

FINANCIAL RESOURCE MANAGEMENT AT MBAGATHI COUNTY REFERRAL HOSPITAL, KENYA: STAFF PERCEPTIONS AND OPERATIONAL IMPLICATIONSChepkirui Cheruiyot Monica¹ and Dr. Daniel A. Otworu²¹ School of Management and Leadership, Management University of Africa, Nairobi, Kenya² Management University of Africa, Nairobi, Kenya | * Corresponding author: monica.chepkirui@yahoo.com

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ABSTRACT

Financial planning and timely access to resources can shape the conditions under which public hospitals deliver services. This article presents the financial resource management objective of a descriptive survey at Mbagathi County Referral Hospital, Nairobi, Kenya. The target population comprised 273 employees across management, clinical, administrative, procurement and finance functions. A stratified sample of 162 was planned, and 120 questionnaires were returned (74.1%). Five financial management statements were rated on a five-point agreement scale and summarized using means and standard deviations. Staff ratings were highest for financial controls supporting efficient resource use ($M = 4.241$, $SD = 0.743$) and accountability mechanisms ($M = 4.073$, $SD = 0.934$). Adequacy of daily operating funds ($M = 3.986$, $SD = 1.329$), allocation according to departmental needs ($M = 3.917$, $SD = 1.070$), and realistic operational budgets ($M = 3.827$, $SD = 1.079$) received lower ratings. The relatively wide variation in perceptions of operating funds suggests differing experiences across respondents. These descriptive data identify budgeting and resource availability as priorities for management review. The available results do not quantify an association between financial management and measured operational performance, and no causal inference is warranted.

Keywords: financial accountability; hospital operations; Mbagathi County Referral Hospital; public financial management; resource allocation

1. INTRODUCTION

County referral hospitals need predictable resources to staff services, procure supplies and maintain daily operations. Budget formulation, fund release, spending controls and accountability can influence whether planned inputs reach clinical teams when needed. In Kenya's devolved health system, facility financing and autonomy vary across counties. Research on budget execution has identified delayed disbursement, weak budget credibility and procurement constraints as possible sources of inefficiency (Musiega et al., 2023). A national health-financing assessment likewise identifies stronger public financial management as a priority (World Health Organization, 2024).

Facility-level evidence should distinguish how staff perceive management practices from independently measured operational outcomes. The parent project examined organizational resources and operational performance at Mbagathi County Referral Hospital. Its fourth objective was to establish the influence of financial resource management on operational performance. This article reports the objective's available descriptive findings and considers what they can reasonably inform about budgeting, allocation, accountability and operational funding at this hospital.

2. LITERATURE REVIEW AND CONCEPTUAL BASIS

Financial resource management comprises planning budgets, distributing resources to departments, documenting expenditure, applying financial controls and maintaining funds for routine activities. These practices can affect the availability and timing of inputs, yet favorable perceptions of controls alone cannot establish that service outcomes improved. A Kenyan study of facility financing under devolution recommended more consistent planning, allocation based on needs and arrangements that allow facilities to access funds (Kairu et al., 2021). Another analysis linked budget execution problems with constraints on county health system efficiency (Musiega et al., 2023). The present hospital survey adds staff-reported detail on five practices within one facility.

3. METHODS

Design and setting. The parent project used a descriptive cross-sectional survey at Mbagathi County Referral Hospital, Nairobi County. Its target population of 273 included management staff, healthcare workers, administrative personnel, procurement officers and finance officers. Stratified random sampling produced a planned sample of 162. Of these, 120 returned questionnaires, a response rate of 74.1%.

Measures and analysis. Respondents rated five statements on financial resource management using a five-point agreement scale. The five items concerned realistic budgets, allocation by departmental needs, financial accountability, controls over resource use and adequate funding for routine operations. Means and standard deviations were transcribed from the project's financial-resource table. Although the methods chapter describes proposed correlation and regression analysis, the available results chapter reports no coefficient, confidence interval or p-value for this objective. The manuscript therefore does not report an effect estimate or test the relationship to operational performance.

Regression specification for verification. The project prespecified operational performance as the dependent composite score and financial resource management as one of four resource predictors. The adjusted model is: $\text{Performance} = \beta_0 + \beta_1(\text{Human resource capacity}) + \beta_2(\text{ICT systems}) + \beta_3(\text{Inventory management}) + \beta_4(\text{Financial resource management}) + \epsilon$. The coefficient β_4 , its 95% confidence interval and p-value would quantify the association of financial management with performance conditional on the other three predictors. The questionnaire-level paired scores or the SPSS coefficient table are required to estimate these values. None is available in the supplied project results; the statement in its methods chapter that coefficients were significant is not accompanied by statistical output.

Ethics. The project describes institutional permissions, voluntary participation and confidentiality. Approval and authorization identifiers should be confirmed from the original records before publication.

4. RESULTS

All five mean agreement ratings were above the scale midpoint of 3.0. Financial controls received the highest mean, followed by accountability. Realistic budgeting received the lowest mean. The item about adequate funds for day-to-day operations showed the greatest dispersion ($SD = 1.329$), suggesting that respondents differed more on this issue than on the use of financial controls ($SD = 0.743$). Means describe perceptions; they are not measures of actual cash flow, expenditure or service efficiency. A descriptive mean of the five displayed item means is 4.009; this is an unweighted summary of reported item averages, not a respondent-level composite or regression estimate.

Table 1. Staff perceptions of financial resource management (n = 120)

Financial management statement	Mean	SD
Financial controls support efficient use of resources	4.241	0.743
Strong financial accountability mechanisms are practiced	4.073	0.934
Adequate funds are available for daily operations	3.986	1.329
Resources are allocated according to departmental needs	3.917	1.070
Budgets realistically support operational activities	3.827	1.079

Note. Values are reported from the parent project's financial resource management table. The project did not present item-specific missing-data counts; n = 120 denotes returned questionnaires.

5. DISCUSSION

The pattern indicates generally favorable staff assessments of financial controls and accountability. At the same time, budgeting, alignment of resources with departmental needs and availability of operating funds were rated somewhat lower. These are distinct dimensions: strong expenditure controls may coexist with delayed access to funds or unmet departmental requirements. The high variation on daily funding merits a departmental review of when and where gaps are experienced.

The findings are consistent with wider concerns about the way budgets are executed within devolved health systems (Musiega et al., 2023). They should not be interpreted as proof that one practice caused stronger operational performance at Mbagathi. The questionnaire captured staff views at one time point. The project's operational-performance items were also staff ratings, and no linked statistical result for this objective appears in its results chapter. Independent measures, such as budget execution timeliness, supply availability and patient-flow indicators, would be needed to assess practical consequences.

6. CONCLUSION AND RECOMMENDATIONS

Respondents rated financial controls and accountability more positively than realistic budgeting and allocation to departmental needs. Hospital management can compare budgets with actual releases and expenditures, review departmental resource requests against service demand, and examine delays in routine operating funds. A subsequent analysis should link verified financial records with clearly defined service indicators and report the size and precision of any association. The present findings provide descriptive priorities for review, not a demonstrated causal effect on performance.

STUDY LIMITATIONS

This single-hospital survey relies on staff perceptions and a cross-sectional design. The available project results provide item-level descriptive statistics only for this objective. The analysis cannot establish temporal ordering, causal effects, financial adequacy from audited records or generalizability to other hospitals.

DECLARATIONS

Conflict of interest and funding statements should be confirmed by the authors. The parent project data are not publicly available in the supplied document. Ethical approval and permission reference numbers should be inserted from the study record.

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