THE RELATIONSHIP BETWEEN CREDIT RISK MANAGEMENT PRACTICES AND FINANCIAL PERFORMANCE OF PRIVATE HOSPITALS IN KENYA

BY:
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OCTOBER 2013
DECLARATION

This research project is my original work and has not been presented in any other university.

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This research project has been submitted for examination with my approval as a University of Nairobi Supervisor.

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DEDICATION

This project is dedicated to my dear family who have been very supportive and kept on encouraging me when things were beyond my take. For the endless support I received from my supervisor, lecturers and friends.

To all those who made this project a success in one way or the other.
I sincerely acknowledge and give glory and honor to the Almighty God. I confess that I see the hand of God in my entire studies.

I also acknowledge the tireless effort of my supervisor Dr. Josiah Aduda, who has been instrumental in ensuring that this paper receives the desired correction hence bringing it to this status.

Special thanks to my wife Everlyne, my son Hans and daughter Delia who had to withstand the tough economic times to allow me pursue my studies.

God bless you all.
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ABSTRACT

Credit risk is the risk that a financial institution will incur losses because the financial position of a borrower has deteriorated to the point that the value of an asset (including off-balance-sheet assets) is reduced or extinguished. Credit risk is most simply defined as the potential that a borrower or counterparty will fail to meet its obligations in accordance with agreed terms. The objective of the study was to establish the relationship between the credit risk and financial performance of private hospitals in Kenya.

In this study, causal study design was used. The objective of causal research is to test hypotheses about cause-and-effect relationships. The population of this study comprised of all licensed private hospitals in Nairobi. Currently there are about 50 licensed private hospitals according to Kenya Medical Practitioners and Dentists Board Committees 2010 database. The researcher used both primary and secondary data. Primary data was obtained through self-administered questionnaires with closed and open-ended questions. A 5-point likert scale was used to determine the impact of credit management practices on performance of private hospitals in Kenya. Descriptive statistics such as means, standard deviation and frequency distribution were used to analyze the data. Data presentation was done by the use of pie charts, bar charts and graphs, percentages and frequency tables. This ensured that the gathered information is clearly understood. SPSS version 17 was used in capturing and building the data and thereafter analyzed through the use of regression analysis.

The findings were that private hospital considers risk identification as a process in credit risk management. Credit risk management procedures can be used to influence profitability of the private hospitals and recommends the management of the private hospitals to oversee facilitation of credit risk management as a substantial degree of standardization of process and documentation.

In addition, the study concludes that director's report on risk monitoring enables the private hospital management to discover mistake at early stage and make sure that risk management practices are in line with proper risk monitoring.
CHAPTER ONE: INTRODUCTION

1.1 Background of the Study

Strong credit risk management practices can help institutions to reduce their exposure to credit risks, and enhance their ability to compete in the market with other well established financial institutions like private hospitals (Basel 1999). A reduction in private hospital exposure to credit risks will enable achieving of the private hospitals set objectives and ascertain its success. Therefore, it is necessary that private hospitals have in place a comprehensive risk management practices and reporting process to identify, measure, monitor, manage, report and control credit risks. Efficient credit risk management practices have been vital in allowing the phenomenal growth in credit unions. The effective management of credit risk by private hospitals and other financial institutions is critical to private hospital’s viability and sustained growth. Failure to control credit risk, may lead to insolvency (Greuning and Iqbal, 2007).

According to Marshall and Siegel, (1996), there are also some risks that can be eliminated, or at least substantially reduced through the technique of risk transfer. Markets exist for many of the risks borne by the private hospital. Interest rate risk can be transferred by interest rate products such as swaps or other derivatives. Borrowing terms can be altered to effect a change in their duration. Finally, the hospital can buy or sell financial claims to diversify or concentrate the risks that result in from servicing its client base. To the extent that the financial risks of the assets created by the firm are understood by the market, these assets can be sold at their fair value. Unless the institution has a comparative advantage in managing the attendant risk and/or a desire for the embedded risk they contain, there is no reason for the hospital to absorb such risks, rather than transfer them (Morsman, 1993)

1.1.1 Credit Risk Management

Credit risk is the risk that a financial institution will incur losses because the financial position of a borrower has deteriorated to the point that the value of an asset (including off-balance-sheet assets) is reduced or extinguished. Credit risk is most simply defined as the potential that a borrower or counterparty will fail to meet its obligations in accordance with agreed terms. The goal of credit risk management is to maximize an organization’s risk-adjusted rate of return by
maintaining credit risk exposure within acceptable parameters (Kealhofer, 2003). Organizations need to manage the credit risk inherent in the entire portfolio as well as the risk in individual credits or transactions. The organizations should also consider the relationships between credit risk and other risks. The effective management of credit risk is a critical component of a comprehensive approach to risk management and essential to the long-term success of any organization (Bofondi and Gobbi, 2003).

The importance of credit risk management is increasing with time because of some reasons like economic crises and stagnation, company insolvencies, infraction of rules in company accounting and audits, growth of off-balance sheet derivatives, declining and volatile values of collateral, borrowing more easily of small firms, and financial globalization.

According to Fuser and Meier, (1999), institutions use various credit risk management methods such as credit limits, taking collateral, diversification, loan selling, syndicated loans, credit insurance, and securitization and credit derivatives. It is important for staff of various institutions to understand the aspect of risk in their operations and the risks that are inherent and exposed in their business operations. Better understanding of risk management is also necessary especially in the financial intermediation activities where managing risk is one its important activities. The management of CR in health industry follows the process of risk identification, measurement, assessment, monitoring and control. It involves identification of potential risk factors, estimate their consequences, monitor activities exposed to the identified risk factors and put in place control measures to prevent or reduce the undesirable effects. This process is applied within the strategic and operational framework of the organization.

1.1.2 Private Hospitals in Kenya
The health sector like any other sector in Kenya has experienced hard times in the last decade or so. This is mainly due to hard economic times facing the country and other forces such as change in technology, liberalization, expectation of patients, rising levels of poverty, poor infrastructure etc. all these changes have made it hard and very expensive to deliver health care in the country.
Kenya has an extensive network of private hospitals from small local clinics, to large high-class hospitals. Unlike the public hospitals, private hospitals are more expensive, but are extremely efficient due to the low demand and small crowds. Quality healthcare is provided through Kenya’s private hospitals and healthcare facilities, which are known to be very expensive.

Private hospitals are preferred by patients of middle and upper classes. Despite the fact that public hospitals are sometimes better equipped than some of private hospitals, many patients prefer going to a private hospital because of the personal and friendly care offered. The entire sum of money that is required in constructing a public hospital comes from the local government. The private hospitals are managed by a single person or a group of people. Therefore, a single person or a group manages the entire hospital, the government has nothing to do or say as regards the funding or administration. People generally prefer the private hospital the other.

Since the private hospitals offer better facilities they are extremely costly at times. This is perhaps due to a wide number of facilities that are available at the private hospital. It has been seen people who are not so affluent gets admitted in Public hospitals. Although there are abundant qualified doctors in a public hospital, a private hospital offers a better health care treatment. In a private hospital the equipment are of standard quality and generally there is lesser risk for the patient since a large number of people looks after a single patient. In a public hospital, the case may be entirely different. There may be a single or no person at all to be looking after an ailing patient. This increases the risk for the patient and therefore the public hospitals are necessarily cheaper than the private hospitals.

1.2 Statement of the Problem

Granting credit to the members is an important activity thus the importance of credit risk management in these institutions, coupled with taking necessary measures to reduce loan defaulters which at the same time advancing credit in a fair and undiscriminating manner so as to continue offering service to their members. Weak credit risk management is a primary cause of many business (particularly small business) failures Parrenas (2005) carried out a study of private that failed in the mid-1980s in the U.S.A and found out that the consistent element in the
failures was the inadequacy of the hospital’s management system for controlling loan quality. A common approach to customer’s credit selection and analysis is the use of the “six Cs” of credit as an initial screening and risk assessment advice. These Cs are: the capacity, capital, character, collateral, conditions and control. Generally institutions are expected to manage their credit risk to avoid exposing their organization to unnecessarily high level of risk and subsequently a decline in returns.

A lot of research has been done in developed countries on credit risk management but very little on the impact of credit risk management practices on performance of private hospitals. Since 1990, a few hospitals have closed down with court bails and deposit money paid to utility firms such as Kenya power and lighting company. There are also 200 Billion unclaimed from private hospitals including hospitals as the owners live in poverty (Fuser et al, 1999).

Locally, a few studies have been done on credit risk management and among them are credit risk management by coffee coops in Embu district (Njiru, 2003), survey of credit risk management practices by pharmaceutical manufacturing firms in Kenya (Nduku, 2007) and assessment of credit risk management techniques adopted by microfinance institutions in Kenya (Mwirigi, 2006). To the researcher’s understanding, no study has been done in Kenya on the impact of credit risk management practices on the performance of private hospitals in Kenya. Based on this evaluation, there is a knowledge gap in literature to warrant a research to be conducted in this industry. This study therefore seeks to fill the existing gap by investigating the relationship between credit risk management practices and financial performance of private hospitals in Kenya. The study will also seek to provide answers on how do private hospitals in Kenya identify, analyze and assess risks associated with credit? Which are the risk monitoring procedures used by private hospitals to monitor credit risks by private hospitals? Finally, which risk management procedures are employed by private hospitals in Kenya?
1.3 Objectives of the Study

The objective of the study was to establish the relationship between the credit risk and financial performance of private hospitals in Kenya.

1.4 Significance of the Study

Private Hospitals Managers

The study will be beneficial to private hospitals managers as its focus is on credit risk management which is the core source of business for many private hospitals. The study will present varied practices which can be shared by many private hospitals in the industry.

Credit managers

In academia, the study will add value to academic research in the broader area of credit management. Future researchers will use this study as a form of reference for future studies, the study will also suggest future research activities that can be explored.

Academic Researchers

Finally, the study will contribute to the broader realm of business and academic research. In business, through its recommendations, the study will add value to better credit management practices in businesses and service quality.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter presents the literature review on the credit risk management. The chapter presents theoretical background and defines the process of risk management. The specific areas covered here include credit risk management, credit risk management practices, credit risk management procedures and finally the impact of credit risk management practices on performance.

2.2 Theoretical Review

2.2.1 Portfolio Theory

Modern Portfolio Theory (MPT) proposes how rational investors should use diversification in order to optimize their portfolios. It also discusses how a risky asset should be priced. This does not mean that the early economists ignored financial markets Altman (1993) had already outlined the basic functions of credit markets for economic activity, specifically as a way of allocating resources over time and had recognized the importance of risk in the process. In developing their theories of money, Auronen (2003), had already conceived of portfolio selection theory in which uncertainty played an important role.

However, for many economists during this early period, financial markets were still regarded as mere casinos rather than markets properly speaking. In their view, asset prices were determined largely by expectations and counter-expectations of capital gains and thus they were held up by their own bootstraps as it were. John Maynard Keynes’s beauty contest analogy is representative of this attitude. As such, a good amount of ink was spent on the topic of speculative activity (i.e. the purchase/temporary sale of goods or assets for later resale). For instance, in their pioneering work on futures markets Baldoni (1998), argued that the price of a futures contract for delivery of a commodity will be generally below the expected spot price of that commodity (what Keynes called normal backwardation). This, Keynes and Hicks argued, was largely because hedgers shifted their price risk onto speculators in return for a risk premium Donaldson (1994)) went on to analyze the question of whether speculation was successful in stabilizing prices and, in so doing, expanded Keynes’s theory of liquidity preference considerably.
2.2.2 Pricing Theory

The Markowitz-Tobin theory was not very practical. Specifically, to estimate the benefits of diversification would require that practitioners calculate the covariance of returns between every pair of assets. In their Capital Asset Pricing Model (CAPM), Furash (1994) solved this practical difficulty by demonstrating that one could achieve the same result merely by calculating the covariance of every asset with respect to a general market index. With the necessary calculating power reduced to computing these far fewer terms (betas), optimal portfolio selection became computationally feasible.

The famous theory of option pricing by Furash (1994) and Sundarajan (2007) relies heavily on the use of arbitrage reasoning. Intuitively, if the returns from an option can be replicated by a portfolio of other assets, then the value of the option must be equal to the value of that portfolio, or else there will be arbitrage opportunities. Arbitrage logic was also used by Tchankova (2002) to value multi-period (i.e. long-lived) securities. All this spills over into the Neo-Walrasian theories of general equilibrium with asset markets (complete and incomplete) developed by Tellis (1997) and many others since.

2.2.4 Efficient Markets Theory

The second important strand of work on finance was the empirical analysis of asset prices. A particularly disturbing finding was that it seemed that prices tended to follow a random walk. More specifically, as documented already by Tchankova (2002) (for commodity prices) and later confirmed in further studies by Treacy and Carey (1998) (for a variety of price series), Tchankova (2002) for American stock prices) and Uyemura and Deventer (1993) (for British stock and commodity prices), it seemed as there was no correlation between successive price changes on asset markets. The Working-Cowles-Kendall empirical findings were greeted with horror and disbelief by economists. If prices are determined by the forces of supply and demand, then price changes should move in particular direction towards market clearing and not randomly. Not everyone was displeased with these results, however. Many viewed them as proof that the fundamentalist theory was incorrect, i.e. that financial markets really were wild casinos and that finance was thus not a legitimate object of economic concern. Yet others crowed that it proved the failure of traditional statistical methods to illuminate much of anything.
High-powered time series methods were used by Morsman (1993), but they came up with the same randomness result.

More disturbingly, the EMH has not pleased economists. EMH is probably one of the more resilient empirical propositions around yet it does not seem to have a clearly sound theoretical standing. It all seems to collapse on one particular objection: namely, that if all information is already contained in prices and investors are fully rational, then not only can one not profit from using one's information, indeed, there might not be any trade at all! These peculiar, contradictory implications of rational expectations were demonstrated by Khan and Ahmed (2001).

2.3 Empirical Review

There are many conceptual studies that show the important aspects of risk management process that firms need to have in order to practice risk management (Tchankova 2002; Fuser et al, 1999; Barton et al, 2002). Some empirical findings such as Al-Tamimi and Al-Mazrooei, 2007) show positive relationships between risk management practices and the various aspects of risk management process, and some findings (e.g. Boston Consulting Group, 2001; Al-Tamimi, 2002; KPMG, 2003; Parrenas, 2005; Al-Tamimi and Al-Mazrooei, 2007) show the important aspect of risk management practices by various financial institutions.

According to Iqbal and Mirakhor, 2007, every institution has an investment policy in place which defines the set of allowable assets and limits to the organization’s participation in any one area; see, all institutions restrict the activity of the treasury to some extent by defining the set of activities it can employ to change the organization’s interest rate position in both the cash and forward markets. Some are willing to accept derivative activity, but all restrict their positions in the swap caps and floors market to some degree to prevent unfortunate surprises. As reported losses by some institutions mount in this area, however, investment guidelines are becoming increasingly circumspect concerning allowable investment and hedging alternatives. In this area there is considerable difference in current practice. This can be explained by the different franchises that coexist in the industry. Most institutions view activity in the foreign exchange market beyond their franchise, while others are active participants. The former will take virtually no principal risk, no forward open positions, and have no expectations of trading volume (Iqbal and Mirakhor, 2007).
According to BCBS, (2001), credit risk is the oldest and important risk which institutions exposure and important of credit risk and credit risk management are increasing with time because of some reasons like economic crises and stagnation, company bankruptcies, infraction of rules in company accounting and audits, growth of off-balance sheet derivatives, declining and volatile values of collateral, borrowing more easily of small firms, financial globalization and BIS risk-based capital requirements. Greuning and Iqbal, (2007) define credit risk as the risk of losses caused by the default of borrowers. Default occurs when a borrower cannot meet his financial obligations. Credit risk can alternatively be defined as the risk that a borrower deteriorates in credit quality. This definition also includes the default of the borrower as the most extreme deterioration in credit quality. Credit risk is managed at both the transaction and portfolio levels. But, institutions increasingly measure and manage the credit risk on a portfolio basis instead of on a loan-by-loan.

According to Tchankova (2002) total receivables, including loans, leases and commitments and derivatives, are reported in a single format. Assuming the adherence to standards, the entirety of the firm's credit quality is reported to senior management monthly via this reporting mechanism. Changes in this report from one period to another occur for two reasons, loans have entered or exited the system, or the rating of individual loans has changed over the intervening time interval. The first reason is associated with standard loan turnover. Loans are repaid and new loans are made. The second cause for a change in the credit quality report is more substantive.

According to Fuser et all, (1999), many organizations are beginning to develop concentration reports, indicating industry composition of the loan portfolio. This process was initially hampered by the lack of a simple industry index. SIC codes were employed at some institutions, but most found them unsatisfactory. Reports such an industry grouping to illustrate the kind of concentration reports that are emerging as standard in organizations. For the investment management community, concentrations are generally benchmarked against some market indexes, and mutual funds will generally report not only the absolute percentage of their industry concentration, but also their positions relative to the broad market indexes. Unfortunately, there is no comparable benchmark for the loan portfolio. Accordingly, firms must weigh the pros and
cons of specialization and concentration by industry group and establish subjective limits on their overall exposure (Fuser et al, 1999).

Drzik, (1995) hold that credit report is not the result of any analytical exercise to evaluate the potential downside loss, but rather a subjective evaluation of management's tolerance, based upon rather imprecise recollections of previous downturns. In addition, there is the emergence of portfolio managers to watch over the loan portfolio's degree of concentration and exposure to both types of risk concentration discussed. Most organizations also will report concentration by individual counterparty. To be meaningful, however, this exposure must be organization wide and include all related affiliates. Both of these requirements are not easily satisfied. For large institutions, a key relationship manager must be appointed to assure that overall organization exposure to a particular client is captured and monitored. This level of data accumulation is never easy, particularly across time zones.

Fallon, (1996), asserts that each organization must apply a consistent evaluation and rating scheme to all its investment opportunities in order for credit decisions to be made in a consistent manner and for the resultant aggregate reporting of credit risk exposure to be meaningful. To facilitate this, a substantial degree of standardization of process and documentation is required. This has led to standardized ratings across borrowers and a credit portfolio report that presents meaningful information on the overall quality of the credit portfolio. In a single rating system, a single value is given to each loan, which relates to the borrower's underlying credit quality.

According to Fallon (1996), Counterparty risk comes from non-performance of a trading partner. The non-performance may arise from counterparty’s refusal to perform due to an adverse price movement caused by systematic factors, or from some other political or legal constraint that was not anticipated by the principals. Diversification is the major tool for controlling nonsystematic counterparty risk. Counterparty risk is like credit risk, but it is generally viewed as a more transient financial risk associated with trading than standard creditor default risk. In addition, counterparty’s failure to settle a trade can arise from other factors beyond a credit problem.
2.3.1 Risk Identification

The first step in organizing the implementation of the risk management function is to establish the crucial observation areas inside and outside the corporation. Then, the departments and the employees must be assigned with responsibilities to identify specific risks. For instance, interest rate risks or foreign exchange risks are the main domain of the financial department. It is important to ensure that the risk management function is established throughout the whole corporation; apart from parent company, the subsidiaries too have to identify risks, analyze risks and so on. There are many other approaches for risk identification, for instance, scenario analysis or risk mapping. An organization can identify the frequency and severity of the risks through risk mapping which could assist the organization to stay away from high frequency and low severity risks and instead focus more on the low frequency and high severity risk. Risk identification process includes risk-ranking components where these ranking are usually based on impact, severity or dollar effects (Barton et al. 2002). Accordingly, the analysis helps to sort risk according to their importance and assists the management to develop risk management strategy to allocate resources efficiently.

2.3.2 Risk Analysis and Assessment

This is an important issue because there is currently no standardized method used by financial institutions for the assessment of credit risk. A critical evaluation of the most popular credit risk assessment methods: the judgmental method, credit-scoring and portfolio models, highlights a number of limitations when used on their own. Kealhofer (2003) confirm that credit risk assessment methods should be combined for effective credit risk assessment. A comprehensive risk measurement and mitigation methods for various risk arising from financing activities and from the nature of profit and loss sharing in the source of funds especially investment account holders are explained by Sundararajan (2007). He concludes that the application of modern approaches to risk measurement, particularly for credit and overall organizational risks is important for the organizations. Also, he suggests that the need to adopt new measurement approaches is particularly critical for health organizations because of the role play, the unique mix of risks in finance contracts.
2.3.3 Risk Monitoring

Clear established process for approving new credits and extending the existing credits has been observed to be very important while managing CR (Heffernan, 1996). Further, monitoring of borrowers is very important as current and potential exposures change with both the passage of time and the movements in the underlying variables (Donaldson, 1994; Mwisho, 2001), and also very important in dealing with moral hazard problem (Derban et al., 2005). Monitoring involves, among others, frequent contact with borrowers, creating an environment that the organization can be seen as a solver of problems and trusted adviser; develop the culture of being supportive to borrowers whenever they are recognized to be in difficulties and are striving to deal with the situation; monitoring the flow of borrower's business through the private hospital's account; regular review of the borrower's reports as well as an on-site visit; updating borrowers credit files and periodically reviewing the borrowers rating assigned at the time the credit was granted (Donaldson, 1994; Treacy and Carey, 1998; Tummala and Burchett, 1999; Mwisho, 2001).

According to Parrenas, (2005), the shareholders of the corporation can use their rights to demand information in order to judge the efficiency of the risk management system. The director’s report enables the shareholders to assess the status of the corporation knowledgeably and thoroughly. Khan and Ahmad (2001) conducted a survey of risk management practices and found that on average the lowest percentage is on the measuring, mitigating and monitoring risk that is 69% score as compared to risk management policies and procedures that is 82.4%, and internal control of organizations that is 76%. Al-Tamimi and Al-Mazrooei (2007) found that there is significant difference between UAE national and foreign private hospitals in risk monitoring and controlling.

According to Baldoni, (1998), the area of interest rate risk is the second area of major concern and on-going risk monitoring and management. Here, however, the tradition has been for the health industry to diverge somewhat from other parts of the financial sector in their treatment of interest rate risk. Most organizations make a clear distinction between their trading activity and their balance sheet interest rate exposure. Organizations generally have viewed interest rate risk as a classic part of market risk, and have developed elaborate trading risk management systems to measure and monitor exposure. For private hospital that such systems have become a required part of the infrastructure. (Akkizidis and Khandelwal, 2008). But, in fact, these trading risk
management systems vary substantially from private hospital to another and generally are less real than imagined. In many firms, fancy value-at-risk models, are up and running. But, in many more cases, they are still in the implementation phase. In the interim, simple ad hoc limits and close monitoring substitute for elaborate real time systems. While this may be completely satisfactory for institutions that have little trading activity and work primarily on behalf of clients, the absence of adequate trading systems elsewhere in the industry is a bit distressing.

2.3.4 Risk Management Systems

According to Parrenas, (2005), organizations have long viewed the problem of risk management as the need to control risks which make up most, if not all, of their risk exposure, credit, interest rate, foreign exchange and liquidity risk. While they recognize counterparty and legal risks, they view them as less central to their concerns. Where counterparty risk is significant, it is evaluated using standard credit risk procedures, and often within the credit department itself. Likewise, most hospitals would view legal risks as arising from their credit decisions or, more likely, proper process not employed in financial contracting. Accordingly, the study of organizational risk management processes is essentially an investigation of how they manage these four risks. In each case, the procedure outlined above is adapted to the risk considered so as to standardize, measure, constrain and manage each of these risks. To illustrate how this is achieved, this review of firm-level risk management begins with a discussion of risk management controls in each area. The more difficult issue of summing over these risks and adding still other, more amorphous, ones such as legal, regulatory or reputational risk, will be left to the end (Tchankova, 2002)

2.4 Relationship Between Credit Risk Management Practices and Financial Performance

The justification for studying organizations’ activities by focusing on risk management can be traced to Morsman (1993), who argued that financial systems should be analysed in terms of a "functional perspective" rather than an "institutional perspective" since over long periods of time functions have been much more stable than institutions. Research on financial services has followed this functional approach by relating organizations' activities to the functions performed by them. Morsman (1993) suggested that, inter alia, the central function of a financial institution is its ability to distribute risk across different participants. According to Price Waterhouse (1994), modern financial institutions are in the risk management business as they undertake the
functions of beating and managing risks on behalf of their customers through the pooling of risks and the sale of their services as risk specialists.

Given the importance of risk management in an organization's functioning, the efficiency of an organization's risk management is expected to significantly influence its financial performance (Haron and Hockn 2007). An extensive body of literature Tummala and Burchett (1999) argues that risk management matters for financial performance of firms. According to Parrenas (2005), risk management is an important function of financial institutions in creating value for shareholders and customers. The corporate finance literature has linked the importance of risk management with the shareholder value maximization hypothesis. This suggests that a firm will engage in risk management policies if it enhances shareholder value (Ali and Luft, 2002).

2.4.1 Profitability of Organizations

Heffernan (1996) examined efficiency versus risk in large domestic USA private hospitals and found that profit efficiency is sensitive to credit risk and insolvency risk but not to liquidity risk or to the mix of loan products. IFSB (2005) conducted an empirical study on interest rate and exchange rate exposures of institutions in pre-crisis Korea. Results indicated that Korean private hospitals had been significantly exposed to both interest rate and exchange rate risks, and that the subsequent profitability of private hospitals was significantly associated with the degree of pre-crisis exposure. The results also indicated that the Korean case highlights the importance of upgrading financial supervision and risk management practices as a precondition for successful financial liberalization.

2.4.2 Liquidity of Organizations

Risk management dictates that as long as the demand for liquidity from depositors and borrowers is not too highly correlated, the intermediary should pool these two classes of customers together to conserve on its need to hold costly liquid assets the buffer against unexpected deposit withdrawals and loan take downs. Liquidity risk management is entering a new and much more demanding era. The Basel Committee on Banking Supervision and the International Institute of Finance has set high hurdles in terms of principles and recommendations. The UK Financial
Services Authority (FSA), meanwhile, will soon be publishing its proposals for reinvigorating its liquidity risk regulations.

2.4.3 Growth of Organizations

Funding growth through core deposits has become largely a thing of the past. The advent of competition and the rise of third-party funding mean that private hospitals now operate in a dynamic funding market, which requires the use of more sophisticated liquidity risk management practices. Industry experts point to many different underlying causes for the demise of growth in deposits, such as the increased financial sophistication of the public, demographic shifts, the rise of private hospitals competitors offering a whole wave of alternative investment products, new delivery systems such as the Internet, and competition from credit unions and insurance companies.

2.5 Summary

According to Parrenas, (2005), organizations have long viewed the problem of risk management as the need to control risks which make up most, if not all, of their risk exposure, credit, interest rate, foreign exchange and liquidity risk. While they recognize counterparty and legal risks, they view them as less central to their concerns. Where counterparty risk is significant, it is evaluated using standard credit risk procedures, and often within the credit department itself. Likewise, most hospitals would view legal risks as arising from their credit decisions or, more likely, proper process not employed in financial contracting.

Accordingly, the study of organizational risk management processes is essentially an investigation of how they manage these four risks. In each case, the procedure outlined above is adapted to the risk considered so as to standardize, measure, constrain and manage each of these risks. To illustrate how this is achieved, this review of firm-level risk management begins with a discussion of risk management controls in each area. The more difficult issue of summing over these risks and adding still other, more amorphous, ones such as legal, regulatory or reputational risk, will be left to the end (Tchankova, 2002).
CHAPTER THREE: RESEARCH DESIGN & METHODOLOGY

3.1 Introduction

This chapter presents the research design and methodology that was used to carry out the research. The following subsections are discussed: The research design; the target population, data collection and analysis.

3.2 Research Design

Research design refers to the way the study was designed, that is, the method used to carry out a research. In this study, causal study design was used. The objective of causal research is to test hypotheses about cause-and-effect relationships. Causal research attempts to identify a cause-effect relationship between two or more groups in Nairobi according to the ministry of health report. Causal-comparative studies involve comparison in contrast to correlation research which looks at relationship.

3.3 Target Population

The population of this study comprised of all licensed private hospitals in Nairobi. The staff of private hospitals, this is the group from which the sample was drawn. Currently there are 50 licensed private hospitals according to Kenya Medical Practitioners and Dentists Board Committees 2010 database. The researcher undertook a census of the population given the low number of licensed private hospitals in Kenya. The researcher targeted the managers from the various licensed private hospitals in Nairobi.

3.4 Data Collection

The researcher used both primary and secondary data. Primary data will be obtained through self-administered questionnaires with closed and open-ended questions. As much as possible, a 5-point likert scale was used to determine the impact of credit management practices on performance of private hospitals in Kenya. The closed ended questions enabled the researcher to collect quantitative data while open-ended questions enabled the researcher to collect qualitative data. The questionnaire was divided into two sections. Section one was concerned with the general information about respondents. Section two dealt with the impact of credit management practices on performance of private hospitals. Secondary data was collected by use of desk
search techniques from published reports and other documents. Secondary data includes the private hospitals publications, journals, and periodicals.

3.5 Data Analysis

The collected data was thoroughly examined and checked for completeness and comprehensibility. The data will then be summarized, coded and tabulated. Descriptive statistics such as means, standard deviation and frequency distribution was used to analyze the data. Data presentation was done by the use of pie charts, bar charts and graphs, percentages and frequency tables. This ensured that the gathered information is clearly understood. Data was coded and entered into the Statistical Package for Social Sciences (SPSS) version 17 for analysis. SPSS was used to perform the analysis as it aids in organizing and summarizing the data by the use of descriptive statistics such as tables.

3.6 Pilot Test

A pilot test was conducted to test the reliability and validity of the data collection instruments. The questionnaires will first be pre-tested on five randomly selected employees of the private hospital where the study was conducted. A pilot survey is meant to eliminate, in advance, some of the problems that are likely to be encountered during the final survey. It is like a draft that precedes the final report and as Borg and Gall (1989) indicates ‘The purpose of the pilot exercise was to get problems out of the instrument so that the subject in the researcher’s main study would not experience any difficulties in completing the questionnaire. The questionnaire that was used in this study was tested on a sampled group of people with similar characteristics to those targeted for the final survey.

3.7 Model Specification

Since the efficiency and effectiveness of the strategic performance measures used by a firm has direct effect on its performance, profitability was used to quantify the financial performance measures. The study used the natural logarithm of the previous year’s profit while the corporate government elements (risk identification, risk analysis and assessment, risk monitoring and risk management systems) were quantified using a Likert scale scores whose means were computed for each factor within the element.
Multiple Regression analysis was used to determine the extent to which each of the identified independent variables could predict the dependent variable which is credit risk management. The regression model the researcher made use of was of the form: 

\[ Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \mu \],

where;

Whereby \( \beta_0 \) is constant of the model while \( \beta_1, \beta_2, \beta_3 \) and \( \beta_4 \) are the coefficients of the independent variables

\( Y = \) Financial Performance

\( \beta_0 = \) Constant

\( \beta_1 X_1 = \) Risk identification variable

\( \beta_2 X_2 = \) Risk analysis and assessment variable

\( \beta_3 X_3 = \) Risk monitoring

\( \beta_4 X_4 = \) Risk management systems

\( \epsilon_{it} = \) an error term for the model

This model was used by Parrenas, (2005), when he carried out a research on risk monitoring procedures used by commercial banks to monitor credit risks. The data collected in the questionnaire was coded and run in Statistical Package for Social Sciences (SPSS version 17.0) so as to get the coefficient of the regression model above.
CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter comprises the data analysis and presentation as per the research objectives. The chapter also has the summary and interpretation of findings. It has been summarized and presented in the form of tables, charts and narratives. The study targeted 50 licensed private hospitals in collecting data with regard to establishing credit risk management techniques on performance of private hospitals in Kenya. From the study, 30 out of the 50 sample respondents filled-in and returned the questionnaires making a response rate of 60%. This reasonable response rate was made a reality after the researcher made personal calls and visits to remind the respondent to fill-in and return the questionnaires.

4.2 Data Analysis and Presentation

4.2.1 Data Analysis

4.2.1.1 Gender of the Respondents

Fifty percent of the respondents were male while 50% of them were female. This implies that there was no gender biasness in recruiting staff in the private hospitals.

*Figure 4.1: Gender of the Respondents*
4.2.1.2 Age of the Respondents
From the findings, 50% of the respondents were between 35-44 years of age, 23.3% of the respondents were 25-34 years of age, 16.7% of the respondents were 45-54 years of age, and 6.7% of the respondents were 55-64 years of age while only 3.3% of the respondents were 65 years of age and above.

Figure 4.2: Age of the Respondents

4.2.1.3 Highest Education and Qualification Achieved by the Respondents
Forty percent of the respondents were degree holders, 33% of the respondents were diploma holders while only 27% of the respondents had Masters.

Figure 4.3: Highest Education and Qualification Achieved by the Respondents
4.2.1.4 Experience of the Respondents in the Health Industry

Findings also revealed that 56.7% of the respondents had been in the health industry for 6-10 years, 20% of the respondents had been in the health industry for 1-5 years, 16.7% of the respondents had been in the health industry for 11-15 years, 3.3% of the respondents had been in the health industry for 16-20 years and above as shown in figure 4.4 below.

Figure 4.4: Experience of the Respondents in the Health Industry

![Experience of the Respondents in the Health Industry](image)

4.2.2 Data Presentations

Below is a presentation of the descriptive analysis in form of pie charts, tables and graphs.

4.2.2.1 Risk Identification

4.2.2.1.1 Extent that the Hospital Considers Risk Identification as a Process in Credit Risk Management

The study sought to find out the extent that the hospital considers risk identification as a process in credit risk management. From the findings, 26% of the respondents to a very great extent indicated that the hospital considers risk identification as a process in credit risk management while 28% of the respondents indicated to a little extent that the hospital considers risk identification as a process in credit risk management.
4.2.2.1.2 Respondents Rating on the Extent to which the Private Hospital Focuses on the Types of Risks in the Risk Identification Step.

Baldoni (1998) observes that the area of interest rate risk is the area of major concern and ongoing risk monitoring and management. However, the tradition has been for the health industry to diverge somewhat from other parts of the financial sector in their treatment of interest rate risk. The study sought to find out the respondents rating on the extent to which the hospital focuses on the types of risks in the risk identification step. According to the findings, respondents indicated that the hospital focuses on interest rate risks to a great extent in the risk identification map as shown by a mean of 1.9 and that the hospital focuses in foreign exchange risks to a moderate extent as shown by a mean of 2.7. The study is therefore a support of previous studies.

*Table 4.1: Respondents Rating on the Extent to which the Private Hospital Focuses on the Types of Risks in the Risk Identification Step.*

<table>
<thead>
<tr>
<th></th>
<th>Very great extent</th>
<th>Great extent</th>
<th>Moderate extent</th>
<th>Little extent</th>
<th>No extent</th>
<th>Mean</th>
<th>Stddev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest rate risks</td>
<td>16.7</td>
<td>23.3</td>
<td>40.0</td>
<td>.0</td>
<td>3.3</td>
<td>1.9</td>
<td>0.7</td>
</tr>
<tr>
<td>Foreign exchange risks</td>
<td>20.0</td>
<td>16.7</td>
<td>36.7</td>
<td>26.7</td>
<td>0</td>
<td>2.7</td>
<td>1.1</td>
</tr>
</tbody>
</table>
4.2.2.1.3 Extent that the Private Hospital Involves Various Parties in the Risk Identification Process

The study sought to find out the extent that the hospital involves the various parties in the risk identification process. According to the findings, respondents indicated that the hospital involves internal auditors to a very great extent as shown by a mean of 2.0. Further, the hospital involves external auditors to a moderate extent as shown by a mean of 2.6. Further, the hospital involves middle and lower level employees to a very great extent as shown by a mean of 2.7 and that the hospital involves senior employees to a great extent as shown by a mean of 2.8.

Table 4.2: Extent that the Private Hospital Involves the Various Parties in the Risk Identification Process

<table>
<thead>
<tr>
<th></th>
<th>Very great extent</th>
<th>Great extent</th>
<th>Moderate extent</th>
<th>Little extent</th>
<th>No extent</th>
<th>mean</th>
<th>stdev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal auditors</td>
<td>36.7</td>
<td>33.3</td>
<td>20.0</td>
<td>10.0</td>
<td>.0</td>
<td>2.0</td>
<td>1.0</td>
</tr>
<tr>
<td>External auditors</td>
<td>13.3</td>
<td>30.0</td>
<td>40.0</td>
<td>16.7</td>
<td>.0</td>
<td>2.6</td>
<td>0.9</td>
</tr>
<tr>
<td>Senior employees</td>
<td>16.7</td>
<td>26.7</td>
<td>23.3</td>
<td>30.0</td>
<td>3.3</td>
<td>2.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Middle and lower level employees</td>
<td>26.7</td>
<td>20.0</td>
<td>23.3</td>
<td>16.7</td>
<td>13.3</td>
<td>2.7</td>
<td>1.4</td>
</tr>
</tbody>
</table>

4.2.2.1.4 Extent that the Private Hospital Involves the Auditors in the Various Steps in Risk Identification Process

The study sought to find out the extent that the hospital involves the auditors in the various steps in risk identification process. According to the findings, respondents indicated that the hospital involved the auditors by making them begin the inherent risk evaluation process by generating expectations of accounts balances to a very great extent as shown by a mean of 1.8. The hospitals also involved the auditors by letting them determine how changes should interact with historic trends to produce an expected balance in the account to a moderate extent as shown by a mean of 2.5 and that the hospital involved the auditors by letting them identify changes that have occurred in the firm or its environment to a moderate extent as shown by a mean of 2.6.
Table 4.3: Extent that the Private Hospital Involves the Auditors in the Various Steps in Risk Identification Process

<table>
<thead>
<tr>
<th></th>
<th>Very great extent</th>
<th>Great extent</th>
<th>Moderate extent</th>
<th>Little extent</th>
<th>No extent</th>
<th>mean</th>
<th>stdev</th>
</tr>
</thead>
<tbody>
<tr>
<td>The auditor begins the inherent risk evaluatin process by generating expectations of accounts balances</td>
<td>40.0</td>
<td>46.7</td>
<td>6.7</td>
<td>3.3</td>
<td>3.3</td>
<td>1.8</td>
<td>0.9</td>
</tr>
<tr>
<td>The auditor identifies changes that have occurred in the firm or its environment</td>
<td>20.0</td>
<td>20.0</td>
<td>43.3</td>
<td>13.3</td>
<td>3.3</td>
<td>2.6</td>
<td>1.1</td>
</tr>
<tr>
<td>The auditor determines how those changes should interact with historic trends to produce an expected balance in the account</td>
<td>30.0</td>
<td>20.0</td>
<td>26.7</td>
<td>20.0</td>
<td>3.3</td>
<td>2.5</td>
<td>1.2</td>
</tr>
</tbody>
</table>

4.2.2.1.5 Extent to which Respondents Agreed with Statements about the Importance of Risk Identification in Credit Risk Management

The study sought to find out the extent to which respondents agreed with statements about the importance of risk identification in credit risk management. According to the findings, respondents strongly agreed that risk identification ensures that the risk management function is established throughout the whole corporation as shown by a mean of 1.9. Respondents indicated neutrality on whether risk identification helps to sort risk according to their importance as shown by a mean of 2.6 and that risk identification assists the management to develop risk management strategy to allocate resources efficiently as shown by a mean of 2.7.
Table 4.4: Extent to which Respondents Agreed with Statements about the Importance of Risk Identification in Credit Risk Management

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>mean</th>
<th>stdev</th>
</tr>
</thead>
<tbody>
<tr>
<td>It ensures that the risk management function is established throughout the whole corporation</td>
<td>46.7</td>
<td>26.7</td>
<td>20.0</td>
<td>.0</td>
<td>6.7</td>
<td>1.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Risk identification helps to sort risk according to their importance</td>
<td>23.3</td>
<td>26.7</td>
<td>26.7</td>
<td>16.7</td>
<td>6.7</td>
<td>2.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Risk identification assists the management to develop risk management strategy to allocate resources efficiently</td>
<td>10.0</td>
<td>46.7</td>
<td>20.0</td>
<td>13.3</td>
<td>10.0</td>
<td>2.7</td>
<td>1.2</td>
</tr>
</tbody>
</table>

4.2.2.2 Risk Analysis and Assessment

4.2.2.2.1 Respondents Opinion as to Whether in View of Risk Analysis and Assessment as a Credit Risk Management Practice in the Private Hospital the Application of Modern Approaches to Risk Measurement, Particularly for Credit and Overall Risks is Important for Private Hospitals.

The study sought to find out the respondents opinion as to whether in view of risk analysis and assessment as a credit risk management practice in the hospital the application of modern approaches to risk measurement, particularly for credit and overall risks is important for hospitals. From the study, 50% of the respondents indicated neutrality that in view of risk analysis and assessment as a credit risk management practice in the hospital the application of modern approaches to risk measurement, particularly for credit and overall risks is important for hospitals. 23% of the respondents agree that in view of risk analysis and assessment as a credit risk management practice in the hospital the application of modern approaches to risk measurement, particularly for credit and overall risks is important for hospitals. 13.3% of the respondents disagree that in view of risk analysis and assessment as a credit risk management practice in the hospital the application of modern approaches to risk measurement, particularly for credit and overall risks is important for hospitals.
Figure 4.6: Respondents Opinion as to Whether in View of Risk Analysis and Assessment as a Credit Risk Management Practice in the Private Hospital the Application of Modern Approaches to Risk Measurement, Particularly for Credit and Overall Risks is Important for Private Hospitals.

4.2.2.2 Extent that Respondents Agreed with Statements about Risk Analysis and Assessment in Credit risk Management

The study sought to find out the extent that respondents agreed with statements about risk analysis and assessment in credit risk management. According to the findings, respondents agree that risk identification helps to sort risk according to their importance as shown by a mean of 2.3. Further, respondents indicated neutrality ensures that risk management function is established throughout the whole corporation and that risk identification assists the management to develop risk management strategy to allocate resources efficiently as shown by a mean of 2.9.

Table 4.5: Extent that Respondent Agreed with Statements about Risk Analysis and Assessment in Credit Risk Management

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Mean</th>
<th>Stdev</th>
</tr>
</thead>
<tbody>
<tr>
<td>It ensures that the risk management function is established throughout the whole corporation</td>
<td>23.3</td>
<td>33.3</td>
<td>36.7</td>
<td>3.3</td>
<td>3.3</td>
<td>2.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Risk identification helps to sort risk according to their importance</td>
<td>13.3</td>
<td>26.7</td>
<td>23.3</td>
<td>33.3</td>
<td>3.3</td>
<td>2.3</td>
<td>1.1</td>
</tr>
<tr>
<td>Risk identification assists the management to develop risk management strategy to allocate resources efficiently</td>
<td>13.3</td>
<td>20.0</td>
<td>43.3</td>
<td>20.0</td>
<td>3.3</td>
<td>2.9</td>
<td>1.0</td>
</tr>
</tbody>
</table>
4.2.2.2.3 Extent of Agreement as to Whether Effective Credit Risk Management Requires a Reporting and Review Structure to Ensure that Risks are Effectively Identified and Assessed and that Appropriate Controls and Responses are in Place.

From the study, 50% of the respondents indicated neutrality on whether effective credit risk management requires a reporting and review of structure to ensure that risks are effectively identified and assessed and that appropriate controls and responses are in place. 23.3% of the respondents agreed that effective credit risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed and that appropriate controls and responses are in place. 13.3% of the respondents disagreed that effective credit risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed and that appropriate controls and responses are in place. 6.7% of the respondents strongly agreed that effective credit risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed and that appropriate controls and responses are in place while only 6.7% of the respondents strongly disagreed that effective credit risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed and that appropriate controls and responses are in place.

*Figure 4.7: Extent of Agreement as to Whether Effective Credit Risk Management Requires a Reporting and Review of Structure to Ensure that Risks are Effectively Identified and Assessed and that Appropriate Controls and Responses are in Place.*
4.2.2.3 Risk Monitoring

4.2.2.3.1 Extent to which Respondents Agree with Statements about Risk Monitoring in Credit Risk Management

The study sought to find out the extent to which respondents agree with statements about risk monitoring in credit risk management. According to the findings, respondents agreed that the director's report on risk monitoring enables the shareholders to assess the status of the corporation knowledgeably and thoroughly as shown by a mean of 2.1 and that risk monitoring helps the hospital management to discover mistake at early stage as shown by a mean of 2.3. Further respondents were neutral on whether risk monitoring can be used to make sure that risk management practices are in line with proper risk monitoring as shown by a mean of 2.8 in the table above. The study therefore collates with the studies.

*Table 4.6: Extent to which Respondents Agree with Statements about Risk Monitoring in Credit Risk Management*

<table>
<thead>
<tr>
<th>Statement</th>
<th>strongly agree</th>
<th>Agree</th>
<th>neutral</th>
<th>disagree</th>
<th>strongly disagree</th>
<th>Mean</th>
<th>Stdev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk monitoring can be used to make sure that risk management practices are in line with proper risk monitoring</td>
<td>33.3</td>
<td>40.0</td>
<td>13.3</td>
<td>6.7</td>
<td>6.7</td>
<td>2.8</td>
<td>1.0</td>
</tr>
<tr>
<td>Risk monitoring helps the hospital management to discover mistake at early stage</td>
<td>26.7</td>
<td>30.0</td>
<td>30.0</td>
<td>13.3</td>
<td>3.3</td>
<td>2.3</td>
<td>1.0</td>
</tr>
<tr>
<td>The director's report on risk monitoring enables the shareholders to assess the status of the corporation knowledgeably and thoroughly</td>
<td>6.7</td>
<td>30.0</td>
<td>23.3</td>
<td>33.3</td>
<td>6.7</td>
<td>2.1</td>
<td>1.1</td>
</tr>
</tbody>
</table>

4.2.2.3.2 Extent that Risk Monitoring in the Private Hospital Considers the Following Types of Risks to Ensure Profitability

The study sought to find out the extent that risk monitoring in the hospital considers the following types of risks to ensure profitability. According to the findings, respondents agree that the hospital considers credit risks to ensure profitability as shown by a mean of 2.2 and that the hospital considers technology risks to ensure profitability as shown by a mean of 2.3. However,
respondents were neutral that the hospital considers credit risks to ensure profitability as shown by a mean of 3.0

Table 4.7: Extent that Risk Monitoring in the Private Hospital Considers the Following Types of Risks to Ensure Profitability

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Mean</th>
<th>stdev</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology risks</td>
<td>23.3</td>
<td>46.7</td>
<td>16.7</td>
<td>10.0</td>
<td>3.3</td>
<td>2.3</td>
<td>1.0</td>
</tr>
<tr>
<td>Market rate risks</td>
<td>13.3</td>
<td>30.0</td>
<td>33.3</td>
<td>16.7</td>
<td>6.7</td>
<td>3.0</td>
<td>1.1</td>
</tr>
<tr>
<td>Credit risks</td>
<td>13.3</td>
<td>26.7</td>
<td>36.7</td>
<td>20.0</td>
<td>3.3</td>
<td>2.2</td>
<td>1.2</td>
</tr>
</tbody>
</table>

4.2.2.4 Credit Risk Management

4.2.2.4.1 Extent that Credit Risk Management Procedures Affect Profitability of the Private Hospital

The study sought to find out the extent that credit risk management procedures affect profitability of the hospital. From the findings, 43.3% of the respondents indicated that credit risk management procedures affect profitability of the hospital to a great extent. 23.3% of the respondents indicated that credit risk management procedures affect profitability of the hospital to a very great extent. 20% of the respondents indicated that credit risk management procedures affect profitability of the hospital to a moderate extent. 10% of the respondents indicated that credit risk management procedures affect profitability of the hospital at no extent and only 3.3% of the respondents indicated that credit risk management procedures affect profitability of the hospital to a little extent.

Figure 4.8: Extent that Credit Risk Management Procedures Affect Profitability of the Private Hospitals
4.2.2.4.2 Extent to which Respondents Agreed with Statements about Credit Risk Management Procedures in the Private Hospital

The study sought to find out the extent to which respondents agreed with statements about credit risk management procedures in the hospital. From the findings, 33% of the respondents agree that to facilitate credit risk management, a substantial degree of standardization of process and documentation is required as shown by a mean of 2.2. 30% of the respondents indicated neutrality on whether credit risk management leads to standardized ratings across borrowers and a credit portfolio report that presents meaningful information on the overall quality of the credit portfolio as shown by a mean of 2.6. 26.7% respondents strongly agree that credit management procedures ensure that all credits must be monitored and reviewed periodically as shown by a mean of 2.7. It is also observed that 36.7% of the respondents agree that through standardized procedures, the hospital can report the quality of its loan portfolio at any time along the lines of the report presented as shown by a mean of 2.9 and that respondents indicated neutrality on whether credit management procedures results in a periodic but timely report card on the quality of the credit portfolio and its change from month to month as shown by a mean of 3.0.

Table 4.8: Extent to which Respondents Agreed with Statements about Credit Risk Management Procedures in the Private Hospitals

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>mean</th>
<th>stdev</th>
</tr>
</thead>
<tbody>
<tr>
<td>To facilitate credit risk management, a substantial degree of standardization of process and documentation is required</td>
<td>30.0</td>
<td>33.3</td>
<td>26.7</td>
<td>10.0</td>
<td>0.0</td>
<td>2.2</td>
<td>1.0</td>
</tr>
<tr>
<td>Credit risk management leads to standardized ratings across borrowers and a credit portfolio report that presents meaningful information on the overall quality of the credit portfolio.</td>
<td>16.7</td>
<td>30.0</td>
<td>30.0</td>
<td>20.0</td>
<td>3.3</td>
<td>2.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Through standardized procedures, the hospital can report the quality of its loan portfolio at any time, along the lines of the report presented.</td>
<td>6.7</td>
<td>36.7</td>
<td>26.7</td>
<td>23.3</td>
<td>6.7</td>
<td>2.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Credit management procedures ensure that all credits must be monitored, and reviewed periodically</td>
<td>26.7</td>
<td>23.3</td>
<td>16.7</td>
<td>23.3</td>
<td>10.0</td>
<td>2.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Credit management procedures results in a periodic but timely report card on the quality of the credit portfolio and its change from month to month</td>
<td>16.7</td>
<td>20.0</td>
<td>26.7</td>
<td>16.7</td>
<td>20.0</td>
<td>3.0</td>
<td>1.1</td>
</tr>
</tbody>
</table>
4.2.2.3 Regression Analysis

Linear multiple regression analysis was conducted so as to test the relationship among variables (independent) on the financial performance of private hospitals in Kenya. The statistical package for social sciences (SPSS) was applied to code, enter and compute the measurements of the multiple regressions for the study.

*Table 4.9: Model Summary*

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.897a</td>
<td>.880</td>
<td>.133</td>
<td>.3195</td>
</tr>
</tbody>
</table>

Source: Research Data 2013

Coefficient of determination explains the extent to which changes in the dependent variable can be explained by the change in the independent variables or the percentage of variation in the dependent variable (Financial Performance) that is explained by all the four independent variables (Risk identification, Risk analysis and assessment, Risk monitoring and Risk management.)

The four independent variables that were studied, explain only 88% of the financial performance as represented by the R$^2$. This therefore means that other factors not studied in this research contribute 12% of the Financial Performance. Therefore, further research should be conducted to investigate the other factors (12%) that affect Financial Performance.

*Table 10: Analysis of Variance*

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regression</td>
<td>11.534</td>
<td>5</td>
<td>2.878</td>
<td>52.400</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>186.555</td>
<td>27</td>
<td>2.129</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>198.089</td>
<td>32</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Research Data 2013

The significance value is .0002 which is less that 0.0073 thus the model is statistically significant in predicting risk identification, risk analysis and assessment, risk monitoring and risk
management. The F critical at 5% level of significance was 3.23. Since F calculated is greater than the F critical (value = 52.400), this shows that the overall model was significant.

The multiple regression analysis was conducted so as to determine the relationship between Financial Performance and the four variables. This model was used by Parrenas, (2005), when he carried out a research on risk monitoring procedures used by commercial banks to monitor credit risks. Table 4.11 below was generated using SPSS to determine the coefficients of the equation. The equation \( Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \epsilon \) therefore becomes:

\[
Y = 3.657 + 1.654X_1 + 0.988X_2 + 0.568X_3 + 0.444X_4 + \epsilon
\]

Where \( Y \) is the dependent variable (Financial Performance), \( X_1 \) is the Risk identification variable, \( X_2 \) is Risk analysis and assessment variable, \( X_3 \) is Risk monitoring variable and \( X_4 \) is Risk management.

\textit{Table 11: Coefficient of Determination}

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>( t )</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.657</td>
<td>1.033</td>
<td>0.787</td>
<td>0.255</td>
</tr>
<tr>
<td>Risk Identification</td>
<td>1.654</td>
<td>0.107</td>
<td>0.159</td>
<td>1.091</td>
</tr>
<tr>
<td>Risk analysis and assessment</td>
<td>0.988</td>
<td>0.139</td>
<td>0.085</td>
<td>0.687</td>
</tr>
<tr>
<td>Risk monitoring</td>
<td>0.568</td>
<td>0.097</td>
<td>0.145</td>
<td>0.97</td>
</tr>
<tr>
<td>Credit Risk management</td>
<td>0.444</td>
<td>0.069</td>
<td>0.210</td>
<td>0.349</td>
</tr>
</tbody>
</table>

\textit{Source: Research Data 2013}
According to the regression equation established, taking all factors into account (Risk Identification, Risk analysis and assessment, Risk monitoring and Risk management) constant at zero, Financial Performance will be 3.657. The data findings analyzed also show that taking all other independent variables at zero, a unit increase in Risk identification will lead to a 1.654 increase in Financial Performance; a unit increase in Risk analysis and assessment will lead to a 0.988 increase in Financial Performance, a unit increase in Risk monitoring will lead to a 0.97 increase in Financial Performance, a unit increase in Risk management will lead to a 0.444. This infers that Risk identification contributes more to the Financial Performance followed by Risk monitoring.

At 5% level of significance and 95% level of confidence, Risk identification had a 0.002 level of significance; Risk analysis and assessment showed a 0.005 level of significant, Risk monitoring showed a 0.013 level of significant, Risk management had a 0.032 level of significant; hence the most significant factor is Risk identification.

**4.2.2.4 Summary and Interpretation of findings**

The objective of the study was to establish the relationship between the credit risk and financial performance of private hospitals in Kenya. This was achieved through determining how various aspects of credit risk influence financial performance of private hospitals in Kenya. The researcher therefore conducted a linear multiple regression analysis so as to test the relationship among variables (independent) and the financial performance in the private hospitals in Kenya using the statistical package for social sciences (SPSS)

The key findings were that risk identification contributes more to the financial performance followed by risk monitoring. The hospital involves internal auditors largely to identify risk. Also external auditors are used in the risk identification process. The private hospitals too involve middle and senior employees to identify risks that affect private hospitals.

The study also found that in view of risk analysis and assessment as a credit risk management practice in the private hospitals the application of modern approaches to risk measurement, particularly for credit and overall risks is important for hospitals.
Risk monitoring helps the private hospitals management to discover mistake at early stage and that risk monitoring can be used to make sure that risk management practices are in line with proper risk monitoring.

Previous studies by Donaldson (1994), Treacy and Carey (1998) Tummala and (Burchett 1999) and Mwisho (2001) indicate that monitoring involves, among others, frequent contact with borrowers, creating an environment that the organization can be seen as a solver of problems and trusted adviser, develop the culture of being supportive to borrowers whenever they are recognized to be in difficulties and are striving to deal with the situation, monitoring the flow of borrower's business through the private hospital's account, regular review of the borrower's reports as well as an on-site visit; updating borrowers credit files and periodically reviewing the borrowers rating assigned at the time the credit was granted. These study findings therefore support previous literature.

According to the findings, the director's report on risk monitoring enables the shareholders to assess the status of the private hospital’s knowledge on credit risk and risk monitoring helps the hospital management to discover mistake at early stage. Further risk monitoring can be used to make sure that risk management practices are in line with proper risk monitoring.

Further, private hospital considers credit risks to ensure profitability and that the hospital considers technology risks to ensure profitability.

Risk identification ensures that the risk management function is established throughout the whole corporation. Risk identification helps to sort risk according to their importance. Therefore risk identification assists the management to develop risk management strategy to allocate resources efficiently.

Consequently, credit risk management procedures affect profitability of the hospital. To facilitate credit risk management, a substantial degree of standardization of the process and documentation is required. Credit risk management leads to standardized ratings across borrowers and a credit portfolio report that presents meaningful information on the overall quality of the credit portfolio.
Credit risk management is essential to optimizing the performance of private hospitals. Lending has been, and still is, the mainstay of many institutions, and this is more true to emerging economies of developing countries where capital markets are not yet well developed. This is because business firms on one hand are complaining about lack of credit and the excessively high standards set by credit institutions, while private hospitals on the other hand have suffered losses on bad loans. It has been found out that in order to minimize loan losses thus the credit risk, it is essential for private hospitals to have an effective credit risk management system in place.

Effective credit risk management involves establishing an appropriate credit risk environment; operating under a sound credit granting process; maintaining an appropriate credit administration that involves monitoring process as well as adequate controls over credit risk. It requires top management to ensure that there are proper and clear guidelines in managing credit risks, i.e. all guidelines are properly communicated throughout the organization; and that everybody involved in credit risk management understands them.

Credit risk management is a structured approach to managing uncertainties through risk assessment, developing strategies to manage it, and mitigation of risk using managerial resources. The strategies include: transferring to another party, avoiding the risk, reducing the negative effects of the risk and accepting some or all of the consequences of a particular risk.

The process of risk management is a two step process. The first is to identify the source of the risk, which is to identify the leading variables causing the risk. The second is to devise methods to quantify the risk using mathematical models, in order to understand the risk profile of the instrument. Once a general framework of risk identification and management is developed, the techniques can be applied to different situations, products, instruments and institutions. It is crucial for private hospitals to have comprehensive risk management framework as there is a growing realization that sustainable growth critically depends on the development of a comprehensive risk management framework.

The study found that Credit risk is the largest source of risk for private hospitals. Therefore, an effective and sound credit risk management system is important to the stability of private hospitals. Overall, the management of risk requires the development of an appropriate credit
risk culture and environment. A sound credit extension process, maintaining appropriate credit administration, measurement and monitoring process and ensuring adequate credit controls, enhances this.

Finally, the research found out that credit management procedures ensure that all credits must be monitored and reviewed periodically through standardized procedures. The private hospital can report the quality of its loan portfolio at any time along the lines of the report presented and that credit management procedures results in a periodic but timely report card on the quality of the credit portfolio and its change from month to month.
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary

The objective of the study was to establish the relationship between the credit risk and financial performance of private hospitals in Kenya. This study, adopted a causal study design. The objective of causal research is to test hypotheses about cause-and-effect relationships. The population of this study comprised of all licensed private hospitals in Nairobi.

The researcher used both primary (obtained through self-administered questionnaires with closed and open-ended questions) and secondary data. Study findings revealed that the hospital considers risk identification as a process in credit risk management to a very great extent, that in view of risk analysis and assessment as a credit risk management practice in the hospital the application of modern approaches to risk measurement, particularly for credit and overall risks is important for hospitals, the director's report on risk monitoring enables the shareholders to assess the status of the corporation knowledgeably and thoroughly, that the hospital considers credit risks to ensure profitability and that the hospital considers technology risks to ensure profitability.

Private hospitals in Kenya use credit risk appraisal, assessment and evaluation processes when ascertaining the creditworthiness of their customers and capacity is the most significant factor in credit risk assessment, appraisal and evaluation process followed by character, condition, common sense and control in that order. Private hospitals attach a great significance to credit risk, followed by liquidity risk, foreign exchange risk, strategic risk, interest rate risk and operational risk in that order.

Consequently, the study found that the level of credit risk assessment and management was high in the hospitals. All the private hospitals in Kenya follow procedures when assessing and managing credit risk and that credit risk assessment and management affects credit risk in the private hospitals in Kenya. The study found that the organizations have specified credit collection period.
Further, private hospitals inability to enforce covenant of private hospitals was high. Effective management of private hospitals was affected by liquidity and probability and that asymmetric information in loan market affects the effective management of non-performing loans in private hospitals. The study found that inability to enforce covenant causes credit risk among private hospitals in Kenya. In fact 90% of private hospitals indicate that the inability to enforce covenant of private hospitals was high. Liquidity and probability affects the effective management of credit risk in private hospitals. Asymmetric information in loan market affects the effective management of non-performing loans in listed private hospitals.

5.2 Conclusions

Based on the above findings, the study concludes that the hospital considers risk identification as a process in credit risk management to a little extent, that the hospital focuses in interest rate risks to a great extent in the risk identification map and that the hospital focuses in foreign exchange risks to a moderate extent.

The study also concludes that in view of risk analysis and assessment as a credit risk management practice in the hospital the application of modern approaches to risk measurement, particularly for credit and overall risks is important for hospitals.

In addition, the study concludes that director's report on risk monitoring enables the shareholders to assess the status of the corporation knowledgeably and thoroughly, that risk monitoring helps the hospital management to discover mistake at early stage and that risk monitoring can be used to make sure that risk management practices are in line with proper risk monitoring

Credit risk management procedures affect profitability of the hospital to a great extent, that to facilitate credit risk management as a substantial degree of standardization of process and documentation is required, that credit risk management leads to standardized ratings across borrowers and a credit portfolio report that presents meaningful information on the overall quality of the credit portfolio.
The private hospitals should consider risk identification as a process in credit risk management and focus in interest rate risks and foreign exchange risks to a great extent in the risk identification map. Further, the private hospitals should involve internal auditors, external auditors, middle and lower level employees as well as senior employees in the process of risk identification. Auditors should be involved by making them begin the inherent risk evaluation process by generating expectations of accounts balances, by letting them determine how changes should interact with historic trends to produce an expected balance in the account to a moderate extent and also by letting them identify changes that have occurred in the firm or its environment to a moderate extent.

In addition, the study also recommends the application of modern approaches to risk measurement, particularly for credit and overall risks for hospitals in view of risk analysis and assessment as a credit risk management practice.

Further, director's report on risk monitoring should enable the shareholders to assess the status of the corporation knowledgeably and thoroughly, that risk monitoring helps the hospital management to discover mistake at early stage and risk monitoring be used to make sure that risk management practices are in line with proper risk monitoring.

Finally, the research recommends credit risk management procedures can be used to influence profitability of the hospital positively, and also recommends the management of the private hospitals to oversee facilitation of credit risk management as a substantial degree of standardization of process and documentation. Further, since credit risk management leads to standardized ratings across borrowers and a credit portfolio report that presents meaningful information on the overall quality of the credit portfolio it should be used to ensure that all credits are monitored, and reviewed periodically to allow the hospital to report the quality of its loan portfolio at any time.

5.3 Policy Recommendation

Risk is corporally related to competitiveness and profitability of private hospitals. It is important for private hospitals management to understand how they can edge themselves against the eminent dangers of over exposure to credit risk whose importance cannot be understated as can
be realized from the findings that can impact negatively on their profitability. This can be achieved through strong adherence to the use of credit appraisal model.

Since private hospitals are also bound to provide emergent medical care regardless of the financial abilities of the patient there should be a clear guideline policy to help cushion them against defaulters. The private hospital should ensure that all services are rendered on a cash basis, but credit may be granted based on the financial situation of the patient, and considering their past compliance with the hospital credit and payment policies.

Credit should be extended based on strict guidelines. The settlement of the patient account should be paid in full within 30 days from the date of initial statement of billing unless satisfactory payment arrangements are agreed with the patient accounts department. All payment arrangements should comply with the government guidelines and disclosures, if any. Finally, all payment arrangements should be documented in writing, either as an entry into the patient record, or as a promissory note signed by the patient or guarantor.

With the assistance of the Patient Accounts Department, satisfactory payment arrangements should be tailored to the individual capacity of the patient or guarantor. In cases where the patient does not have insurance or other means to pay the balance at the time of service, a credit application must be filled out, and credit arrangements made with the assistance of the Patient Account.

The results of this study are in line with a considered view in the credit risk management literature and provide an important insight for credit risk management process, appropriate culture and credit policy designed taking into consideration the credit risk evaluation, assessment and appraisal procedures.

5.4 Limitations of the Study

The study faced some limitations with respect to the time frame within which the data was to be collected from respondents. The respondents were very busy hence requiring constant reminder so as to attend to the questionnaire. Out of the 35 questionnaires send to the field, 5 were not
received back. The receipt of this could have led to an improvement in the conclusions drawn in the study.

The period of data collection entailed a lot of traveling and frequent communication with the respondents making it an expensive exercise all together. At the same time the inadequacy of finances did not allow me to employ sophisticated data analysis measures that could have improved my findings tremendously.

Some respondents could not volunteer divulge all the vital information that I had requested through my questionnaire for fear of losing their jobs. The management also feared that the employees may expose some of their weaknesses by responding to the questionnaires. Could I have accessed some of this data, my findings could have improved.

5.5 Suggestions for Further Studies

This study has investigated the relationship between the credit risk and financial performance of private hospitals in Kenya. To this end therefore a further study should be carried on public hospitals to see whether the same results also hold by testing the variables in this study.

The impact of moral hazard on credit risk administration in Kenyan private hospitals. Moral hazard in credit mainly arises from information asymmetry. If information asymmetry is not checked, it will lead to obtaining of improper information that subsequently leads to wrong credit decisions.

Moreover, a study should be carried out to investigate the challenges caused by credit risk on financial performance of private hospitals in Kenya.

Finally, a study should also be carried out to investigate the relationship between the credit risk management procedures in influencing profitability of hospitals.
REFERENCES


Bofondi, M., Gobbi, G. (2003), Bad Loans and Entry in Local Credit Markets, Private Hospitals of Italy Research Department, Rome, .


IAIS – International Association of Insurance Supervisors (2003), paper on Credit Risk Transfer between Insurance and Other Financial Sectors, March, .


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APPENDICES

Appendix I: Questionnaire

SECTION A: DEMOGRAPHIC INFORMATION

1. Gender:
   Male ( )   Female ( )

2. Age bracket:
   25 – 34 years ( )  35 – 44 years ( )  45 – 54 years ( )
   55 – 64 years ( )  65 years and above ( )

3. What is your highest qualification achieved?
   Diploma ( )  Degree ( )
   Masters ( )  Others (please specify………………) ( )

4. What is your current designation within the hospital?..............................

5. How many years have you been in the health industry?
   1 – 5 years ( )  6 – 10 years ( )  11 – 15 years ( )
   16 – 20 years ( )  21 years and above ( )

SECTION B: CREDIT RISK MANAGEMENT

RISK IDENTIFICATION
1. What does risk identification involve?

---------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------
---------------------------------------------------------------------------------------------------
2. To what extent does your hospital consider risk identification as a process in credit risk management?

To a very great extent ( )
To a great extent ( )
To a moderate extent ( )
To a little extent ( )
To no extent ( )

3. In credit risk management, interest rate risks and foreign exchange risks are the main domain of the financial department. In view of this statement, please rate the extent to which this hospital focuses on the types of risks in the risk identification step. Use a scale of 1 to 5 where 1 is to a great extent and 5 is to no extent.

<table>
<thead>
<tr>
<th>Risk identification</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest rate risks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign exchange risks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. To what extent does the hospital involve the following parties in the risk identification process? Use a scale of 1 to 5 where 1 is to a great extent and 5 is to no extent.

<table>
<thead>
<tr>
<th>Parties involved in risk identification</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal auditors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External auditors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle and lower level employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5. To what extent does the hospital involve the auditors in the following steps in risk identification process? Use a scale of 1 to 5 where 1 is to a great extent and 5 is to no extent.

<table>
<thead>
<tr>
<th>Involvement of auditors in risk identification</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The auditor begins the inherent risk evaluation process by generating expectations of accounts balances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The auditor identifies changes that have occurred in the firm or its environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The auditor determines how those changes should interact with historic trends to produce an expected balance in the account</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other, please specify</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. To what extent do you agree with the following statement about the importance of risk identification in credit risk management? Rate using a scale of 1 to 5 where 1 is strongly agree, 2 is Agree, 3 is Neutral, 4 is Disagree and 5 is Strongly disagree.

<table>
<thead>
<tr>
<th>Importance of risk identification in credit risk management</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>It ensures that the risk management function is established throughout the whole corporation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk identification helps to sort risk according to their importance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk identification assists the management to develop risk management strategy to allocate resources efficiently</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RISK ANALYSIS AND ASSESSMENT

7. The application of modern approaches to risk measurement, particularly for credit and overall risks is important for hospitals. To what extent do you agree with this statement in view of risk analysis and assessment as a credit risk management practice in your hospital?

Strongly agree ( )
Agree ( )
Neutral ( )
Disagree ( )
Strongly disagree ( )

13. To what extent do you agree with the following statement about risk analysis and assessment in credit risk management? Rate using a scale of 1 to 5 where 1 is strongly agree, 2 is Agree, 3 is Neutral, 4 is Disagree and 5 is Strongly disagree.

<table>
<thead>
<tr>
<th>Risk analysis and assessment in credit risk management</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk analysis and assessment comprises identification of the outcomes</td>
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<tr>
<td>Risk analysis and assessment comprises estimation the magnitude of the consequences</td>
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<tr>
<td>Risk analysis and assessment comprises the probability of those outcomes</td>
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<tr>
<td>Other, please specify</td>
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</tbody>
</table>
14. Which are the main approaches used in risk analysis and assessment in credit risk management in your hospital?

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15. Effective credit risk management requires a reporting and review structure to ensure that risks are effectively identified and assessed and that appropriate controls and responses are in place. To what extent do you agree with the statement in view of risk monitoring in the credit risk management in your organization to ensure profitability?

Strongly agree ( )
Agree ( )
Neutral ( )
Disagree ( )
Strongly disagree ( )

RISK MONITORING

16. To what extent do you agree with the following statement about risk monitoring in credit risk management? Rate using a scale of 1 to 5 where 1 is strongly agree, 2 is Agree, 3 is Neutral, 4 is Disagree and 5 is Strongly disagree.

<table>
<thead>
<tr>
<th>Risk monitoring in credit risk management</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk monitoring can be used to make sure that risk management practices are in line with proper risk monitoring</td>
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<tr>
<td>Risk monitoring helps the hospital management to discover mistake at early stage</td>
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</tbody>
</table>
The director’s report on risk monitoring enables the shareholders to assess the status of the corporation knowledgeably and thoroughly

Other, please specify

17. i) How does your hospital monitor credit risk?

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ii) Which are the main challenges of risk monitoring in your hospital?

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

18. To what extent does risk monitoring in your hospital consider the following types of risks to ensure profitability? Use a scale of 1 to 5 where 1 is to a great extent and 5 is to no extent.

<table>
<thead>
<tr>
<th>Risk monitoring and types of risks</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology risks</td>
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<tr>
<td>Market rate risks</td>
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<tr>
<td>Credit risks</td>
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<tr>
<td>Other, please specify</td>
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</tbody>
</table>
CREDIT RISK MANAGEMENT PROCEDURES

19. To what extent do you think credit risk management procedures have affected the profitability of the hospital?

<table>
<thead>
<tr>
<th>Extent</th>
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</thead>
<tbody>
<tr>
<td>To a very great extent</td>
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<tr>
<td>To a great extent</td>
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<tr>
<td>To a moderate extent</td>
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<tr>
<td>To a little extent</td>
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<tr>
<td>To no extent</td>
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</tbody>
</table>

20. To what extent do you agree with the following statements about credit risk management procedures in your hospital? Rate using a scale of 1 to 5 where 1 is strongly agree, 2 is Agree, 3 is Neutral, 4 is Disagree and 5 is Strongly disagree.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>To facilitate credit risk management, a substantial degree of standardization of process and documentation is required.</td>
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<tr>
<td>Credit risk management leads to standardized ratings across borrowers and a credit portfolio report that presents meaningful information on the overall quality of the credit portfolio.</td>
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<td>Through standardized procedures, the hospital can report the quality of its loan portfolio at any time, along the lines of the report presented.</td>
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<tr>
<td>Credit management procedures ensure that all credits must be monitored, and reviewed periodically.</td>
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<tr>
<td>Credit management procedures results in a periodic but timely report card on the</td>
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<tr>
<td>quality of the credit portfolio and its change from month to month</td>
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<tr>
<td>Other, please specify</td>
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</tbody>
</table>