

**THE IMPACT OF RECORD KEEPING ON THE FINANCIAL PERFORMANCE OF
PRIVATE HEALTH INSTITUTIONS IN UGANDA: A CASE STUDY OF KISUBI
HOSPITAL ENTEBBE MUNICIPALITY WAKISO DISTRICT**

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**UGANDA CHRISTIAN
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DECLARATION

I, Kayesu Sarah, hereby declare that this dissertation titled 'The impact of record keeping on the financial performance of private health institutions in Uganda: A case of Kisubi Hospital in Wakiso District, Entebbe municipality', is my original work and has not been presented to any university for the award of a bachelor's degree, and the material that is not originally mine has been duly acknowledged.

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APPROVAL

This is to certify that this dissertation, titled “the impact of record keeping on the financial performance of private health institutions in Entebbe municipality”, has been written under my supervision and is now ready for further examination.

Signature.....

Date.....18/09/2024

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DEDICATION

I would like to dedicate this research to my parents, Mr. Andinda Frank and Mrs. Nassazi Rovinsa, and my beloved guardian Jacque Forde, who have advised, mentored, and supported me throughout my education up to university level.

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TABLE OF CONTENTS

DECLARATION	i
APPROVAL.....	ii
DEDICATION	iii
ACKNOWLEDGEMENTS	iv
LIST OF TABLES	ix
ABSTRACT.....	x
CHAPTER ONE.....	1
1.0 Introduction	1
1.1 Background of the study	1
1.2 Statement of the problem	2
1.2.1. Purpose of the study	3
1.3.0 Objectives of the study.....	3
1.3.1 General Objective	3
1.3.2 Specific Objectives	3
1.4 Research Questions	3
1.5 Scope of the study	3
1.5.1 Subject scope	3
1.5.2 Area scope	4
1.5.3 Time scope.....	4
1.6 Significance of the study	4
1.7.0 CONCEPTUAL FRAMEWORK	4
1.7.1 Conceptual background.....	4
CHAPTER TWO	7
LITERATURE REVIEW.....	7
2.0 Introduction	7
2.1 Definitions of key variables	7

2.1.1 Financial performance	7
2.1.2 Record keeping	7
2.1.3 The Importance of Record keeping to kisubi hospital.....	8
2.2 Theoretical Framework	9
2.2.1 The relationship between record keeping and financial performance of private health institution.....	10
2.2.2 The Effect of financial record keeping on the quality-of-service delivery at kisubi hospital.....	11
2.2.3 Factors contributing to poor record keeping and possible remedies.	12
2.2.4 Remedies to the challenges affecting proper record keeping.	15
2.2.5 Summary of the literature review	18
CHAPTER THREE	20
RESEARCH METHODOLOGY	20
3.0 Introduction	20
3.1 Research design.....	20
3.2 Study population	20
3.4 Sampling method.....	21
3.5 Data sources	21
3.5.1 Primary data sources.....	21
3.5.2 Secondary sources	21
3.6 Data collection instruments.....	22
3.6.1 Questionnaire survey.....	22
3.7 Measurement of variables	22
3.7.1 Validity	22
3.7.2 Reliability	22
3.8 Data collection process.....	22
3.9 Data Analysis	23
3.9.1 Ethical Considerations	23

3.9.2 Anticipated limitations of the study.....	23
CHAPTER FOUR.....	24
DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF THE FINDINGS.	24
4.0 Introduction	24
4.1 Response rate.....	24
4.2 Biographic characteristics	25
4.2.1 Gender of respondents	25
4.2.2 Age of the Respondents	25
4.2.3 Education Level of the Respondents	26
4.2.4. Marital status of the Respondents.....	27
4.2.5 Departments of the respondents	27
4.2.6 Number of years in operation.....	29
4.3 The relationship between record keeping and financial performance.....	29
4.4 The regression between record keeping and financial performance	30
4.4 The effects of financial record keeping on the quality of health service delivery.	32
4.5: The Factors contributing to poor record keeping and solutions.....	33
CHAPTER FIVE	36
DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS	36
5.0 Introduction	36
5.1 Discussion of Findings	36
5.1.1 Proper Financial Record-Keeping and Service Quality	36
5.1.2 Challenges in Financial Record-Keeping	37
5.1.3 Staff Development and Capacity Building.....	37
5.2 Conclusions	38
5.3 Recommendations	38
5.4 Summary	38

REFERENCES.....	40
APPENDICES.....	48

LIST OF TABLES

Table 1: Showing Target Population and Sample Size.....	21
Table 2: Response rate for questionnaire.....	24
Table 3: Gender of respondents	25
Table 4: Age of Respondents.....	25
Table 5: showing Education level of the respondents	26
Table 6: Marital status of the Respondents.....	27
Table 7: Department of the respondent.....	28
Table 8: Number of years in Operation.	29
Table 9: Effects of financial record keeping on the quality of health service delivery.	32
Table 10: Factors contributing to poor record keeping and solutions.	33

ABSTRACT

The study focused on the impact of record keeping on the financial performance of private health institutions in Wakiso district Entebbe municipality primarily determining the how record keeping impacts the financial performance of kisubi hospital operating with or without record keeping systems. The study was aimed to establish a relationship between record keeping and the financial performance of health institutions. It sought to achieve the following objectives: find out the relationship between financial record keeping and financial performance, assess the effect of financial record keeping on the quality of health service delivery at Kisubi Hospital, and find out factors contributing to poor record keeping and solutions possible remedies. The study seemed significant as portrayed in the findings and the basis for future expounded research.

A cross-sectional survey design was adopted for the study. The target population included employees in all departments at Kisubi Hospital and totaled 250. Stratified sampling techniques resulted in a sample size of 154 respondents. Data collection was done through structured questionnaires and reviews of documents, based on both primary and secondary sources. The Pearson correlation and regression analysis were used to test the relationship between record-keeping and financial performance. Descriptive statistics summarized the data.

These results show that good financial record-keeping will enhance the performance of private health institutions through promotion of resource management, efficiency in operations, and service delivery. The respondents added that timely and correct records promote better utilization of resources, which eventually leads to an increase in the level of patient satisfaction. However, some challenges that were identified include lack of staff training, highly antiquated technologies, and a lack of appropriate systems, which impede effective record-keeping and, ultimately, financial performance.

This study concluded that proper keeping of financial records is crucial for the success of a private health institution. It suggests advanced technology systems in the management of the hospitals, such as EHR, which might help simplify the operations in financial management. Besides this, training and development programs for employees should be conducted regularly so that they will have the required skills to maintain accurate financial records.

CHAPTER ONE

1.0 Introduction

This chapter gives the background to the study, the statement of the problem, the objective of the study, and the research questions. It further highlighted the scope of the study, justification of the study, and significance of the study.

1.1 Background of the study

It is, therefore, a very important practice in the sense that it allows organizations to appreciate their current financial positions at any given time. Indeed, research has demonstrated that "good record keeping is a pre-requisite for good business management" (King and McGrath, 1998). Butler (2009) identifies that "good and complete records are a very basis upon which a business gets a good start and continue to prosper." From this perspective, record keeping has become "a significant building block on which the private health institutions depend."

International successful companies use financial records "as a basis for performance" as suggested by Bowen, Schoppe, & Vassa (2009). According to Onaolapo and Adegbite (2014), "the variation in financial performance of Organisations can largely be explained by the level of accounting record keeping." Record management practice has always been "an organisation's fundamental assets." Lacking it, the modern organisation basically could not operate "very effectively and efficiently." More and more, records management practice is being seen "as a critical business practice which facilitates organisations to establish and validate their business dealings and connected actions." Every institution is caught up in "the making of records in its processes." Therefore, records management practice is one of "the by-products of institutional processes."

Seela (2019) underscores that cost accounting systems, financial accounting practices, and management accounting practices are relatively helpful accounting tools that definitely provide valuable contribution in making better decisions and achieving overall success.

Current medical records are needed both by patients and by doctors. There is every right for patients to have their information. It is also a question of continuity of such records for the

facility concerned. Literature available for other developing countries shows some challenges posed by the systems of keeping the said records. For example, as low as 52.2% of the records can be traced within less than an hour (Aziz & Rao, 2002). Also, not all records are well-organized. This has made patients use many health records. Let us develop our system in a way that we minimize the time taken by improving efficiency so that we may serve our patients effectively.

1.2 Statement of the problem

The records keeping should be a neutral audit to add value and profit to the business. It allows health institutions to strategize well and probe into cases of resource theft. In decision-making, both medical professionals and patients appreciate the value of the medical records. The records have been a clear indication of the financial health and operational success of healthcare facilities. They highlight important performance indicators that can help us improve even further. By sharing this information, we can all work together to make better choices.

Among the factors that contribute to poor record keeping in financial performance at an institution are a lack of knowledge, low level of education, lack of enough training, and lack of resources. Other contributing factors include a lack of sound records and accounts information systems which later lead to organizational collapse, incompetence of employees in performing duties within an organization, and consistent low levels of performance.

A study carried out in Mildmay Uganda indicates that the major storage mechanisms employed by the hospital are computer files 37%, paper records 35%, flash disks 17%, and magnetic tape 12%. The study illustrates that mostly used are computer files and paper records, while the data retrieval mechanism is manual search for paper records at 43%. -Kanakulya, 2018. Paper records are prone to being damaged by water, fire, and can be lost or misplaced. Magnetic tapes and flash disks over time degrade because of wear and tear. Paper records are prone to being damaged by water, fire, and can be lost or misplaced. Magnetic tapes and flash disks over time degrade because of wear and tear. Boniface et al., 2021). Fragmented paper records made it very difficult to provide quality care efficiently.

When the files are not well-organized, it becomes difficult to find the required information.

Confusion may also be created by different formats used by different departments. Record keeping in Kisubi Hospital is exemplary in private healthcare in Uganda. Proper documentation enables a hospital to upgrade its services and improve patient care. Accurate records promote decision-making hence improving the financial performance of the hospital. Meeting patient

needs through proper service provision improves the output of the hospital and its returns. This is achieved through proper record-keeping. This strategic approach not only helps in improving quality care but also serves to enhance financial performance. It puts in sharp focus a very critical aspect of the management of hospitals that needs much greater emphasis. By investigating one institution, we reveal broader implications for the fiscal health of the sector.

1.2.1. Purpose of the study

This study uncovers challenges, proposes solutions, and aims to enhance financial stewardship. By addressing roadblocks, the research seeks to fortify record-keeping practices.

1.3.0 Objectives of the study

1.3.1 General Objective

The general objective of this study was to examine the impact of recording keeping on the financial performance of private health institutions.

1.3.2 Specific Objectives

The following specific objectives guided the study: -

To find out the relationship between financial record keeping and financial performance.

To assess how financial record keeping affects health service delivery at Kisubi Hospital.

To find out factors contributing to poor record keeping and solutions possible remedies.

1.4 Research Questions

The study was guided by the following research questions: -

What is the relationship between record keeping and financial performance.

What is the effect of financial record keeping on the quality-of-service delivery at kisubi hospital?

What are factors contributing to poor record keeping and suggest possible remedies.

1.5 Scope of the study

1.5.1 Subject scope

The basis of this study was on the impact of financial record keeping. Record keeping is responsible for ensuring the systematic and efficient control over the creation, receipt,

maintaining evidence of information about business activities and transactions in the form of records while financial performance is a subjective measure of how well a firm can use assets from its primary mode of business and generate revenue.

1.5.2 Area scope

The study was carried at Our Lady of Consolata Kisubi Hospital located in Katabi sub-county, Busiro county Wakiso District 24km along Kampala-Entebbe highway, Kampala Archdiocese.

1.5.3 Time scope

This study considered the period of three years 2022 to 2024 because its the period health institutions accelerated their adoption of electronic health record (EHR) system.

1.6 Significance of the study

It will also stimulate the readers and future researchers to do more research on the same subject for areas that may have not been addressed by this study. Therefore, the study is done in such a way that the health institution will benefit from the study.

Information from this study would assist management of health organizations in locating areas of weakness where they could concentrate to strengthen the functioning of health care organizations in the areas of financial management.

Poor management of finance in health centres has continued to reduce government funding. Whereas government funding is decreasing, the cost of delivering services is increasing every day. This study is thus targeted at generating information that should contribute significantly to the improvement in the quality of services rendered at the hospital.

Consequently, the public will benefit from good quality health services resulting from cost-effective benefits due to good management of resources. Therefore, through effective and efficient use of available financial and material resources, health service delivery will improve.

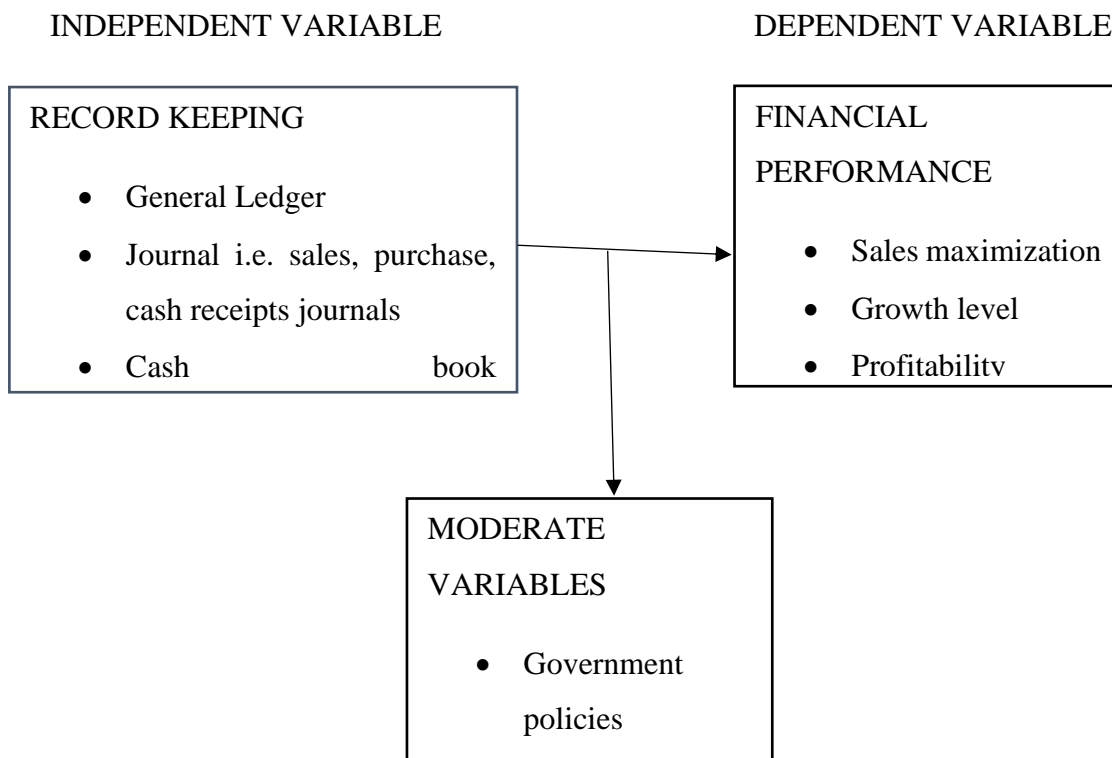
1.7.0 CONCEPTUAL FRAMEWORK

1.7.1 Conceptual background

Parker (2002) explains that record keeping involves several aspects such as identification, classification, storage, protection, receipt and transmission, retention, and disposal of records to prepare financial statements. Romney (2003) defines record keeping systems as a collection of components that record, classify, analyze, and summarize business transactions in the books of accounts. McLean (1999) emphasizes that good record management helps in controlling

operating costs, assimilating new records management, and ensuring regulatory compliance. Financial management problems that arise due to poor record keeping include inefficient use of accounting information, low-quality and unreliable financial data, and inadequate support for financial decision-making (Karunananda & Jayamaha, 2011). Tacy (2004) argues that quality record keeping is critical for any enterprise and financial record keeping is particularly important for assessing financial performance, setting standards, and making corrective measures. Therefore, financial record keeping is considered an essential tool for performance management.

Conceptual framework described the relationship between record keeping and financial performance.



Source; David (2019) modified by the researcher

The focus of this research pertains to evaluating the influence of maintaining financial records on the financial outcomes exhibited by private healthcare establishments, specifically Kisubi hospital, utilizing the provided framework. The study's independent variable is record keeping, while the dependent variable is financial performance encompassing elements like return on investment, liquidity, and profitability. Meanwhile, the dependent variable involves the General ledger, Journal, cash receipts journals, sales journals, purchase journals, and Cash

books. Additionally, the research accounted for moderate variables comprising government policies, staff productivity, and Patient care.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The selected chapter covers the field of study, significance of record keeping, theoretical framework, conceptual framework, key terms definition, and a general overview of the factors governing the topic. Various works from different researchers and their opinions about the process of record keeping and financial performance were also considered to enable the understanding of the study and perception of the people towards it.

2.1 Definitions of key variables

2.1.1 Financial performance

A company's ability to attain its financial goals, encompassing efficiency, profitability, and solvency, is known as financial capacity. With proper resource management, businesses can enhance their shareholder value, ensure monetary stability, and maintain adequate cash flows. Financial performance is evaluated via metrics such as return on investment, debt-to-equity ratio, and return on equity. Hospitals prioritize performance, which judge their dependability, quality, convenience, affordability, and gratification. Financial decisions are reflected in income statements, cash flow statements, and balance sheets, which identify the company's financial strengths and weaknesses. Proper financial management, strategic decision-making, and risk management can enable businesses to create value for stakeholders. Accounting conventions, assumptions, or the judgment of the preparer influence the recording and maintenance of financial records. Financial performance is also related to the level of accounting record keeping, and it reflects the degree to which set objectives are achieved within a specified period. The six parameters for determining financial performance include quality of service, competitiveness, flexibility, resource utilization, innovation, and financial management. To foster financial performance in health care organizations, asset management, planning, and revenue-expenditure management are crucial.

2.1.2 Record keeping

The act of maintaining records involves the capture, storage, and organization of data in a structured and regulated manner, which aids in supporting business functions and decisions. Managing records throughout their lifespan, from inception to disposal, is a necessary practice for companies to efficiently maintain operations, decrease risk, and ensure compliance with

regulations. Record keeping involves documenting transactional data in a manner that allows for the determination and presentation of a company's monetary state during a specific period. It serves as the foundation for modern business operations.

Record keeping is classifying, analyzing, and interpreting business transactions systematically and harmoniously. The procedure involves arranging and handling all company operations and maintaining daily records of financial transactions and digital information. It comprises managing cash balances and stints of short-term investment undertakings.

Financial record keeping entails documenting all financial transactions and events in a structured manner. This is a fundamental aspect of commerce since every inflow and outflow, as well as any incurred and settled liabilities, must be accounted for. Without accurate records, it is difficult to track business activities. Financial record keeping involves analyzing, classifying, and recording daily transactions.

Bookkeeping denotes a systematic and precise recording of all financial dealings of an organization. This involves monitoring every monetary inflow and outflow on a daily basis. Availability of accurate financial information is vital to owners and managers for determining business performance. Factors that influence financial record keeping include the nature of the business, preferred information type, and level of activity. Many business owners utilize software to monitor various facets of their organizations, saving time and allowing them to focus on business operations.

2.1.3 The Importance of Record keeping to kisubi hospital

Probably the most important reason behind sound record-keeping is that it allows you to learn and grow from your own business experiences. Keeping your records in check will help in comprehending the current situations of your business and also project future profit or losses. Good record keeping, besides this, will also show where your business needs improvement or re-invention.

Keeping records helps to improve and grow your business: According to management consultants, the key to improvement is the setting adequate targets or SMART goals. In as far as record keeping is concerned, it is the M or measurable which is key. Without adequate records, it would be impossible to measure where you are and to keep track of your progress Mairura, 2011. Financial information such as costs, revenues and profits should be available from your accounting system. Information on what work you've done, for who and when should

be readily available from your job management system, while customer information could be gleaned from your Customer Relationship Management (CRM) system.

We presented and captured all relevant data about accounting accurately. We applied the adopted accounting bases, concepts, and principles.

Accounting records show the transactions of a business; for example, transactions on receipts and expenditure include a list of organizational assets and liabilities that helps enterprises evaluate its performance in a certain period of time, usually at the end of a financial period.

Record-keeping practices provide full and relevant financial data. It aids managers in making better economic decisions. Their completeness and the availability of accounting skills are indispensable, therefore. They help capture and process the growth of private institutions.

Creating a knowledge base for employees' growth and development by storing information in the system and making it available to them will allow your employees to grow, learn, and develop. Ozatambgo (2015) Empowering your employees by putting key information into the palm of their hands so they may make quick and correct decisions while out in the field, without needing to call the office will also help. (Ddamba Simon, 2020).

2.2 Theoretical Framework

This study was grounded in concepts such as the decision usefulness approach. As per the Decision Usefulness Approach (2009), favorable financial performance arises from decisions taken during the course of business operations. Positive Accounting Theory (Schrader, 1962) is an extension of neoclassical economic theory. A crucial element of this theory is the notion of rational choice theory, which structures the comprehension and modeling of social-economic conduct. Self-interest is the rationale behind the selection of accounting policies, methods, and techniques under this theory. Firms, like private healthcare institutions and organizations, are portrayed as a collection of agreements comprising managers, owners, customers, and employees. The cooperation of these parties is pivotal in accomplishing a positive financial outcome. According to Wall and Zimmerman (1978), PAT endeavors to elucidate the functioning of the world. It aims to answer queries related to the adoption of specific accounting methods, regulatory aspects, and the role of accounting experts.

As per Watts (1995), PAT research aims to explain the reason behind the current form of accounting and envisages changes in accounting practice over time and place. This theory helps assess accounting policies, methods, and the financial performance of an enterprise, depending

on the business's nature. It delineates the relationship between owners, customers, and employees as mutual providers of resources that influence the decision-making process, impacting a venture's financial outcome positively.

Entrepreneurship involves risk-taking and decision-making, requiring individuals who are prepared for the challenge. Successful entrepreneurs must manage the various operations pertaining to their organization. Understanding the reasons behind the business's failure enables firms to take adequate measures to safeguard it, while overcoming obstacles is crucial for success.

2.2.1 The relationship between record keeping and financial performance of private health institution

Tomlin (2008) argues that economists suggest record keeping takes up resources that could otherwise be invested for growth. Thus, record keeping puts pressure on private healthcare institutions for growth. Record keeping functions in a stringent regulatory environment, with various regulatory records, unmanageable important procedures, and high port charges that impose a significant burden on operations (Mwesigwa, 2018).

Records management refers to the professional practice or discipline of controlling and governing an organization's most critical records from their creation to eventual disposal. It involves creating, identifying, categorizing, prioritizing, storing, securing, archiving, preserving, retrieving, tracking and destroying records. An organization's performance is appraised based on productivity and achievement of measurable objectives (Armstrong, 2015). Performance can be defined as the value generated from an organization's activities and processes. Financial performance is measured by assessing a firm's solvency, repayment capability, profitability, efficiency, and liquidity (Fiori, Di'Donato, & Izzo, 2009). Financial ratios are often used to measure a firm's performance, representing a direct description of the firm's financial performance in relation to previous periods, thereby improving management performance.

Investors are primarily interested in two features of a firm's financial performance: the profit it can reap (Glautier & Underdoon, 2009) and profit maximization ensuring optimal resource allocation under competitive market conditions (Pandey, 2004). An organization's approach to operations may lack experience or training in accounting and management, which can affect effective record and cash management (Morgun, 2000).

Record keeping provides substantial information on financial strength and current performance for managers to use for decision-making (Onaolapo, 2014). Financial record keeping and transparency go hand in glove (Maseko & Manyani, 2011; Amoako, 2013). Good record keeping increases the level of awareness of business operations for partners and investors, serving as a cost-saving strategy (Muchira, 2013). Organizations keep records not only for organizational, past, and archival purposes but also for legal reasons and protection of stakeholder rights (Danso, 2015).

The use of an adequate record-keeping system increases the chances of business survival (Griffin et al., 2009), as good records provide an accurate record of business financial performance and enable monitoring of specific areas of the business. Financial performance is affected by record keeping, as it plays a positive role in transparency, durability, and usability, while taking time, expense, and physical space (Mwebesa et al., 2018).

Proper documentation exists for each business transaction through bookkeeping, while record management involves filing, storing, safeguarding, and destroying tangible or electronic records. An adequate backup prevents an employee or management from creating ghost transactions in accounting records. Good record management reduces operating costs, improves efficiency, and minimizes the possibility of litigation (William et al., 2008). Proper record keeping helps businesses plan accurately, check misappropriation of resources, present realistic budgets and forecasts, and make informed decisions on resource allocation and strategic plans (Mwebesa et al., 2018; Adekunle & Adejare, 2014; Aladejebi & Oladimeji, 2019).

2.2.2 The Effect of financial record keeping on the quality-of-service delivery at kisubi hospital

Keeping financial records is crucial for the growth and sustainability of modern businesses, with accurate records of transactions such as sales, purchases, income, and payments being essential for success. Similarly, good recordkeeping is essential for quality medical care, with comprehensive and accessible patient case notes being crucial for appropriate treatment and diagnosis. Moreover, records such as X-rays, specimens, drug records, and patient registers must also be well cared for to protect patients. Proper recordkeeping ensures effective administrative functions, reduces wastage of resources, and enhances high-level service provision.

In both businesses and hospitals, good recordkeeping strengthens accountability, problem-solving, and informed decision-making. Effective records management allows for efficient record creation, retrieval, and availability, ultimately leading to better service delivery. For businesses, good financial records are also essential for important management decisions in areas such as marketing, service delivery, personnel, borrowing, pricing, inventory, and product development.

Quality service delivery requires meeting customer needs and expectations, and good recordkeeping is essential for effective resource allocation and human resource management in hospitals. Financial records aid in assessing where more resources are needed, with financial data supporting the need to invest more resources in areas of high demand for better patient service and improved overall financial performance. Good records management also ensures transparency and accountability in resource utilization, building confidence among stakeholders.

Effective records management is crucial for compliance with international quality standards and manifests in the form of appropriate diagnosis, accurate laboratory tests, correct medication, and follow-up treatment. Without proper records management, there is a risk to patient lives, while physicians may lose credibility and trust. In summary, proper recordkeeping is a precondition for quality service delivery, and good records management ensures effective control, timely information provision, and compliance with principles of Batho Pele.

2.2.3 Factors contributing to poor record keeping and possible remedies.

The hospitals generate, receive, and keep in their custody records showing evidence of their functions, activities, and transactions, be they private or public. According to Delosa and Jr (2020), "any information documented as a result of processes and activities of a particular business is a vital asset of an organization, just like other essential assets, such as finance and human resources". A record within an organization is "a unique and irreplaceable source of information about its work, accomplishment and continuity." Records are therefore "an authentic and reliable source of information which at all times must maintain its originality during its usage" Boniface et al 2021.

In some financial cooperatives, however, record keeping is still inadequately practiced and may thereby compromise "their sustainability and realization of development goals in the long run" (Ivan et al., 2023). Businesses acknowledge challenges in "preparing financial reports accurately and timely filing all the required regulatory reports due to shortcomings of the bookkeeping system" (Racheal, Enock, et al., 2023). Poor records are bound to affect patient care adversely since "clinical treatment is dependent on case histories contained in their medical files" .

Dawuda & Azeko (2015) state that "difficulty inventorying and tracking files is one of the factors leading to poor record keeping." They further explain that "keeping track of matter in boxes is difficult." The creation of the files needs to be uncomplicated. "Otherwise, your records staff will not use it properly." Dawuda & Azeko, 2015 suggest to apply the system able to print "files and box labels with barcodes so everything can be labeled and tracked with a simple scan".

Another critical problem is inefficient disposition of records. With integrated records management, IRM, "you can track records through their life cycle from creation to destruction." IRM also captures "records that are transferred outside of the organization." Another challenge is the "inability to produce actionable reports from record software." For example, "records staff are often asked to create a pick list of files for an executive." IRM simplifies this process by allowing "to generate these lists quickly".

It also lacks statistics on files. "It's fundamental to know how many files are being created, the number that is being checked out, and how many boxes house the files." It's also important to know "how many files and boxes have been destroyed." IRM helps track "the lifecycle of your files" and captures all this information. Furthermore, there is usually "no system for managing electronic records." Certain software necessitates that documents or emails be copied into the records database manually. For IRM, though, "the software knows where everything lives and can manage both paper and electronic files" (Dawuda & Azeko, 2015).

Inability to obtain statistics on files. There is a need to determine how many files have been created, how many are checked out, and how many boxes house the files. You need to know how many files and boxes were destroyed. IRM tracks the file lifecycle, so all of this information is captured in the system. There is no electronic record management system. It's terribly important to know where the electronic records are and when they can be destroyed. Certain software forces you to copy every document or email and place it into their records

database. With IRM, you do not have to because it knows where everything lives and can manage both paper and electronic files.

Onaolapo et al. (2014) gave the pointers of the reasons that constitute poor financial record keeping as "Lack of knowledge, low level of education, inadequate training and limited resources."

Dikopoulou et al. (2010) noted that organizations keep their records to "promote accountability, and the same records are also "important in the planning and decision making processes." Kemoni and Ngulube (2007) observed that "misfiled and lost records are likely to delay the service," hence affecting the image of any service provider.

Paper format has been becoming more problematic due to the expansion in health care services. In the USA, for example, "the amount of patient information on paper and the lack of a central storage system led to large volumes of medical records being stored in various locations." It was also realized that it commonly resulted in "fragmented, inaccurate, incomplete, duplicative, and poorly documented information".

Paper-based records had problems "communicating vital information vital for quality and effective patient care." The filling introduced challenges in "retrieving medical records" and were not "uniform across departments" and thus, the information pertaining to the patient was captured differently (Boniface et al., 2021). In Hong Kong, the paper-based record led to "problems retrieving and sharing of patients' information resulting from lost and misplaced records" (Bing et al., 2011).

Keeping medical records is assigned a low priority. This is supported by Jefferies (2010), who said, "Record keeping has by far become a low priority for busy nurses, and patient notes are poorly maintained." The records are poorly kept, and there are even cases of no patient notes at all. It is common to find illegible entries, offensive comments, and missing information, and there is often inconsistency between entries by doctors. Editing medical records is evidence that they are inaccurate and makes them impossible to defend. The General Medical Council clearly states that records should be made at the time the events happen, or as soon as possible afterwards. Poor record keeping is a major factor in litigation cases brought against healthcare professionals. To have good medical practice, health professionals must keep up-to-date record keeping and meet legal requirements (Wedad et al., 2014).

A record that is not clear and devoid of specifics or completeness is a low-quality record. It constitutes documentation that "does not concisely convey a patient's health problem and solutions undertaken to address concerns." Precise and complete documentation is "vital to obtain the correct physician reimbursement and accurate quality score." More importantly, only with accurate documentation can you "provide accurate information to the patient" that is so important when it comes to making informed decisions. Some of the results of poorly kept records will be "wrong treatment decisions, a physician losing his or her license and inappropriate billing that could lead to fraud charges" (Managed Outsource Solutions [MOS] Medical Record Reviews, 2019).

The deficiency of adequate history of the patient is one of the defects. "It is highly important that physicians document every detail pertinent to the patient's history, including previous medication taken, allergies, family history, and the name of other physicians and practitioners who concurrently treat them." This is in order to "avoid adverse events such as hostility due to drug interactions." A related but distinct problem is illegibility: "when the handwriting is not legible, drugs are misread, and harm may occur to the patient if the wrong drug is administered." A third concern involves scarcity of notes: "all details of the consultation with the patient must be well documented in the medical chart," indeed, all aspects of care. If done wrong, "the records would be incomplete and inadequate" (Managed Outsource Solutions, 2019).

Another reason is the EHR, which has facilitated better documentation; however, it has its own set of challenges. The major issue remains "copying and pasting within medical records." Providers should be "very cautious when indulging in copy-pasting within the medical chart." EHR vendors could work in coordination with clinicians and medical coders to "bring about helpful modifications in EHR to fix present concerns" (Managed Outsource Solutions, 2019).

According to the study conducted by Muyakui et al. in 2019, one of the factors which contributed to poor record keeping included "the complexity of the recording forms." In this regard, participants reported that "some of the recording forms were too complicated for their understanding, and the record keeping papers were numerous."

2.2.4 Remedies to the challenges affecting proper record keeping.

As Muhindo, Kapute, & Zhou, 2014 assert, "Correctly identifying your electronic records can be tricky in an environment where information is regularly copied, printed, emailed, and scanned." The authors recommend starting with "developing an IRM -Inventory Resource

Management- policy which defines what your organization considers an official record and apply that to all of your work with IT and staff to apply the criteria to day-to-day activities."

It includes timely and accurate retrieval, transfer, and destruction of records. Automated records management software empowers users to "conquer search challenges." Through "federated queries," this system will quickly retrieve all records across a range of media types. Documents, whether digital or physical, become "instantly retrievable." No more "digging through dusty archives or wading through digital clutter." With the click of a mouse or the tap on a screen, information appears. This newfound efficiency revolutionizes workflows by saving time and frustration. In this day and age of graceful record-keeping, accessibility is key. This effective solution changes the way information is looked up "by saving time and boosting productivity." Allows for document and record searching and locating based on metadata with ease. There are workflow notifications to users who have "checked-out records in their possession or have pending disposition approvals," so users can be held responsible to a higher degree.

It is important to develop and implement a records retention program in order to "control records growth and stay compliant." With regards to your having a successful retention program, you will have to "research the relevant legal and regulatory rules." In other words, you will "find out how long you need to keep records and understand your internal retention needs."

Providing lengthy reports to regulators or audits is also needed. Audits need "proof of compliance with record retention rules". Regulators want "detailed reports that prove adherence to obligatory procedures". This process, without the appropriate tools to carry out, will be long and will also place an added burden on resources. Records managers can use the records management software reporting capabilities to "easily provide audit reports" .

Planning for long-term retention requirements is key. Every organization produces records touching on "legal and operational needs." Long-term retention of such records always presents challenges as it is often "hard to find safe, affordable storage solutions." Electronic records, in particular, can be a challenge because they are "at the mercy of changing technologies" (Ddamba Simon, 2020).

In light of this, many countries, especially in the developed world, have adopted "the use of information technology for better effective use of medical information to improve health care services delivery" to overcome problems associated with paper-based records .

Medical records are essential to doctors in order "to deliver optimal patient care." These vital documents are quite important to "effective treatment" and ensure "continuity and accuracy in healthcare." Physicians should keep "detailed, updated records." This ensures "informed decisions and protects patients." One of the major responsibilities of physicians is to maintain detailed, up-to-date records. Accurate documentation also facilitates the "collaboration of health providers. It improves the quality of care." The records include "scanned records, consent forms, clinical notes and laboratory results." These records are a "permanent account of a patient's illness." Their legibility and accuracy are vital to "communication between health professionals and patients" (Wedad et al., 2014).

Good medical records ensure that a patient's needs are "assessed comprehensively." Information should be documented "daily in chronological order." This shows "continuity of care and a response to treatment." The information should be comprehensive enough to allow a colleague to "carry on where you left off." Professional bodies should outline what they expect from their members, and organizations should have "standardized procedures for recording information" (Wedad et al., 2014).

Good recording ensures that the management of a hospital is well conducted; it also provides evidence of the accountability of a hospital for actions taken and also for key sources from medical statistical reports and also health information system. Keeping and managing the health record, an issue that has "generated concerns over time" as indicated by. Abdulazeez et al.,2015.

An incomplete medical record proves that care was not well conducted. Such records will "substantiate allegations of medical malpractice and fraud." This calls for a need to "improve documentation." It is wise that patient records are examined with the aim of making sure that the "diagnosis documents are complete." We must ensure that clinicians are aware that "good documentation serves patients well and their reputations." Therefore, "document all medical chart entries in a timely fashion." Note the time difference between when something occurred and when it was documented. "Timeliness is crucial." Any lag in putting something down must be correctly summarized on the chart. Accurate timing enhances patient care and legal protection. All entries to be followed by the "name and designation of the person making the entry and their electronic signature" (Managed Outsource Solutions [MOS], 2019).

The arrival of electronic medical records has brought an added urgency for "standardization so that records can be reliably recorded, stored and retrieved using computers" (Nkhoma &

Munthali, 2021). Good support and a proper medical record management system are crucial to "orderly administration succeed"; the quality of medical records, therefore, has an important role in "carrying out the quality of medical services provided by hospitals." Nowadays, it is used not only for "primary needs of hospital records" but also for "secondary clinical purposes, including reporting hospital activities, monitoring hospital performance, and research." For this reason, medical records must be according to "completeness, accuracy, and timeliness" criteria (Vahedi et al., 2018).

An audit trail is maintained on all of the archive data activities. This includes "reviewer activities, searches and policy creation and updates." This keeps a record of "who did what and when." Compliance requires this type of recordkeeping. A sound audit trail system will prove your actions and protect from review. Not only is it best practice, but it's a "vital shield in today's regulatory landscape." Put in place vigorous tracking to protect your business and show due diligence. Data archiving involves cleansing of all the repositories across all data sources to spot and archive the documents that need to be retained. Though collection may involve different methods for each business, generally it will always refer to the gathering of records in one place or a single repository. By storing the information in one storage you prevent the data from being retained, Joshuva, 2021.

The record shall be stored in such a way that it may "enable user access and ensure records are safe from unauthorized access, use, disclosure, removal, deterioration, loss or destruction." An organization shall formulate policies for storage of records, whether sensitive or classified records. For records in paper form, organizations should note that "paper deteriorates rapidly in an environment of high temperature and humidity." Also, "mould growth on paper can be a health hazard to staff" (Government Records Services, 2011).

2.2.5 Summary of the literature review

Financial transaction records needed to report positive financial performance need to be "complete, accessible, and safe" so that "quality and informed business decision making" can be enabled. In turn, financial statements need to support records based on "the recorded facts, accounting conventions used, accounting assumptions, and personal judgments of the accountant involved in the process of preparing the financial record" Mishra, 2014. Although the Record keeping is supported by both the Positive Accounting Theory and the Decision Usefulness Theory, the policies private health institutions can use are outlined below.

Good and quality health services are reflected not only in the treatment provided but also from "good medical records as well" ; this is according to Trionyta et al. (2021). For "improvement in the quality of the services" provided, according to Sharifi et al. (2021), hospitals need to "collect various information properly, manage it properly, and provide it to all the decision-makers as well as hospital managers after monitoring, classifying, and drawing conclusions in a timely manner.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the research design, target population, sample size, sampling procedures, data sources, research instruments, data collection methods, data analysis, ethical issues and limitations of the study.

3.1 Research design

The nature of the data collection design for the study is cross-sectional. The nature of this study has allowed us to get responses from a varied group of people at one single point in time. This design enables us to capture various opinions and experiences that could be beneficial in various ways. We have used such a design because this allows us to capture data from a specific period that is most relevant. A cross-sectional research design will enable us to capture actual data regarding the variables under study. This helps us to replace assumptions with clear-cut, concise information so that we have more concrete and clearer pictures of what we find.

It also gives a relationship between the two variables. It helps us understand how one factor affects the other.

3.2 Study population

The target population to be used comprised 250 employees of Kisubi Hospital in Wakiso-Uganda from the following departments: Dental, Dermatologist & skin care, Eye care, Emergency Care Unit, Ear, Nose & Throat (ENT), Laboratory, Gynecology & Obstetrics, CT scan, Orthopedics, Psychiatry and mental, Cardiology, Outpatient, Administration.

3.3 Sample size

The study used a sample of 154 respondents. The size was obtained using (Yamane 1970) from the different departments as shown below on the table;

Table 1: Showing Target Population and Sample Size

Category of respondents	Population	Sample size
Laboratory	10	6
Administrators	8	5
Nurses	76	47
In charges	24	15
Outpatient (OPD)	45	28
Midwives	18	11
Doctors	25	15
Accountant	04	2
Cashier	10	6
Clinicians	30	18
Total	250	154

3.4 Sampling method

The sample size used for this study was 154 respondents. The sample size was obtained using (Yamane 1970) from the different departments as shown on the table below: The researcher used stratified sampling whereby samples were obtained from different departments. A stratified sampling method allowed us to have unique traits of each sub-group represented in our sample. This approach leads to more accurate and reliable results with lessening sampling errors. The method further aided in cutting down on data collection and analysis costs.

3.5 Data sources

The researcher used both primary and secondary sources of data.

3.5.1 Primary data sources

The researcher obtained primary data by use of questionnaires.

3.5.2 Secondary sources

The researcher also used data from reports and previous research works from text books and internet.

3.6 Data collection instruments

The data collection instrument in this study was basically questionnaires.

3.6.1 Questionnaire survey

It has high representativeness compared to other methods. Surveys often yield statistically significant results more easily than other methods. This is mainly due to the large number of respondents. As a result, the data collected offers a better understanding of the study topic. The questionnaire survey method has high representativeness. So, it was often easier to find significant results than with other methods.

3.7 Measurement of variables

3.7.1 Validity

Validity was done in order to see whether the questions were capable of capturing the intended data. The expert review of research questions focused on whether it's capable of capturing the intended response; thus, a calculation for the Content Validity Index, or CVI, was made in order to ascertain the validity of the research instrument.

Content validity index(CVI)=Relevant items by all judges as suitable

Total number of items judged

For the tool to be regarded as valid, the CVI must lie in the accepted statistical range of 0.5 to 1. In this instance, the instrument must possess the needful content validity. It should have a CVI of at least 0.7 and upwards.

3.7.2 Reliability

The questionnaire's reliability was checked using Cronbach's coefficient alpha. A small test was done with 5 people, and the reliability was calculated using SPSS version 20.

3.8 Data collection process.

A letter was obtained to introduce the researcher at Kisubi Hospital in Katabi, Entebbe Municipality upon approval from Uganda Christian University. This ensured that access to the hospital would be availed to the researcher in the pursuit of data collection. The researcher administered a consent form to the participants. Following the consent form, the questionnaires were distributed to the participants. Some time was allowed to the participants to enable them fill in the questionnaires. When the questionnaires were completed, the researcher collected, sorted, and coded them.

3.9 Data Analysis

Data analysis was done with the assistance of the statistical software package SPSS version 20. It is user-friendly and ample for the manipulation of variable relationships and regressions in the research study. Quantitative data will be analyzed using descriptive statistics and Pearson Correlation to test the relationship between independent and dependent variables.

3.9.1 Ethical Considerations

The researcher received an official letter from the faculty of business administration, introducing her to the case study.

Also, the sources which were used both in the literature and appendix of the study were cited correctly by the researcher, and the data was accessed through official channels.

Data collection was through an approved and permissioned grant from relevant authorities, and consent was given by the participants.

3.9.2 Anticipated limitations of the study.

This is due to financial constraints impelled on the researcher for incentives of the respondents, printing, and daily traveling to gather data from them. This had to be undertaken by the personal steps of the researcher and financial assistance sought from his family.

Some participants did not want to provide data due to the dissemination of information. This was averted by good standing that the researcher holds in the academic service, and a letter of introduction from the university.

Some of the respondents were especially late in returning the questionnaires to the researcher; this disrupted the original timeline the researcher had for data analysis. This problem was, however, counterbalanced by the researcher's distribution of more questionnaires than actually needed in case some were not returned.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF THE FINDINGS.

4.0 Introduction

The preceding chapter describes the methodology applied for the study. This chapter presents the result of the study. It presents and discusses the finding. The findings are organized in the terms of research objectives.

4.1 Response rate

A total of 154 questionnaires were issued and only 77 were returned as shown in table 4.1 below.

Table 2: Response rate for questionnaire.

Response Rate	SAMPLE SIZE	
	Frequency	Percentage (%)
Received	77	50
Non response	77	50
Expected response	154	100

Source: *primary data*

As indicated in Table 1, all the 154 employees at Kisubi Hospital in Wakiso district-Entebbe were meant to fill in the questionnaire, but only 77, that is, 50% responded while the rest, that is, 50%, which is 77 remained unanswered.

Ahuja 2009, p. 158, it has been mentioned that a response rate of 70% is very good, 60% is good, and 50% is acceptable for analysis. Thus, the 50% response in this study have been considered reliable and suitable for the research study. The researcher could not get responses from all of the contacted people because some of the respondents requested money, others were not interested in sharing some business information and others misplaced the questionnaires.

4.2 Biographic characteristics

4.2.1 Gender of respondents

Respondents were asked to state their gender and the findings in this are shown in the table 4.2 below;

Table 3: Gender of respondents

Gender	Frequency	Percentage (%)
Male	35	40
Female	42	60
Total	77	100

Source: primary data

From table 2, 60% of the respondents were female, and 40% male. The higher number of female respondents shows that in this hospital, more women are employed than men, especially in the administrative heads of departments such as accountants, cashiers, and department heads. This may illustrate a trend where more women are being employed in administrative heads in the health sector. The remaining percentage of 40% are males who are employees in non-administrative departments. This could be interpreted to mean that there are some gender-specific roles in the hospitals; this could also insinuate that since gender balance might influence opinions on workplace dynamics, job satisfaction, and leadership, more women can have their say taken seriously in the decision-making processes.

4.2.2 Age of the Respondents

The researcher computed the frequencies and percentages of the respondents 'age distribution.

Table 4: Age of Respondents.

Age	Frequency	Percentage (%)
21-30yrs	30	39
31-40yrs	26	34
41-50yrs	15	19
50 yrs & above	6	8
Total.	77	100

Source: primary data 2024.

In Table 4, the highest number of respondents who answered the survey were in the age group of 21-30 years, which comprised 39%, followed by the 31-40 year bracket at 34%, 41-50 years with 19%, and those 50 years and over with 8%. This signifies that most of the employees in the hospital are young. In fact, 73% of them are under 40. Having fewer older employees might mean that the hospital prefers younger staff because they are fresh for learning new things and working hard. This could make it hard to retain older, more experienced workers. It might also show that the hospital has been growing recently. Younger workers may be more willing to learn new technology and take training. But they may not have as much experience as older workers. The energy of young employees is to be utilized in the hospital, but at the same time, the knowledge of the older employee also needs to be retained.

4.2.3 Education Level of the Respondents

This was considered in the study because the researcher wanted to know the education levels of the respondents in Kisubi Hospital. The findings on this are presented in Table 5 below;

Table 5: showing Education level of the respondents

Levels	Frequency	Percentage
Primary	5	6.4
Secondary	10	12.9
Certificate	20	25.9
Diploma	19	31.1
Bachelors	16	20.7
Masters	7	9.0
Total	77	100

Source: primary data

The majority of the personnel who answered the survey have a Diploma 31.1%, followed by those with Certificates at 25.9%. People with Bachelor's degrees come next at 20.7%, while Master's comprises 9% of the total number. This means that the hospital staff has, in general, middle qualifications. They have plenty of professional qualifications such as Diplomas and Certificates. Only 9% of respondents had advanced degrees, Master's. This could mean that there are limited studies or encouragement for further studies. The high number of Diploma holders implies that the hospital prefers people with practical and job-related training rather

than academic qualifications. Qualifications reveal that the hospital is focused on practical skills for most of the jobs. However, in small groups of people with advanced degrees may slow down innovative ideas. It might also impact critical decisions in the hospital. Investment in more education and professional growth could increase the quality of services.

4.2.4. Marital status of the Respondents

Respondents were asked to state their marital status and the findings are shown in Table 6 below;

Table 6: Marital status of the Respondents

Respondents	Frequency	Percentage (%)
Married	41	53
Single	34	44
Widow	1	1
Widower	1	1
Divorced	0	0
Total	77	100

Source : primary data.

Results showed that 53% were married, 44% were single, and only 1% each for widow and widower categories. A high percentage would indicate married respondents, which would mean a reasonably stable workforce. Perhaps this is due to more long-term employment. The 44% single may indicate younger employees, or they could be career growth-oriented before starting a family. The marital status distribution perhaps reflects the life stage of the workforce. It could have implications related to work-life balance and retention rates. Married employees would likely need job security. Single employees would be more flexible or mobile.

4.2.5 Departments of the respondents

Table 7 below summarizes the responses given on the departments of respondents.

Table 7: Department of the respondent

Respondents	Frequency	Percent
Dental	2	2.5
Dermatologist & skin care	2	2.5
Eye care	3	3.8
Emergency care unit	10	12.9
Ear	2	2.5
Nose & Throat	2	2.5
Laboratory	10	12.9
Gynaecology & Obstetrics	2	2.5
CT scan	2	2.5
Orthopedics	5	6.4
Psychiatry & mental	5	6.4
OPD	10	12.9
Administration	22	28.5
Total	77	

Source: Primary data

The highest percentage belonged to Administration, 28.5%. The next were Emergency Care, Laboratory, and OPD with 12.9% each. The fact that 28.5% of the respondents are admin staff may affect the data. Their views are now overrepresented. This might bias the results into financial issues. At the same time, this may underrepresent the clinical concerns from departments such as Emergency Care or Psychiatric departments. It is an implication that the hospital focuses on its admin functions. It probably values financial and operational efficiency. A spread could be achieved over the clinical departments for a better balance in the view of hospital operations.

4.2.6 Number of years in operation

Respondents were asked for how long they had worked at the hospital and below are their responses.

Table 8: Number of years in Operation.

Years	Frequency	Percent (%)
1-2	15	19.4
2-3	25	32.4
3-4	25	32.4
5 & above	12	15.5
Total	77	

From this data, the majority of the people surveyed have work experience between 2-4 years, representing 64.8%, compared to 15.5% who have more than 5 years. In fact, tenures range between 2-4 years for most respondents, either meaning that there is a very high turnover or the hospital is rather new. This shows a low percentage of work experience exceeding five years, which may point to potential retention issues. This may lead to memory loss in the institution and discontinuity of service. This would therefore imply that high turnover or a youthful workforce may undermine service quality. The hospital may be continuously training new employees. Improvement in the retention of staff and career development could reduce turnover. It would build up an experienced team.

4.3 The relationship between record keeping and financial performance

Table 9 Presents key findings about the relationship between record keeping and financial performance.

Table 9 : The relationship between record keeping and financial performance.

Correlations			
		Record_keeping	Financial_performance
Record_keeping	Pearson Correlation	1	.991
	Sig. (2-tailed)		.000
	N	38	36
Financial_performance	Pearson Correlation	.991	1
	Sig. (2-tailed)	.000	

	N	36	56
Correlation is significant at the 0.01 level (2-tailed).			

The given correlation matrix shows the relationship between two sets of variables: Record Keeping and Financial Performance. The Pearson's correlation coefficient shows that record keeping and financial performance are positively related with a coefficient value as high as 0.991. This correlation indicates an extremely strong positive linear relationship, with the implication that as the quality or effectiveness of record-keeping improves, the financial performance improves correspondingly. The correlation coefficient is significant at the 0.01 level (2-tailed); therefore, this strong relationship is statistically significant and not foreseen to occur by random chance. The high Pearson correlation coefficient of 0.991 confirms the fact that better financial performance is strongly associated with effective record-keeping. Thus, there is a clear and substantial relationship between the two variables, hence showing the importance of accurate record-keeping in achieving strong financial outcomes.

4.4 The regression between record keeping and financial performance

Table 10: The regression between record keeping and financial performance.

Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	1.000 ^a	1.000	1.000	.00378		
a. Predictors: (Constant), Cash_Book, General_ledger, General_Journal						
ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	5.558	3	1.853	129320.818	.000 ^b
	Residual	.000	32	.000		
	Total	5.558	35			
a. Dependent Variable: Financial_performance						
b. Predictors: (Constant), Cash_Book, General_ledger, General_Journal						

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.087	.015		-5.660	.000
	General_ledger	.001	.007	.001	.194	.847
	General_Journal	.771	.015	.759	51.695	.000
	Cash_Book	.245	.011	.247	22.680	.000

a. Dependent Variable: Financial_performance

The following tables show the results of a regression analysis conducted to determine how three record-keeping systems- namely, General Ledger, General Journal, and Cash Book- influence Financial Performance. The Model Summary table summarizes the overall fit of the regression model. This R value equals 1.000, showing a perfect linear relationship between predictors and the dependent variable, Financial Performance. Explanatory The RSquare of 1.000 explains that 100% of the variation in Financial Performance explained by predictors of this model, hence, perfectly fits. This explanation is further confirmed since the Adjusted RSquare has an equal value of 1.000, which insinuates this perfect fit cannot be due to overfitting. Also, the standard error of the estimate is very low at 0.00378, so prediction error must be low.

Overall significance of the regression model can be assessed through the ANOVA table. The F-statistic is 129,320.818 with a p-value of .000, thus it can be said that the regression model significantly improves the prediction of Financial Performance over a model that doesn't include any predictors. Sum of Squares for Regression is fairly large, 5.558 as compared to Residual Sum of Squares, 0.000 and accounts for almost all the variance in the Financial Performance by the predictors. This high F value, complemented by a low p-value, means that the regression model is statistically significant. Coefficients table -Contributions of each of the predictors to Financial Performance: -Constant term is -0.087. This is the predicted Financial Performance when all the predictors are zero. -General Ledger has a coefficient of 0.001, with a standardized Beta of 0.001 and is not statistically significant, $p = 0.847$. With the General Ledger, the implication is that it does not bear too much significance in this model to affect Financial Performance. On the contrary, a General Journal has a coefficient of 0.771 with a standardized Beta of 0.759 at $p=0.000$, showing a very strong and positive statistical

significance influencing the performance of the financials. Cash Book also presents a highly positive impact with the coefficient of 0.245 and Beta of 0.247 with a p-value of 0.000.

Therefore, the regression model shows that the tested record-keeping systems-the General Journal and Cash Book-have a great positive impact on Financial Performance, while the General Ledger has no significant effect. This proper R value of the Square and significant F statistic further confirm that the model would greatly explain the variation in Financial Performance, shedding light on the important role which the General Journal and Cash Book play in realizing better financial performances.

4.4 The effects of financial record keeping on the quality of health service delivery.

Table 9: Effects of financial record keeping on the quality of health service delivery.

Codes	1	2	3	4	5	N	M	S
Proper financial record keeping plays a significant role in ensuring the quality of health services delivered at hospital	10	17	17	20	13	77	15	3.91
There are instances where inadequate financial record keeping has impacted the efficiency or effectiveness of health service delivery at hospital.	14	14	20	14	15	77	15	2.61
Accurate financial records are crucial for allocating resources effectively to maintain high-quality health services at hospital.	10	10	15	20	22	77	15	5.55
Transparent financial record keeping contribute to building trust with patients and stakeholders regarding the quality of healthcare services provided by hospital.	5	12	10	30	20	77	15	9.79
There are improvements in the quality of health service delivery at hospital as a result of enhanced financial record keeping practices.	3	4	10	15	12	44	8.8	5.17
There are areas where financial record keeping could improve patient care forex ample insurance claims management, Patient engagement and Budgeting.	3	12	10	20	30	75	15	10.3

Financial record keeping is essential for monitoring and improving the quality of health services.	10	15	20	10	20	77	15	5
Timely financial reporting enhances transparency and accountability in the delivery of health services.	10	22	4	34	23	77	19	11.8
Financial record keeping directly influences patient satisfaction levels with the healthcare services.	4	36	10	12	15	77	15	12.2
Effective financial record keeping fosters a culture of efficiency and cost-effectiveness in delivering healthcare services	2	13	10	29	21	77	15	10.4

Keeping good financial records is very important for the quality of healthcare at Kisubi Hospital. From the information, one can notice that people believe in good financial records, having a mean of 3.91 and a standard deviation of 2.61; this is not because a majority agrees, though not all think similarly. On openness of financial records, which tends to build trust with patients and others, ratings averaged 9.79. In other words, transparency is generally viewed as something that will be good for healthcare. But the larger spread in scores suggests that there is some division of opinion about this, perhaps because of various levels of knowledge or experience for different parts of the hospital. Such a difference calls for additional training so that everyone is on the same page about the rules of financial record-keeping.

More importantly, it highlights areas where financial record-keeping should be done better to serve people. For instance, timely financial reporting, important for accountability and transparency, had an average score of 11.8 ($S = 5.17$). In addition, it has been of a fair impact on patient satisfaction in terms of financial record-keeping, which had an average score of 12.2. This underlines the fact that good financial record-keeping begets better patient experiences, a position that agrees with the general conclusion of the study that accurate financial records beget efficient operations, more trust among patients, and quality care.

4.5: The Factors contributing to poor record keeping and solutions.

Table 10: Factors contributing to poor record keeping and solutions.

	1	2	3	4	5	N	M	S
Lack of training or awareness among staff members can be a factor leading to poor financial record keeping.	10	15	20	15	17	77	15	3.65

Issues related to outdated technology or inadequate systems hinder efficient financial record keeping at hospital.	10	23	4	18	22	77	15	8.17
Specific challenges or obstacles hinder accurate recording and maintenance of financial data.	4	36	10	12	15	77	15	12.2
Inadequate staffing or workload issues impact financial record keeping.	3	12	10	22	30	77	15	10.6
Gaps in training or capacity building for staff is responsible for poor financial record keeping.	2	13	10	23	29	77	15	10.7
There are steps taken to continuously improve the hospital's financial record keeping processes.	10	15	20	10	22	77	15	5.55
Technological solutions or software systems can streamline the hospital's financial reporting processes.	13	21	2	12	29	77	15	10.2
Incentives or rewards can motivate staff to maintain accurate and complete financial records.	10	10	20	10	27	77	15	7.8
There strategies that can improve financial record keeping in your institution.	3	14	7	27	26	77	15	10.9
Management support to financial record keeping can improve overall financial performance.	26	14	6	28	3	77	15	11.3

The study probes into the causes of poor financial record-keeping and its effect on the financial health of institutions such as Kisubi Hospital. One major problem identified in this regard is that there is a general lack of training and awareness among personnel. This was rated as being of moderate importance with an average score of 3.65 ($S = 1.8$). The second major concern is the quality of the outdated technology, scoring even higher on 8.17 with a standard deviation of 4.09. This indicates that the investment in superior financial systems will be very important. The great spread in the responses indicates very varied levels of technology use in the departments, making tracking and reporting of finance less than efficient. It, therefore, calls for attention by Kisubi Hospital to invest more in the adoption and upgrading of technology with a view to minimizing these shortfalls for attainment of better financial performance.

The data shows that the hindrance to good record keeping caused by poor training and development of skills has a ranking mean of 10.7 ($S = 5.55$). This is a serious call for continuous training among the personnel, especially on the aspect of how to keep financial records. Such findings are in agreement with recommendations for this study in formulating extensive training programs aimed at equipping staff with necessary skills for enhanced financial management. The data supports the fact that improvement in the level of financial record-

keeping systems may be particularly crucial to enhancing the financial health for private healthcare organizations.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

5.0 Introduction

This section presents discoveries from the investigation, particularly the correlation between the extent of financial documentation and the financial achievement of the establishment. It also examines how documentation affects the degree and standard of service provision, and the reasons why Kisubi Hospital confronts obstacles in maintaining improved records. By consolidating the conclusions from the study with the previous knowledge in the area, it offers a complete understanding of how documentation could enhance the financial and operational effectiveness of private health clinics. Ultimately, the section concludes with proposals on remedying the identified issues and enhancing documentation to attain superior financial outcomes.

5.1 Discussion of Findings

5.1.1 Proper Financial Record-Keeping and Service Quality

The precise documentation of the financial component has significantly aided Kisubi Hospital in bestowing its services. The quality of service was closely linked with financial documentation, obtaining an average of 3.91. This discovery aligns with Glautier and Underdown's claim in 2009, that "adequate financial records enable informed decisions in resource utilization for improved patient care." Effective financial management leads to better planning, thereby guaranteeing the necessary resources for "efficient and excellent healthcare" by Glautier & Underdown, 2009 in hospitals.

Transparency is another vital concern in managing financial records, receiving an average score of 9.79. Financial documentation is crucial in attaining transparency, which establishes trustworthy relationships between the organization and stakeholders, including patients and contributors. This assertion supports what Bowen, Schoppe, and Vassa 2009 maintained, that "open financial practices not only enhance an organization's reputation but also ensure accountability," promoting quality service within the organization. A high standard deviation of 5.55 regarding the implementation of transparency shows that financial documentation

practices differ across multiple departments, reinforcing the significance of standardized financial procedures to ensure consistency.

5.1.2 Challenges in Financial Record-Keeping

Insufficient staff training to maintain financial records was a significant discovery in the study. The average rating for the training provided was 3.65, revealing that while some training was available, it was inadequate for sound financial management. Maseko and Manyani (2011) stated that deficient training in accounting and financial management can lead to inaccuracies in financial documentation, which can impact the overall financial integrity. In the same vein, Mwebesa et al. (2018) noted that training plays a crucial role in ensuring accurate and reliable records, ensuring proper healthcare and financial management.

Obsolete technology was identified as the most significant challenge in bookkeeping with a mean score of 8.17. The use of manual procedures and outdated software makes financial reporting slower and more vulnerable to errors. Schiff and Bates (2010) suggest that utilizing contemporary financial management systems, such as EHR, can ensure more manageable and more precise data management. Kaplan also emphasizes the significance of technology in enhancing financial transparency and efficiency in healthcare facilities.

In addition to improving financial management, modern technology can also enhance data retrieval, decision-making, and long-term financial planning. Aladejebi and Oladimeji (2019) concur that investing in sophisticated financial systems helps entities maintain better control over their financial operations, leading to improved performance outcomes.

5.1.3 Staff Development and Capacity Building

The investigation demonstrated the significance of recurrent instruction offered to employees concerning financial documentation management, as this exhibited strong backing with an average evaluation of 10.7. This outcome confirms the research conducted by Adekunle and Adejare 2014, who established that "persistent personnel development remains essential for efficient fiscal administration." The writers hold the belief that without consistent training, staff members cannot adapt to "new fiscal regulations, technologies, and procedures" that are necessary to retain up-to-date and precise financial records. The provided data illustrates that advancing the financial management abilities of personnel results in the enhancement of service provisions, as well as monetary management. On the one hand, this can be seen in inquiries such as the work of Bakare and Issa 2016 previously mentioned. Their research displayed that "medical facilities with staff possessing a strong foundation in financial

management can efficiently handle their resources," thereby facilitating the offering of better quality services and happier patients.

5.2 Conclusions

The research has revealed that maintaining accurate documentation is crucial for private healthcare facilities, as it affects both their financial well-being and the quality of services provided. Effective and up-to-date records result in better resource allocation, increased transparency, and improved patient satisfaction. However, inadequate staff training and outdated technology hinder the hospital's ability to uphold sound financial records, leading to a decline in financial and operational outcomes. The study's findings align with the literature, including Onaolapo and Adegbite's (2014) assertion that "proper financial record-keeping is a vital ingredient for organizational success." To address these challenges, Kisubi Hospital and other private healthcare facilities must invest in cutting-edge technology, personnel training, and more appropriate financial management methods.

5.3 Recommendations

Based on the findings, the suggestions below are recommended. Kisubi Hospital should adopt modern technologies such as Electronic Health Records (EHR) to upgrade their financial management systems. This investment will improve the accuracy, efficiency, and timeliness of their financial reporting, as advanced technologies in supporting processes minimize errors and enhance financial performance. Therefore, regular and intensive training programs on basic competencies in accounting and using modern financial management systems should be designed for personnel to efficiently keep financial records. Standardization of financial record-keeping practices across departments is necessary for uniformity in application, reducing variability to ensure staff engage in the same financial practice, and enhance both transparency and operational efficiency. In conclusion, the hospital's management should seek to partner with the government and other relevant stakeholders to support updating of financial systems and training programs for better service delivery and improved financial performance.

5.4 Summary

In summary, the findings indicate that the adherence to proper financial record-keeping greatly impacts both the financial performance and quality of service at Kisubi Hospital. While the institution realizes the significance of good financial management, certain deficits in training and antiquated technology prevent it from taking full benefit of the advantages brought forth by correct financial records. These challenges again require strategic investment in developing

the technological and capacity-building features of the hospital, which will surely result in better financial returns and higher quality health services.

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APPENDICES

Appendix: 1 Questionnaire

UGANDA CHRISTIAN UNIVERSITY

SCHOOL OF BUSINESS

DEPARTMENT OF UNDERGRADUATE

A QUESTIONNAIRE FOR THE STAFF OF KISUBI HOSPITAL

I am Kayesu Sarah a student of Uganda Christian University conducting a research study on “The Impact of record keeping on the financial performance of private health institutions in Uganda” as a partial requirement for the award of a Bachelors degree of Business Administration of Uganda Christian University.

I am kindly requesting you to assist me in this study by answering the following questions. I assure you that your information will be treated with utmost confidentiality.

SECTION A: Demographic Data

Please tick (✓) in the appropriate box as the most agreed answer to the following statements.

1. Gender of the respondent.

Male Female

2. Age group of the respondent.

21-30years 31-40 years 41-50 years above 50 years

3. Marital status of the respondent.

Single Married Widow Widower Divorced

4. Education level of the respondent.

Primary level Secondary level Certificate level

Diploma level Bachelor's level Masters Level

5. Department of the respondent.

Dental Dermatologist & skin care Eye care Emergency Care unit
 Ear Nose & Throat Laboratory Gynecology & Obstetrics
 CT scan Orthopedics Psychiatry & Mental OPD
 Administration

Number of Years in Operation

1-2years 2-3years 3-4 years years and above

Others
 specify.....

SECTION B

Relationship between Financial record keeping and Financial Performance

Instructions:

On a scale of 1-5, tick in the appropriate box on how you strongly agree or disagree with the statements given.

Strongly disagree	Disagree	Not sure	Strongly agree	Agree
1	2	3	4	5

1	Record keeping	1	2	3	4	5
A	General Ledger					
1	Entries in the general ledger should be accurate and classified to ensure the integrity of financial reporting.					
2	Maintaining a detailed general ledger is crucial for tracking income, expenses, assets, liabilities, and equity.					
3	Periodic review and analysis of the general ledger can provide insights into financial performance and trends within the hospital.					
4	Access to the general ledger should be restricted to authorized personnel to maintain confidentiality and data security.					
5	Regular backups of the general ledger data are necessary to prevent data loss due to system failures or other unforeseen events.					
6	Auditing the general ledger periodically by independent parties can provide assurance on the accuracy and completeness of financial information presented in it.					
7	Training employees on proper general ledger recording procedures can help minimize mistakes and ensure consistency in financial reporting practices					
8	Any adjustments made to correct errors or update information in the general ledger should be clearly documented with explanations for transparency.					
9	Segregation of duties is essential to prevent fraud and errors in the general ledger recording process.					
10	Each transaction recorded in the general ledger should include a date, description, debit amount, and credit amount.					

B	General Journals	1	2	3	4	5
1	Journals are essential for documenting daily transactions accurately.					
2	Maintaining journals helps in tracking financial activities over time.					

3	Journals provide a chronological record of all business transactions.					
4	Journals serve as a primary source for preparing financial statements					
5	Consistent journal keeping is crucial for compliance with accounting standards.					
6	Journals serve as a reference point for resolving disputes or clarifying transactions.					
7	Regular review of journals ensures the accuracy and integrity of financial data.					
8	Recording transactions in journals ensures transparency and accountability.					
9	Proper journal entries facilitate auditing and financial analysis processes.					
10	Journal entries help in identifying errors and in financial records.					

C	Cash Books	1	2	3	4	5
1	Cash books help in maintaining an accurate record of all cash receipts and payments.					
2	Cash books can be maintained manually or electronically, depending on the preference of the organization.					
3	Cash books provide a clear audit trail for all cash-related transactions.					
4	Each transaction in a cash book should be recorded with details such as date, description, amount, and relevant account codes.					
5	All transactions should be supported by appropriate documentation for verification purposes.					
6	The cash book needs to be balanced to ensure that debits equal credits.					
7	Any discrepancies should be investigated and resolved before closing the cash book for the period.					
8	Closing entries are made to transfer the balances from the temporary accounts to permanent accounts in the general ledger.					
9	Cash books play a crucial role in preparing financial statements like income statements and balance sheets.					
10	Single column cash books record only cash transactions, while double column cash books also include columns for bank transactions.					

II)	Financial Performance	1	2	3	4	5
A	Return on investment					
1	The hospital has effectively utilized its resources to achieve a positive return on investment.					
2	New medical technologies have significantly improved patient outcomes and increased revenue.					
3	Strategic investments have contributed to the hospital's continuous financial growth over the last three years.					
4	Staff training and development programs have helped to improve operational efficiency and financial returns.					
5	The adoption of electronic health records (EHR) systems has led to cost reductions and simplified billing processes.					
6	Marketing techniques designed to enhance patient volume have helped the hospital's overall financial success.					
7	Partnerships with local healthcare providers have extended service options and generated revenue sources for hospitals.					
8	Cost-cutting methods have been successfully applied, resulting in lower operational expenses without sacrificing quality of treatment.					
9	The hospital assesses its investment decisions on a regular basis, taking into account their influence on financial performance and patient happiness.					
10	The return on investment from various programs is carefully assessed to maintain alignment with the hospital's long-term financial goals.					

B	Liquidity	1	2	3	4	5
1	The hospital maintains sufficient cash reserves to meet its short-term obligations.					

2	The hospital's current ratio indicates a healthy balance between current assets and current liabilities.					
3	The hospital effectively manages its accounts receivable to ensure timely collection of payments					
4	The liquidity position of the hospital has improved over the past fiscal year.					
5	The hospital utilizes financial forecasting to anticipate future liquidity needs.					
6	The hospital has established policies for managing cash flow efficiently					
7	The liquidity ratios are regularly monitored and analysed by the finance department.					
8	The hospital's investment in liquid assets is aligned with its operational requirements.					
9	There is a clear strategy in place for addressing any potential liquidity crises.					
10	Stakeholders are informed about the hospital's liquidity status and its impact on financial performance.					

C	Profitability	1	2	3	4	5
1	High profitability can attract investors and positively impact stock prices.					
2	Improving operational efficiency can enhance profitability by reducing costs and increasing revenues.					
3	Sustainable profitability is crucial for long-term business growth and stability.					
4	Focusing on sales alone without considering profitability can pose risks if costs outweigh revenue generated.					
5	Consistent profitability is essential for maintaining shareholder confidence and attracting investment capital.					
6	Profitability trends over time provide insights into a company's financial health.					
7	Effective cost management strategies can boost profitability even in challenging economic conditions.					
8	Profitability analysis helps identify areas for improvement and strategic decision-making within a hospital.					
9	Profitability impacts the growth of the hospital.					

10	Cash flow management enhances the profitability of the hospital and driving sustainable growth.					
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SECTION C

Effect of financial record keeping on the quality of health service delivery.

		1	2	3	4	5
1	Proper financial record keeping plays a significant role in ensuring the quality of health services delivered at hospital					
2	There are instances where inadequate financial record keeping has impacted the efficiency or effectiveness of health service delivery at hospital.					
3	Accurate financial records are crucial for allocating resources effectively to maintain high-quality health services at hospital.					
4	Transparent financial record keeping contribute to building trust with patients and stakeholders regarding the quality of healthcare services provided by hospital.					
5	There are improvements in the quality of health service delivery at hospital as a result of enhanced financial record keeping practices.					

6	There are areas where financial record keeping could improve patient care forex ample insurance claims management, Patient engagement and Budgeting.					
7	Financial record keeping is essential for monitoring and improving the quality of health services.					
8	Timely financial reporting enhances transparency and accountability in the delivery of health services.					
9	Financial record keeping directly influences patient satisfaction levels with the healthcare services.					
10	Effective financial record keeping fosters a culture of efficiency and cost-effectiveness in delivering healthcare services					

Factors contributing to poor record keeping and solutions

		1	2	3	4	5
1	Lack of training or awareness among staff members can be a factor leading to poor financial record keeping.					
2	Issues related to outdated technology or inadequate systems hinder efficient financial record keeping at hospital.					
3	Specific challenges or obstacles hinder accurate recording and maintenance of financial data.					
4	Inadequate staffing or workload issues impact financial record keeping.					
5	Gaps in training or capacity building for staff is responsible for poor financial record keeping.					
6	There are steps taken to continuously improve the hospital's financial record keeping processes.					
7	Technological solutions or software systems can streamline the hospital's financial reporting processes.					

8	Incentives or rewards can motivate staff to maintain accurate and complete financial records.					
9	There strategies that can improve financial record keeping in your institution.					
10	Management support to financial record keeping can improve overall financial performance.					

Other factors,

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Thank you for participating

Appendix II: Documentary review checklist

Financial reports

Journals

Website

Textbooks.

Appendix III: Data Collection Letter



**UGANDA CHRISTIAN
UNIVERSITY**

A Centre of Excellence in the Heart of Africa

SCHOOL OF BUSINESS

19th Aug, 2024

TO WHOM IT MAY CONCERN

Name: **KAYESU SARAH**

Reg. No S21B05/083

A bachelor's student who is seeking permission from your office to collect data for her dissertation titled

The impact of record keeping on the financial performance of private health institutions in Uganda. A case study of Kisubi Hospital Wakiso District.

We shall be grateful if you could render assistance to her in collecting the necessary data for her dissertation

The Uganda Christian University School of Business thanks you in advance

A handwritten signature in blue ink, appearing to read 'Mukisa Simon Peter'.

.....
Mukisa Simon Peter
Research coordinator

A Complete Education for A Complete Person