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Evaluating the Governance of Specialized Hospitals with a Board of Directors: The Case of Mongolia

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Objective: This study investigates the influence of organisational climate, professional development, and work outcomes on clinical governance in hospitals, with a focus on the Mongolian healthcare system. Clinical governance is a multidimensional framework that seeks to ensure the continuous improvement of healthcare quality by integrating professional standards, accountability mechanisms, and evidence-based management practices. Despite its recognised importance in international contexts, research on clinical governance in Mongolia remains limited, particularly regarding the organisational factors that shape its effectiveness. **Methods:** To address this gap, structured questionnaires were administered to 605 hospital staff, representing a diverse range of clinical and administrative roles. Data were collected online between August 2022 and February 2023 to ensure broad participation while minimising disruption to hospital operations. The study employed both SmartPLS 3.0 for structural equation modelling and SPSS 24.0 for descriptive and inferential statistical analyses, enabling robust hypothesis testing and triangulation of results. **Results:** Three hypotheses were tested concerning the relationship between organisational climate, professional development, work outcomes, and clinical governance. The findings revealed that two hypotheses demonstrated statistically significant positive associations, indicating that supportive organisational environments and opportunities for continuous professional growth enhance clinical governance. Conversely, one hypothesis indicated a negative association, suggesting that adverse work-related pressures may undermine governance outcomes.The study makes several contributions to the literature. **Conclusion:** Theoretically, it expands the understanding of governance by linking institutional climate and individual development to governance performance. Empirically, it provides rare evidence from a specialised hospital context in Mongolia, contributing to comparative knowledge in global health governance. Practically, the findings suggest that hospital leaders and policymakers should prioritise strengthening organisational climate, investing in professional development, and mitigating negative work pressures to enhance governance effectiveness and ultimately improve clinical outcomes.

Key words: Governance, Hospital governance, Clinical governance

Introduction

The world population has been increasing rapidly because of the fast development of the

health sector and the consequent increase in life expectancy. As the population increases, there is an urgent need for health institutions to improve the availability and quality of health care services. The term "Governance" has been used in modern business for 40 years. Since then, scientists have studied this formula in depth and enriched it with new concepts, and used it widely in their work.[1,2] Hospital governance can be defined as the set of structures and processes that define the strategic direction for the hospital and the means by which resources are assembled and allocated to achieve them. Hospital governing bodies have a fundamental role in overseeing quality and safety by defining priorities and objectives, crafting strategy, shaping culture, and designing Organisational control systems.[3,4] Clinical Governance: A Strategic Model for Developing Quality Health Care. Clinical governance is a topic of interest and demand for many researchers, but few empirical studies have been conducted in Mongolia. While many of the industry's challenges are context-related, some are rooted in the way an individual institution is managed, the legitimacy of governance, and how its organization overcomes challenges. We tried to establish the significant impact such as Organisational climate, development, work result on clinical governance in our study. Governance is concerned with the practice of making collective decisions. Governance theory, as such, has both an explanatory dimension and an advisory character.[5,6]

Governance is ultimately concerned with creating the conditions for ordered rule and collective action. The outputs of governance are not therefore different from those of government. It is rather a matter of a difference in processes.[7,8] The process by which members of the governing body draft policies and then regularly monitor how well they are carried out is known as governance in an organization. Thus, in the context of organizations, governance refers to the set of processes, practices, and structures that guide and control the actions and decision-making of its members. It involves defining the organization's objectives, determining how resources are allocated, and establishing mechanisms for accountability and oversight.

Material and Methods

Stakeholders and the 7 pillars of clinical governance, which are management theory research methods, were studied in clinical hospitals and services provided to patients.Deductive and inductive approaches were selected, and a mixture of quantitative and qualitative methods was used to collect quantitative data in one moment, conduct research on facts and methods to evaluate clinical governance, and conduct qualitative research.[9,10] Clinical governance is assessed by a 7-pillar evaluation model. The clinical governance model is based on the objectives of safety and quality of health care.[11]

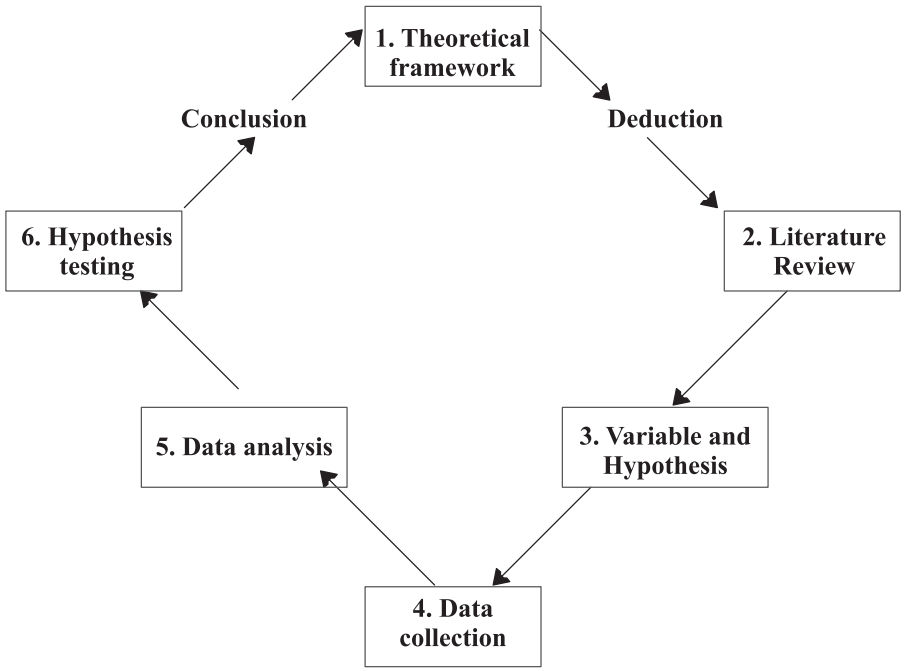

Figure 1. Research Design

Governance, Clinical and Hospital Governance.

Governance theory encompasses a broad range of perspectives and scholars, and it is often interdisciplinary, drawing from political science, economics, sociology, and management studies. A common working definition of governance as below:

- A clearly defined mission with specific goals and objectives;
- A well-planned decision-making process;
- A board structure tailored to the priorities at hand;
- An information, reporting and communication system that focuses priorities.

Fast-forward to 2015 and the annual summit of the G20 Leaders, which became another important milestone in international corporate governance. To conclude, the endorsement of the G20/OECD Principles of Corporate Governance was not only a major event in global corporate governance by signaling the commitment by Leaders from all of the world's most important economies. It was also a recognition of the economy wide implications of public policy in the field of corporate governance. In particular, it illuminated its impact on corporate competitiveness, access to capital, and investment in a global and constantly changing business environment.[12,13] Clinical governance is being implemented in a few countries as a key strategy in quality improvement. Clinical governance is a "framework through which NHS organizations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish".[14-16]

Clinical governance is central to this notion of a quality service, where quality is defined as doing the right things for the right people at the right time and doing them right first time. In the beginning of 2010, clinical governance office was established in Iran Ministry of Health to plan, organize, implement, and monitor clinical governance programs also to coordinate clinical governance offices of medical universities all over the country.[14,15] This office had some priorities to be accomplished such as creating a supportive culture for quality improvement, training clinical governance concepts, planning, organizing, establishing appropriate structures for clinical governance development, implementing clinical governance programs according to determined policies and objectives, monitoring the implementation process and coordinating different organizations, institutions or departments having the role in the success of clinical governance program.

In the way of assuring implementation of clinical governance in all hospitals and medical universities also developing a supportive culture for quality, the clinical governance office in ministry of health triggered to set up a festival by emphasizing on appreciating good performing universities in implementing clinical governance criteria and sharing successful experiences of

Figure 1. Research Design

universities all over the country.[17]

The criteria focused in the clinical governance festival are: public private involvement, patient safety and risk management, education and personnel management, use of information, clinical audit and clinical effectiveness. According to the festival criteria, the universities and their hospitals were ranked regarding to their performance in quality improvement and the level of clinical governance implementation.[18]

Clinical governance may be defined as the framework through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high quality of care. Governance in healthcare is referred to as clinical governance, "a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish". The purpose of this study was to evaluate the impacts as Organisational climate, development and training, work result on clinical governance.[18,19]

Organisational Climate and Clinical and Hospital Governance.

One of the main job resources is the Organisational climate. Organisational climate research is interested in understanding the ways in which workers in an organisation experience and feel the climate, and how it is related to well-being. Schneider, Ehrhart and Macey defined climate as 'the shared meaning organisational members attach to the events, policies, practices, and procedures they experience and the behaviours they see being rewarded, supported and expected'. Thus, organisational climate shows how employees' shared perceptions are connected to their work environment.[20]

The clinical governance climate aims to improve and develop the service process in a continuous way to minimize the mistakes of the clinicians and to achieve the predetermined personal and corporate goals. Because of this, it is defined as the predominance of an environment in which employees participate in management, the culture of blame, the protocols used during accidents, reward systems, and team member communication and interaction. This includes assessments of employees' honesty and personal growth as well as inquiries about their training opportunities.

Organisational climate is concerned with how members of an organization understand the cultural characteristics of an organization.[21,22] Organisational culture is generally a philosophical statement, can function as a binding demand of the members of the organization because it can be formally formulated in various organisational rules and regulations.[23]

Organisational climate is the perception of members of the organization (individually or in groups) and those who are in constant contact with the organization regarding what is or happens in the internal environment of the organization on a regular basis, which influences the attitudes and behavior of the organization and the performance of the members of the organization that then determines the performance of the organization.[24]

The relation climate and governance is one of the software of the organization, but no less important is other software that serves to glue or integrate the organization. The organization is always growing and growing According to the formation of an organisational culture with values that can create high work productivity. With high work productivity, organizations can easily apply company values to employees . In the study of the relationship between organisational climate and clinical governance hypothesis prevails. The relationship between organisational climate and clinical governance is not a new one and has been shown to play a role in social science. According to the scholars' literature review, the hypothesis was generated as below:

Results

Results of Clinical Governance Evaluation Research

Demographic characteristics of respondents refer to the socio-economic and personal attributes of the individuals participating in a study or survey. These characteristics provide a profile of the sample population and can be crucial for understanding how certain factors may influence responses or outcomes in our study.

Empirical Research

Empirical research was conducted at State Hospital I, II, and III using the Clinical Governance Climate Questionnaire. A total of 605 questionnaires completed by medical staff were collected. Each of the indicators was calculated using a Likert scale to determine whether the participants agreed or disagreed with the positive and negative information expressed in the participants' own words. was 13%. The majority of participants, 92%, had a permanent or long-term working relationship with the organisation.The internal consistency of the questionnaire was

Table 1. Demographic characteristics of respondents

	Some social and demographic characteristics	The first central hospital of Mongolia		National dermatology center of Mongolia		Central clinic hospital 3.		Total participants on survey	
		n	%	n	%	n	%	n	%
1	Sex								
	Woman	278	88.3	34	91.9	225	88.9	537	88.8
	Male	37	11.7	3	8.1	28	11.1	68	11.2
2	Age group								
	18-25 years old	51	16.2	3	8.1	30	11.9	84	13.9
	26-35 years old	125	39.7	14	37.8	84	33.2	223	36.9
	36-45 years old	74	23.5	10	27.0	57	22.5	141	23.3
	46-60 years old	65	20.6	10	27.0	81	32.0	156	25.8
	More than 60	0	0.0	0	0.0	1	0.4	1	0.2
3	Education background								
	Diploma	64	20.3	7	18.9	80	31.6	151	25.0
	Bachelor	183	58.1	22	59.5	139	54.9	344	56.9
	Master's degree	38	12.1	2	5.4	19	7.5	59	9.8
	Doctor	2	0.6	0	0.0	0	0.0	2	0.3
	High school	28	8.9	6	16.2	15	5.9	49	8.1
4	Year of work								
	Less than 5 years	101	32.1	1	2.7	61	24.1	163	26.9
	5-10 years	95	30.2	24	64.9	57	22.5	176	29.1
	11-15 years	47	14.9	5	13.5	43	17.0	95	15.7
	16-25 years	43	13.7	4	10.8	42	16.6	89	14.7
	26-35 years	27	8.6	3	8.1	46	18.2	76	12.6
	More than 36 years	2	0.6	0	0.0	4	1.6	6	1.0
5	Position								
	Doctor	22	7.0	0	0.0	3	1.2	25	4.1
	Nurse	137	43.5	14	37.8	182	71.9	333	55.0
	Others	156	49.5	23	62.2	68	26.9	247	40.8
	Total	315	100	37	100	253	100	605	100

assessed using a Cronbach coefficient with an acceptable value of more than 0.6. The Cronbach's coefficient of the research factor was 0.94, indicating high internal consistency. A factor analysis (FA) was conducted to identify the main factors influencing the clinical governance climate of the study hospitals. Varimax rotation was used, and questionnaire data values > 0.30 and > 1 were considered accepted. A two-way analysis was conducted to investigate the correlation between the study factors (dependent variables) and each of the participants' demographics and work characteristics (independent variables). analyzed.

Structural Equation Modeling (SEM)

Smart PLS 3.0 is primarily used for Structural Equation Modeling, a statistical technique that allows researchers to analyze and model complex relationships between latent (unobserved) and observed variables.

Table 2. List of items of organiztional culture for each Construct of respondents

Factor	Items	Results	Factor	Items	Results	Factor	Items	Results	Factor	Items	Results
Organisational climate	cli-1	0.564	Development and training	dev-1	0.769	Work result	wo rslt-1	0.776	Clinical Governence	GVRNNC-1	0.570
	cli-2	0.785		dev-2	0.716		wo rslt-2	0.686		GVRNNC-2	0.637
	cli-3	0.745		dev-3	0.723		wo rslt-3	0.590		GVRNNC-3	0.690
	cli-4	0.692		dev-4	0.347		wo rslt-4	0.723		GVRNNC-4	0.654
	cli-5	0.617		dev-5	0.606		wo rslt-5	0.689		GVRNNC-5	0.666
	cli-6	0.548		dev-6	0.457		wo rslt-6	0.741		GVRNNC-6	0.652
	cli-7	0.689		dev-7	0.651		wo rslt-7	0.655		GVRNNC-7	0.740
	cli-8	0.746		dev-8	0.500					GVRNNC-8	0.670
										GVRNNC-9	0.592

Source: The result of study

Organisational climate of 8 items measuring ranged from 0.564-0.785, summing these values:

Average= (0.564+0.785+0.745+0.692+0.617+0.548+0.689+0.746)/8=0.672.

So, the average of the provided values is approximately 0.672 means that does not reach the numerical value of 0.7, it can be concluded that the Organisational culture in clinical governance is not mature. Development and training of 8 items measuring ranged from 0.347-0.769, summing these values: Average=(0.769 + 0.716 + 0.723 +0.347 +0.606 +0.457 +0.651 +0.500)/8=0.546.

So, the result is 0.546 means that does not reach the numerical value of 0.7, it can be concluded that the development and training in clinical governance is not mature.

Work result of 7 items measuring ranged from 0.590-0.776, summing these values:

Average=(0.776+0.686+0.590+0.723+0.689+0.741+0.655) /7=0.694.

So, the result is 0.694 means that does not reach the numerical value of 0.7, it can be concluded that the work result and clinical effectivenes in clinical governance is not mature.

Clinical governance of 9 items measuring ranged from 0.347-0.769, summing these values:

Average=(0.570 +0.637 +0.690 +0.654 +0.666 +0.652 +0.740 +0.670 +0.592)/9=0.624

So, the result is 0.624 means that does not reach the numerical value of 0.7, it can be concluded that the development and training in clinical governance is not mature.

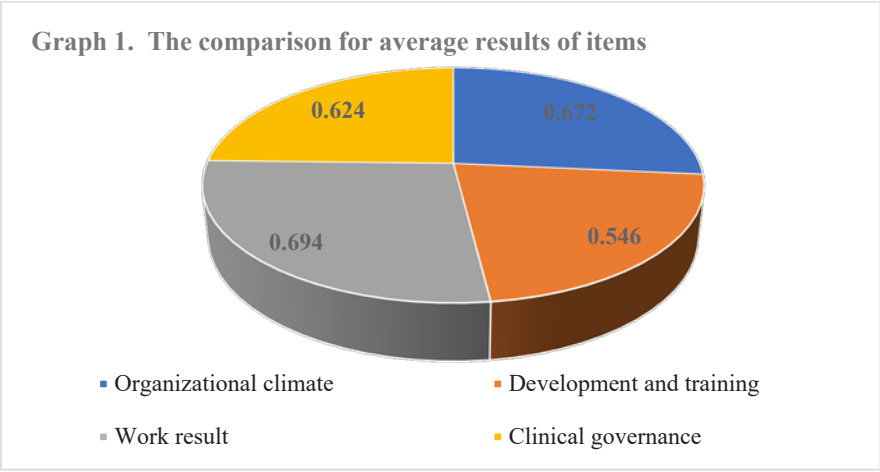

Figure 3. The results of Structure Analysis of respondents (algotithm)

Results of specialized hospital doctors and clinical governance evaluation research

Clinical Governance Evaluation: The results indicate that clinical governance positively correlates with Organisational training, risk management, and quality improvement, showing a strong positive relationship of 0.505-0.581.

Cronbach's alpha value results: Institutional training and development - 0.896, risk management- 0,87, quality improvement - 0.762, punishment for fault and mistakes - 0.822, decision making - 0.75, team cooperation - 0.674.

Table 3. Statistical Analysis KMO

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.866
Bartlett's Test of Sphericity	Approx. Chi-Square	4705.068
	df	561
	Sig.	0.000

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.915
Bartlett's Test of Sphericity	Approx. Chi-Square	5110.522
	df	210
	Sig.	0.000

KMO) test results that are 0.866 indicate that each factor involved a sufficient number of variables.

Management and Error Accountability: Comparative analyses on each variable reveal a 0.409 correlation for accountability and error reduction and a 0.461 link between management practices and staff training and development. This indicates a strong association between leadership's

Results of Clinical Governance Atmosphere (staff-based) Evaluation Research

Customer satisfaction is assessed through nine variables, with significant correlations found between efficiency, fairness (0.807), and good governance (0.807). However, participation and accountability

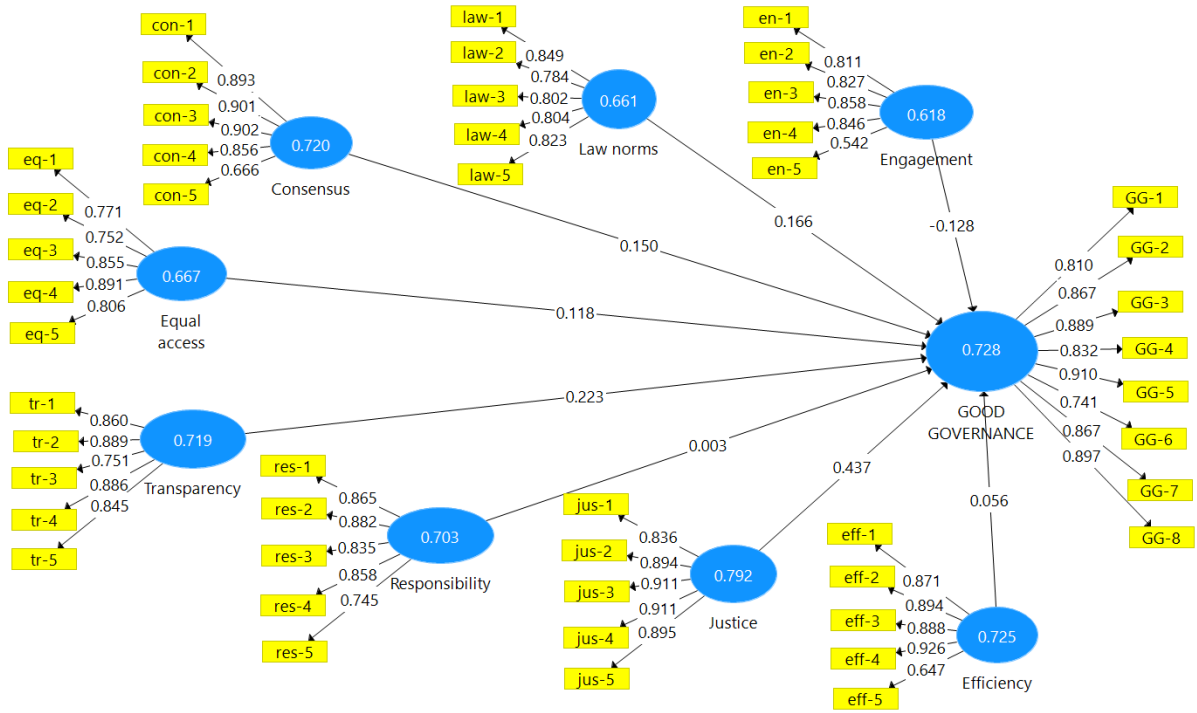

Figure 4. The results of Structure Analysis of respondents (algotithm)

Average of Cronbach's alpha= (0.829+0.748+0.822+0.852)/4=3.251/4=0.812

Average of Rho_A= (0.837+0.777+0.831+0.858)/4=3.251/4=0.825

Average of Composite reliability= (0.870+0.820+0.868+0.881)/4=3.251/4=0.857

In PLS-SEM, the focus is on the relationships between latent variables, and it is particularly useful in situations where the sample size is relatively small, and the distributional assumptions of traditional SEM may not be met. We used the path models, which represent the relationships between variables, and structural models, which include both measurement and structural components. We tested the value of the hypothesis by analyzing the standard deviation, T statistic, and P value using path analysis.

Regression equation

y=0.176*x_1+0.132*x_2+0.215*x_3+0.155*x_4+0.160*x_5+0.292

Good governance =0.176* Effectiveness+ 0.132* Accountability+ 0.215 Equal access +0.155*Transparency +0.160 *Justice+0.292

Good governance is formed by effectiveness, accountability, equal access, transparency, and justice.

KMO test result of 0.947 indicates that each factor involved a sufficient number of variables.

Consistency in Evaluation: The Consistency Ratio (CR) below 0.1 indicates the reliability of factor selection. Priority vectors (PV) are used to assess each internal factor, while SWOT analysis evaluates the current and future status of each operational factor.

Customer-Based Hospital Governance Evaluation: Customer

satisfaction is assessed through nine variables, with significant correlations found between efficiency, fairness (0.807), and good governance (0.807). However, participation and accountability

Results Subheading of Specialized Hospital Board of Directors Evaluation

Consistency in Evaluation: The Consistency Ratio (CR) below 0.1 indicates the reliability of factor selection. A matrix of internal and external factor analysis for evaluating hospital governance formula calculated.

$$(A) = \begin{pmatrix} 1 & a_{1,2} & \dots & a_{1,n} \\ a_{2,1} & 1 & \dots & a_{2,n} \\ \dots & \dots & \dots & \dots \\ a_{n,1} & a_{n,2} & \dots & 1 \end{pmatrix}$$

$$CR = \frac{CI}{RI};\quad CI = \frac{L_{max} - n}{n-1};\quad L_{max} = \sum_i \left(\frac{PA_i}{PV_i}\right);\quad PV_i = \sum_i \left(\frac{a_{i,j}}{\sum_j a_{i,j}}\right);$$

$$PA_i = \sum_j (a_{i,j} \cdot PV_j);\quad (i = 1 \div n);$$

Figure 5. Statictic analysis

Table 4. A matrix of internal

	PV	2024/max	2026/max	2028/max	2030/max	
I	0.1588	0.4500	0.7000	0.8000	0.9000	
II	0.2131	0.4583	0.5833	0.6667	0.7500	
III	0.2176	0.3571	0.5714	0.6429	0.7143	
IV	0.1234	0.2321	0.3571	0.4286	0.5000	
V	0.1353	0.2917	0.3833	0.4667	0.5500	
VI	0.1518	0.2857	0.5714	0.7143	0.8571	
	Ж.дундаж	0.3583	0.5425	0.6335	0.7244	0.5647
	IC	-0.2063	-0.0222	0.0688	0.1597	

Table 5. A matrix of external

	PV	**2024/max**	**2026/max**	**2028/max**	**2030/max**
I	0.2238	0.5536	0.6429	0.7143	0.7857
II	0.1493	0.2857	0.5714	0.7143	0.8571
III	0.2014	0.5000	0.5714	0.6429	0.7143
IV	0.1434	0.3929	0.4286	0.4286	0.4286
V	0.1525	0.4214	0.6429	0.7143	0.8571
VI	0.1296	0.3214	0.5714	0.6429	0.7143
	Ж.дундаж	0.4295	0.5778	0.6497	0.7324
	EC	-0.1679	-0.0195	0.0523	0.1351

Results Information

This study highlights that hospital governance can be improved by focusing on internal factors such as the involvement and support of hospital boards in staff development, quality services, and risk management. It also emphasizes the need for structured evaluation mechanisms for more transparent governance and accountability within healthcare institutions.

Discussion

In order to increase the perception of clinical governance climate, especially for nurses working in public hospitals, training seminars, certificate programs should be organized on this subject, and the opportunity to participate in scientific meetings such as congresses and workshops should be offered.

We have studied clinical governance based on theories,

models, and assumptions of research work by international researchers and put forward three hypotheses, it means that our research is grounded in the work of researchers in the field of clinical governance. The findings strongly support the hypothesis that Organisational climate has a statistically significant influence on clinical governance. The mean value of 0.521, a T statistic of 5.581, and a very low P value (0.000) indicate a substantial impact.

The results do not provide enough evidence to reject the null hypothesis. With a mean value of 0.151, a T statistic of 1.424, and a P value of 0.155, it can be concluded that there is no statistically significant influence of development and training on clinical governance.

The findings support the hypothesis that work result and clinical effectiveness have a statistically significant influence on job performance. The mean value of 0.233, a T statistic of 2.607, and a P value of 0.009 suggest a meaningful impact on job performance.

Hypothesis 1 such as Organisational climate has influence on clinical governance (mean 0.521), (Standard deviation 0.093), (T statistic 5.581) and (P value 0.000). Hypothesis 2 such as development and training have no influence on clinical governance (mean 0.151), (Standard deviation 0.097), (T statistic 1.424) and (P value 0.155). Hypothesis 3 such as work result and clinical effectiveness have influence on job performance (mean 0.233), (Standard deviation 0.091), (T statistic 2.607) and (P value 0.009).

The development of the healthcare sector heavily relies on the operations of healthcare facilities. However, regulatory organizations play a significant role through their policies and decisions, as these directly affect the oversight and regulation of these operations.[1]

Upon examining three specialized medical institutions with governing boards (Board of Trustees), findings reveal several challenges. Committees under these boards are often inactive, rules and regulations lack transparency, there is minimal financial accountability, and clinical errors.[2]

There is a pressing need for healthcare workers to focus on workload management, performance, salary, and work environment while following international clinical guidelines for improvement.[3]

The current Health Law lacks provisions for evaluating and enforcing accountability within the Board of Trustees of healthcare organizations, which is affecting the efficacy of these operations.[4]

A system that enforces accountability between health authorities, management, staff, patients, and stakeholders should be established to achieve effective healthcare operations.[5]

Operational Level

- Increase transparency in healthcare organization governance.
- Clearly define and separate the roles of management and the Board of Trustees.
- Empower and strengthen the Boards of Trustees of specialized healthcare institutions, while improving legal frameworks.
- Implement solutions to address policy-level healthcare challenges.

Sector Level

- Build and maintain the reputation of healthcare organizations.
- Ensure ethical standards among healthcare professionals.
- Establish a system for evaluating healthcare workers' performance.
- Provide education on common characteristics of healthcare facilities and professionals.

Policy Level

- Amend and add provisions to current healthcare laws
- Incorporate new clauses regarding healthcare organizations.
- Shift public perception positively towards healthcare organizations.
- Separate governance from political influence.

Potential Solutions

- By enhancing the data repository, evaluation criteria can be more accurately defined and methodologies improved.
- Broaden research to include assessments of employee and patient satisfaction as well as ethical development of healthcare staff.
- Collaborate with researchers and experts to expand governance research across various healthcare institutions.

Conflict of Interest

The authors state no conflict of interest.

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Authors Contribution

Ureltsetseg Batdelger: building on years of dedicated research in this field, conceptualized the study, developed the methodology, conducted formal analyses, oversaw data collection, and prepared the original manuscript draft.

Bayasgalan Tsogtsuren, Selenge Chuluun, and Baigalmaa Danzan: contributed to data collection, validation, preliminary analyses, and critically reviewed and edited the manuscript.

Purevdorj Batdelger: supervised the project, provided methodological guidance, and critically reviewed the manuscript.

All authors have read and approved the final version for publication.

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