performance in Christian Health Association of Malawi (CHAM) specifically focusing on finance management performance, risk management, strategy management and service delivery in a developing country perspective.

The study will have significant implications for effective Hospital Governance and management. The study will identify an appropriate model for hospital governance in an African setting. The study will contribute to identifying evidence-based strategies to support strengthening hospital and community engagement to inform designing responsive services to community needs. Hospital governance challenges will be identified to inform evidence-based strategies for high level hospital governance standards and monitoring frameworks. researchers will benefit from the new wealth of knowledge to advance the hospital governance research agenda in Africa.

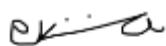
Because of your vast knowledge and expertise in hospital governance and your leadership position, which gives you a better understanding of governance issues in the organization, you have been identified to provide valuable and relevant data for this research.

The above-named Student is committed in ensuring participant's voluntarily participation in the research project and guaranteeing there are no potential risks and/or harms to the participants.

You have the liberty to pull out at any stage (prior or post the completion) of the research without any consequences and without providing any explanation. In these cases, data collected will be deleted.

All data and information collected will be coded and will not be accessible to anyone outside this research. Data described and included in dissemination activities will only refer to coded information ensuring beyond the bounds of possibility participant identification.

I Ethel Kaimila ensure that all information stated above is true and that all conditions have been met.



Student's Signature:



UU_IC - Version 2.1

Informed Consent Form

Part 2: Certificate of Consent

**This section is mandatory and should be signed by the
participant(s)**

Student's Name: Ethel Kaimila

Student's E-mail Address: ethel2kaimila@gmail.com

Student ID #: R1708D3210933

Supervisor's Name: Dr Wajdi Ben Rejeb University Campus: Unicaf University
Malawi (UUM)

Program of Study: Dr. Wajdi Ben Rejeb

Research Project Title: Impact of governance on Health Care Facilities Performance in Malawil has been well explained to me and I have undertood it.

The intention of the research was made very clear to me. Areas that required clarification were well explained. I understand that I have the right to pullout from this study without asking for any permission from the investigator with no justification for pulling out and without reprisal . I give permission to the use of multimedia (e.g., audio recordings, video recordings) to capture information during the interviews. I am aware that my data will remain anonymous and confidential, unless stated otherwise.

I have agreed to voluntarily be a respond to this research.

Participant's Print name:

Participant's Signature:

Date:

If the Participant is illiterate:

I have observed the truthful reading of consent form to be prospective research respondent, and the person has had the chance to seek clarity in some areas that were not clear. I validate that the person has willingly accepted to participate in this research work.

Witness's

Print

name:

Witness's Signature:

Date:

Annex B: UREC Data Collection Approval

UREC Desision, Version 2.0



Unicaf University Research Ethics Committee Decision

Student's Name: Ethel Kaimila**Student's ID #:** R1708D3210933**Supervisor's Name:** Dr Wajdi Ben Rejeb**Program of Study:** UUM: DBA - Doctorate of Business Administration**Offer ID /Group ID:** O23338G23484**Dissertation Stage:** 3**Research Project Title:** Impact of governance on Health Care Facilities Performance in Malawi**Comments:**

UNICAF Research Ethics Committee Grants approval to proceed to data collection. This is Final approval at stage 3.

University Research Ethics Committee Application, Research Design and Methodology, Data Collection Instruments (survey questionnaire and Interview Guide) Informed Consent form and Gate keeper letter reviewed and Approved.

Decision*: A. Approved without revision or comments**Date:** 29-Apr-2021

*Provisional approval provided at the Dissertation Stage 1, whereas the final approval is provided at the Dissertation stage 3. The student is allowed to proceed to data collection following the final approval.

Annex C: Provisional UREC Approval



UREC Desision, Version 2.0



Student's Name: Ethel Kaimila

Student's ID #: R1708D3210933

Supervisor's Name: Dr Wajdi Ben Rejeb

Program of Study: UUM: DBA - Doctorate of Business Administration

Offer ID /Group ID: O23338G23484

Dissertation Stage: 3

Research Project Title: Impact of governance on Health Care Facilities Performance in Malawi

Comments: No comments

Decision*: A. Provisionally approved without revision or comments

Date: 29-Apr-2021

*Provisional approval provided at the Dissertation Stage 1, whereas the final approval is provided at the Dissertation stage 3. The student is allowed to proceed to data collection following the final approval.

Annex D: Survey Questionnaire Board Representatives

<p>Survey Questionnaire for Board Representatives</p> <p>Title: Impact of governance on Health Care Facilities Performance in Malawi</p> <p>Purpose of the study: The proposed study has been designed to critically review and analyze impact of the board on health service organizations performance in facilities operating under CHAM in Malawi.</p> <p>Researcher Contact Details: Ethel Kaimila Namaliya, Phone: 0999 949 094, Email: ethel2kaimila@gmail.com, Postal Address: Partners in Hope Malawi, Box 302 Lilongwe.</p>
<p>Instructions to board representatives participating in this study</p> <ul style="list-style-type: none"> The tool contains 14 questions and sub-questions organized under three parts: demographics, general governance information and board roles and functions and will last about 45 minutes to finish all questions. Part, one provides questions on demographic information. Part two provides questions on general governance information. Under each question statement clearly circle one response for each range of responses ranging from 1-5. The score indicates that you: 1= Strongly disagree, 2= Disagree, 3= Neither disagree or agree, 4= Agree and 5= Strongly agree Part 3 contains questions related to board roles and functions. Under each question statement clearly circle only one response from each range of responses ranging from 1-5. The score indicates that you: 1= Strongly disagree, 2= Disagree, 3= Neither disagree or agree, 4= Agree and 5= Strongly agree Read through the entire questionnaire to familiarize yourself with it before responding to any of the items
<p>Part 1: Demographic Information</p> <ol style="list-style-type: none"> Age in years Gender (circle applicable gender) <ul style="list-style-type: none"> 1= Male 2= Female Occupation Academic Qualification <ul style="list-style-type: none"> 1= Primary 2= High School 3= Diploma 4= Degree 5= Others Specify Name of Facility District
<p>Part 2: General Governance Information (<i>for each stamen circle only 1 response from the range of 1-5</i>)</p>

7. Board Governance policies	1 Strongly disagree	2 Disagree	3 Neither Disagree nor Agree	4 Agree	5 Strongly agree
a. The board has a formal governance policy/constitution (Provide copies)	1	2	3	4	5
8. Board Quality					
a) There is a process to required expertise for the board	1	2	3	4	5
b. The board maintains a profile or skills matrix of the current members	1	2	3	4	5
c. There is a process of evaluating prospective candidates before formal appointment into the board	1	2	3	4	5
d. Management is involved in selecting new board members	1	2	3	4	5
e. New board members are approved by the whole board	1	2	3	4	5
f. The board develops an annual work plan	1	2	3	4	5
g. Roles of the chairperson are distinct from that of the chief executive officer	1	2	3	4	5
h. clinical staff are included in the board	1	2	3	4	5
i. The board has technical committees to manage technical issues on behalf of the board	1	2	3	4	5
9. Term of office					
a. There is a board term (initial, renewal and maximum terms)	1	2	3	4	5
b. Committee chair terms (initial, renewal maximum terms)	1	2	3	4	5
10. Board committees					
a. Committees have written term of reference	1	2	3	4	5
b. Roles and responsibilities clearly defined	1	2	3	4	5
c. Audit committee is comprised of independent board members	1	2	3	4	5

11. Board orientation, education, and evaluation	1 Strongly disagree	2 Disagree	3 Neither Disagree nor Agree	4 Agree	5 Strongly agree
a. There is a written procedure and policy manual for new board members (provide a copy)	1	2	3	4	5
b. Board orientation is mandatory	1	2	3	4	5
c. There is a plan and budget for board education/orientation	1	2	3	4	5
d. The board conducts and annual performance evaluation of the board as a whole	1	2	3	4	5
e. The board conducts an annual performance evaluation for all its members	1	2	3	4	5
Part 3: Board Roles and Responsibilities <i>(for each stamen circle only 1 response from the range of 1-5)</i>					
12. Strategy role					
a. Board formulates and adopts the hospitals mission, vision, and values	1	2	3	4	5
b. Develops and approves strategic that will enable the hospital to realize its mission and vision	1	2	3	4	5
c. Oversees hospital operations for consistency with the strategic plan	1	2	3	4	5
d. Receives regular briefings or progress reports on implementation of strategic directions and initiatives	1	2	3	4	5
e. ensures that its decisions are consistent with the SP and the hospitals mission and values	1	2	3	4	5
f. Board conducts annual reviews of the Strategic plan	1	2	3	4	5
g. The hospital has an organogram with clear reporting lines	1	2	3	4	5
h. The organization structure is aligned with strategic goals of the organization	1	2	3	4	5
i. Management promotes a culture of collaboration across the organization	1	2	3	4	5
j. All employees have clear job descriptions to support strategy implementation	1	2	3	4	5
k. The organization has an organization wide monitoring system	1	2	3	4	5

l. board ensures resource allocation and alignment to strategic goals	1	2	3	4	5
m. Staff performance management systems is aligned to strategic goals	1	2	3	4	5
n. The board actively engages community in its governance tasks	1	2	3	4	5
Ensures coordination and collaboration systems are in place	1	2	3	4	5
13. Control Role					
13.1 Financial Oversight	1 Strongly disagree	2 Disagree	3 Neither Disagree nor Agree	4 Agree	5 Strongly agree
a) Ensures availability of financial resources	1	2	3	4	5
b) Oversees allocation of financial resources	1	2	3	4	5
d. Approves financial policies for planning and management of financial resources	1	2	3	4	5
e. Ensures accuracy of financial information through oversight of management and approval of audited financial statements	1	2	3	4	5
f. Monitors Financial performance	1	2	3	4	5
g. Monitors compliance to finance management systems and procedures	1	2	3	4	5
13.2 Management oversight including Hiring CEO					
a. The board hires and supervises the CEO (Executive director/hospital administrator)	1	2	3	4	5
b. Reviews CEO performance and determines compensation	1	2	3	4	5
13.3 Quality Improvement Risk identification and oversight					
a. Ensures risk analysis is integrated in board decisions where appropriate	1	2	3	4	5
b. Quality improvement is integrated into board decision process	1	2	3	4	5
c. Board is well informed and familiar with hospital quality improvement programs	1	2	3	4	5
d. The board ensures that the hospital has adequate personnel, equipment, and proper infrastructure in support of service delivery	1	2	3	4	5

e. Board ensures appropriate risk management and quality improvement programs are in place to safeguard patient safety	1	2	3	4	5
f. oversees effectiveness of risk management programs through review of regular reports from management	1	2	3	4	5
13.4 Communication and accountability	1 Strongly disagree	2 Disagree	3 Neither Disagree nor Agree	4 Agree	
a. Ensures the organization maintains strong relationship and effectively communicate with, medical staff, employees, community, and other stakeholders	1	2	3	4	5
13.5 Legal and Regulatory Compliance					
a. board is sufficiently informed about legal, regulatory and accreditation standards applicable to hospital operations	1	2	3	4	5
b. Ensures appropriate processes for promoting adherence to legal conditions	1	2	3	4	5
c. Regulatory compliance is integrated in board decision making	1	2	3	4	5
d. ensures plans are in place to prevent & manage significant compliance risks	1	2	3	4	5
e. Monitor's effectiveness of the hospital's compliance programs through regular reports from management	1	2	3	4	5
f. Monitor's efforts to address remediate issues on noncompliance	1	2	3	4	5
14. Board Service Role					
a. The board mobilizes resources to support hospital operations and services	1	2	3	4	5
b. The board links the hospital to external networks with capacity to provide channels to resource access	1	2	3	4	5
c. Provides advice and counsel to management to ensure objectives are met	1	2	3	4	5
d. Connects the hospital with community which it serves	1	2	3	4	5
e. The board contributes to growth of partner support portfolio	1	2	3	4	5

<i>(Include number of funding partners in the last three years)</i> <i>(Include amount raised in the last three years).</i>					
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Annex E: Survey Questionnaire Management

Hospital Performance: Survey Questionnaire for Management Team: Head of clinical department, Head of nursing and Head of finance and administration.

<p>Title: Impact of governance on Health Care Facilities Performance in Malawi</p> <p>Purpose of the study: The proposed study has been designed to critically review and analyze impact of governance nonprofit hospitals in Malawi</p> <p>Researcher Contact Details: Ethel Kaimila Namaliya, Phone: 0999 949 094, Email: ethel2kaimila@gmail.com, Postal Address: Partners in Hope Malawi, Box 302 Lilongwe.</p>
<p>Instructions</p> <ul style="list-style-type: none"> • The tool contains 19 questions and sub-questions organized under three sections demographics, hospital performance and service provision and will require about 45 minutes to fill. • The questionnaire will take a maximum of 45 minutes to complete. • Part, one provides demographic information. • Part two contains hospital performance questions. Under each question statement clearly circle one response for each range of responses which ranges from 1-5. The score indicates that circling the following you: 1= Strongly disagree, 2= Disagree, 3= Neither disagree or agree, 4= Agree and 5= Strongly agree. • Part 3 contains questions related to service provision. • Read through the entire questionnaire to familiarize yourself with it before responding to any of the items. • The questions in this questionnaire are directed to senior hospital/health facility management comprised of head of clinical department, head of nursing and head of finance and administration.
<p>Part 1: Demographics</p> <p>3. Age in years</p>

<p>4. Gender (circle your appropriate gender)</p> <p>1= Male 2= Female</p> <p>15. Occupation</p> <p>16. Level of Education (circle your highest academic status)</p> <p>1= Primary 2= High School 3= Diploma 4= Degree 5= Others Specify</p> <p>17. Name of Health Facility/Hospital</p> <p>18. District</p>					
Part 2: Hospital Performance Dimension <i>(for each stamen circle only 1 response from the range of 1-5)</i>					
19. First Dimension: Rationale	1	2	3	4	5
	Strongly disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
7.1 Goals	1	2	3	4	5
a. Determines goals and means to achieve them					
b. Able to identify the right time to review goals	1	2	3	4	5
c. Aligns department plans with goals and budget	1	2	3	4	5
d. Controls budget management	1	2	3	4	5
7.2 Efficacy and Effectiveness					
a. Hospital aims at improving population health	1	2	3	4	5
b. Promotes provision of quality patients' services	1	2	3	4	5
c. Assess the impact of the services/care it provides	1	2	3	4	5

7.3 Patient Satisfaction	1 Strongly disagree	2 Disagree	3 Neither Disagree or Agree	4 Agree	5 Strongly Agree
a. Patients are sincerely fulfilled with the services	1	2	3	4	5
b. Receives few complaints from patients	1	2	3	4	5
c. Considers patients' viewpoints in organizational changes to improve service delivery	1	2	3	4	5
d. The communication with patients and guardians is good	1	2	3	4	5
7.4 Cost Control and Efficiency					
a. Prudent use of resources is encouraged to support best patient care	1	2	3	4	5
Prevent misuse of resources and controls expenditure	1	2	3	4	5
b. Makes the best use of available resources to ensure excellence in delivery of patient care	1	2	3	4	5
c. Avoids incurring expenses outside approved budget and plans	1	2	3	4	5
20. Second Dimension: Huma Relations (Shared Values): (For each stamen circle only 1 response from the range of 1-5)					
8.1 Public Values	1 Strongly disagree	2 Disagree	3 Neither Disagree or Agree	4 Agree	5 Strongly agree
a. Provides care to all patients without discrimination	1	2	3	4	5
b. Always provide care and ensures continuity of care	1	2	3	4	5
c. Staff give priority to collective over personal interest	1	2	3	4	5

d. Management provides adequate information to staff about hospital operations	1	2	3	4	5
8.2 Professional Values	1 Strongly disagree	2 Disagree	3 Neither Disagree or Agree	4 Agree	5 Strongly agree
a. Staff are at the service of patients	1	2	3	4	5
b. Staff are devoted to patient care	1	2	3	4	5
c. Staff preserve patient's confidentiality	1	2	3	4	5
d. Staff preserve personal dignity	1	2	3	4	5
8.3 Organizational values	1 Strongly disagree	2 Disagree	3 Neither Disagree or Agree	4 Agree	5 Strongly agree
a. Staff are empathetic to patient	1	2	3	4	5
b. Staff are proud to belong to the hospital	1	2	3	4	5
c. Staff adhere to ethical requirements	1	2	3	4	5
8.4 Work Climate					
a. Strong collaboration and collaboration do exist across functions					
b. Every staff appreciates expertise and duties of other employees					
c. Staff stress levels and exhaustion are considered					
d. Absenteeism is followed up	1	2	3	4	5

e. The organization hire staff with the right expertise for work hired for	1	2	3	4	5
8.5 Personal Achievement	1 Strongly disagree	2 Disagree	3 Neither Disagree or Agree	4 Agree	5 Strongly agree
a. Staff are fulfilled through their work	1	2	3	4	5
b. Staff are aware of the usefulness and importance of their work	1	2	3	4	5
c. Staff are aware that their work contributes to higher level goals of the hospital	1	2	3	4	5
d. Staff competencies are assessed and praised	1	2	3	4	5
e. Staff competencies are continuously developed	1	2	3	4	5
f. Staff competencies are recognized	1	2	3	4	5
21. Open Systems (Hospital relation with the environment) (For each stamen circle only 1 response from the range of 1-5)					
9.1 Attractiveness to acquire resources					
a. Attract qualified employees	1	2	3	3	5
b. Hires highly qualified and experienced clinicians and managers	1	2	3	4	5
c. Has capacity to mobilize/attract additional financial resources	1	2	3	4	5
d. The hospital is well regarded by the media and public	1	2	3	4	5
e. Capacity to mobilize volunteers from the community	1	2	3	4	5
9.2 Openness (transparency)					
a. Informs the public/community about its operations	1	2	3	4	5
b. Establishes strong ties with other organizations or professional bodies to enhance delivery of patient care	1	2	3	4	5
c. Established strong coordination with the community	1	2	3	4	5

d. Develops strong ties with the government (district level)	1	2	3	4	5
e. The hospital is a big job supplier	1	2	3	4	5
f. Concerned with its relationship with other independent health providers outside the hospital/health facility	1	2	3	4	5
g. Adapts its structure to change	1	2	3	4	5
22. Fourth Dimension: Internal processes <i>(for each stamen circle only 1 response from the range of 1-5)</i>					
10.1 Productivity	1 Strongly disagree	2 Disagree	3 Neither Disagree or Agree	4 Agree	5 Strongly agree
a. The hospital provides excellent care	1	2	3	4	5
b. Increases the number of services, based on patient's needs	1	2	3	4	5
c. There is continuous monitoring and improvement of patient care services	1	2	3	4	5
d. Diversifies patient care services to maximize of revenue collection from medical schemes	1	2	3	4	5
e. Provides patients services that are mostly not offered by other hospitals	1	2	3	4	5
10.2 Internal Organizations					
a. There is good coordination across all departments involved in patient care	1	2	3	4	5
b. Adequate resources are available to provide excellent patient services	1	2	3	4	5
c. Relies on qualified staff	1	2	3	4	5
d. All professional positions are filled with professional staff					
e. Demonstrated capacity to retain qualified staff	1	2	3	4	5
f. Provides services in compliance with government, professional regulations, and norms	1	2	3	4	5

g. The architecture of the buildings facilitates the patient pathway	1	2	3	4	5
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Staff Retention

11. What was the total number of staff for the last three years

2018.....

2019.....

2020.....

12. How many staff resigned in the last three years

2018.....

2019.....

2020.....

13. What has been the main determinant influencing staff departure from the organizations

.....

.....

.....

Appendix E: Cronbach questionnaire item specific values

Board questionnaire	Cronbach values
Mobilizes resources	0.734
Links the hospital to external resource channels	0.705
provides counsel and advice to management	0.745
connects hospital with communities it serves	0.727
oversees allocation of resources	0.746
Monitors Financial performance	0.728
Ensure resource availability	0.0746
Approves financial policies and budgets	0.789
monitors remedial efforts for noncompliance	0.812
regulatory compliance integrated in board decisions	0.717
monitors effectiveness of compliance programs	0.764
Board well informed about compliance programs	0.847
Ensure appropriate processes are in place	0.705
quality risk analysis integrated in board decisions	0.793
Board familiar with quality programs	0.778
appropriate risk and quality improvement programs	0.776
oversees effectiveness of quality programs	0.761
oversees hospital operations	0.789
decisions consistent with strategic plan	0.719
hospital has organization wide monitoring	0.832
resource allocation aligned to strategy goals	0.780
Staff performance management aligned to strategy	0.792
organization structure aligned to strategic goals	0.881
organogram with clear reporting lines	0.840

Annex F: Interview Guide for Qualitative Data Collection

This tool will be used to collect qualitative data from three Senior management staff with governance knowledge and experience providing technical governance advice to all CHAM hospitals to complement and validate quantitative data findings

Title: Impact of governance on Health Care Facilities Performance in Malawi

Purpose of the study: The proposed study has been designed to critically review and analyze impact of the board on performance of nonprofit hospitals operating under CHAM in Malawi.

Expected interview time: The interview will take approximately 45 minutes

Part 1: Demographics information

1. Age in years
2. Gender (circle appropriate gender)
 - 1= Male
 - 2= Female
3. Occupation
4. Level of Education (circle your level of education)
 - 1= Primary
 - 2= High School
 - 3= Diploma
 - 4= Degree
 - 5= Others Specify
 -
5. Location
6. District

Part 2: Interview Guide Questions

1. What are the roles and functions of the hospital board?
2. How does the board contribute to strategic plan development?
3. What role does the board play to promote management's accountability to the board?
4. What is the role of hospital management in strategic plan development and implementation?
5. How does the board ensure that management is implementing the strategic plan?

6. What role does the hospital board play to ensure that the hospital has capacity to access resources from the external environment and community to support delivery of services
7. How does the board promote prudent management of hospital resources (financial, material, human resources, technological equipment)?
8. How does the board mitigate risks related to hospital operations?
9. How does the board control and monitor management actions to ensure that the day-to-day service delivery and support operations are aligned to the strategic goals of the health facility?
10. How does the board contribute to quality service delivery across the health care facility?
11. What are the governance challenges faced by hospital/health care facilities operating under Christian Health Association of Malawi (CHAM)? any recommendation to ensure effective health care facility governance?
12. What strategies should be put in place for the board to positively influence performance of the health facilities that they govern

Thanks, you for taking the time to participate in this interview. Your insight and information are very valuable to contribute to improving the impact of the hospital boards on the performance of health care institutions which they govern under CHAM.

Should you have any further questions or concerns about the interview or any of its questions, please contact Ethel Kaimila Namaliya, Partners in Hope Malawi, Box 302, Lilongwe. Cell: 0999 949 084; email: ethel2kaimila@gmail.com

Cell Phone: 0999 949 084

Annex G

Table 29*Profile of Face-to-Face Interview Respondents*

Code of Interview Respondent	Age	Sex	Academic Qualification	Professional Work Field
P1	51	Male	BSc Accounting, Masters Business Administration	Head of internal Audit, Risk Management, Governance Specialist Human Resource Management
P2	42	Male	BSc Human Resource Management	Specialist, Governance Technical Advisor
P3	38	Female	BSc Economics	Partnership Manager, Governance Technical Advisor