

The impact of fraud on the competitiveness of the institutions providing health services “IPS” of Valledupar

El impacto del fraude en la competitividad de las instituciones prestadoras de servicios de salud «IPS» de Valledupar

 <https://doi.org/10.21803/adgnosis.13.14.736>

LORENA BERMUDEZ LOAIZA

 <https://orcid.org/0009-0003-5224-1914>

Especialista en Revisoría Fiscal y Auditoría Externa. Docente de la Universidad Popular del Cesar. Valledupar (Cesar). E-mail: lorenabermudez@unicesar.edu.co.

FARID RAFAEL VILLALBA TABORDA

 <https://orcid.org/0000-0001-8595-1662>

Magíster en Gestión Pública y Gobierno - UDES. Especialista en Gestión Pública - ESAP. Estudiante del doctorado en Modelado de Política y gestión Pública - UTADEO. Contador Público. faridvillalba@contables.com

Cómo citar este artículo:

Bermudez; L. y Villalba; F. (2024). The impact of fraud on the competitiveness of the institutions providing health services “IPS” of Valledupar. *Ad-gnosis*, 13(14). e-736. <https://doi.org/10.21803/adgnosis.13.14.736>

Abstract

Introduction: Fraud in the healthcare sector is a phenomenon that can have serious consequences, not only in economic terms but also in the quality and accessibility of health services. **Objective:** To analyze the incidence of fraud on the competitiveness of IPS in Valledupar. **Methodology:** The epistemic approach of the research was positivist. Regarding the type of study, it was descriptive with a non-experimental field study design. The population selected for this study consisted of officials from the IPS under study. **Results:** The results show that the IPS in Valledupar under study do not have mechanisms that can be implemented, meaning there is no effective approach to establishing robust internal controls designed to prevent fraudulent activities. **Conclusions:** Business fraud has been detected, which has had serious consequences not only for the companies and their shareholders but also for the employees, customers, and the economy of Valledupar, causing a loss of credibility in the health service providers.

Keywords: Fraud, types of fraud, corporate fraud, competitiveness, Institutions (IPS), Types of fraud.

Resumen

Introducción: El fraude en el sector sanitario es un fenómeno que puede tener graves consecuencias, no sólo en términos económicos, sino también en la calidad y la accesibilidad de los servicios sanitarios. **Objetivo:** Analizar la incidencia del fraude en la competitividad de las IPS de Valledupar. **Metodología:** El enfoque epistémico de la investigación fue positivista. En cuanto al tipo de estudio, fue descriptivo con un diseño de estudio de campo no experimental. La población seleccionada para este estudio estuvo conformada por funcionarios de las IPS objeto de estudio. **Resultados:** Los resultados muestran que las IPS en Valledupar objeto de estudio no cuentan con mecanismos que puedan ser implementados, es decir, no existe un enfoque efectivo para establecer controles internos robustos diseñados para prevenir actividades fraudulentas. **Conclusiones:** Se han detectado fraudes empresariales que han tenido graves consecuencias no solo para las empresas y sus accionistas sino también para los empleados, clientes y la economía de Valledupar, ocasionando una pérdida de credibilidad en los prestadores de servicios de salud.

Palabras clave: Fraude, tipos de fraude, fraude empresarial, competitividad, Instituciones (IPS), Tipos de fraude.



Introduction

Fraud is a multifaceted global issue affecting governments, businesses, and individuals, leading to financial losses, reputational damage, and undermining trust in financial institutions and business systems. The advancements in financial and digital technology have introduced new forms of fraud, such as phishing, identity theft, credit card fraud, among others. These crimes impact not only individuals but also banks and financial institutions, resulting in multimillion-dollar losses.

In the same vein, corporate fraud presents itself as a significant threat, with companies constantly facing the risks of internal and external fraud. Dishonest employees, corruption, embezzlement, and falsification of financial information are some examples that negatively impact a company's profitability and credibility.

Therefore, the lack of transparency, control, and institutional losses are constant factors in this dark scheme known as fraud, which is designed to achieve substantial personal gains. A bleak panorama outlines the general dimensions of this phenomenon, recognizing the enormous problem that exists globally. According to McLean & Elkind (2004), iconic cases like Enron (2001) captivated the world not only for its astonishing rise to the top of the business world but also for its dramatic fall. The name Enron, once hailed as a brilliant example of innovation and success in the energy sector, eventually became synonymous with greed and corporate deceit, revealing the strategies that propelled the company to the top, the consequences of the scandal that led to its downfall, and its lasting impact on the economy. The estimated debt reported by the company was around \$74 billion. The scandal, involving fraudulent accounting practices, earnings manipulation, and hidden debts, led to the company's bankruptcy in December 2001 and had a devastating impact on employees, investors, and financial markets in general.

On the other hand, when discussing competitiveness in health systems, it is necessary to focus on anticipatory and preventive management with a sustainable long-term vision to help affiliates manage their environmental conditions. This approach enables better lifestyle decisions based on preventive health, emphasizing the importance of a country's investment in health. The health status of the population directly influences the development of human capital, productivity levels, competitiveness, poverty alleviation, and economic and social development. As health investment allows the population to access equitable, efficient, and high-quality medical services, a “virtuous circle” is achieved, improving individual and societal competitiveness and advancing towards greater economic and human development.

Conversely, falling into a “vicious circle” where poor quality, inefficient, and inequitable health services divert resources from other productive uses, resulting in less health than possible with the invested resources. Instead of supporting an optimal process of human, social, and economic development, this scenario exacerbates poverty, hinders economic growth, and increases inequality of opportunities due to suboptimal human capital development, reduced family savings, lower workforce productivity, and rising healthcare costs (López Sánchez, 2011).

In a globalized world, competitiveness fosters relationships and synergies among countries,

enabling all involved to achieve gains and results greater than the sum of the parts. Thus, competitiveness is not a zero-sum game where one country or sector wins at the expense of another. It is a multidimensional concept of added values applicable to international trade or the economic spectrum, as well as social and political aspects (Narváez & Fernández, 2008). A country's competitiveness depends on three key resources: people, physical capital, and natural resources, which, when combined favorably, increase the value of products, processes, and services. In the case of human resources, inputs such as health and education play a crucial role in achieving higher productivity, quality, and value, thus enhancing a country's competitive capacity.

As generators of national wealth, health systems are bidirectionally linked to private companies, both as producers of goods (health products) and creators of business opportunities, economic development, and social development. Competitive advantage. Healthy competitiveness means identifying factors influencing input costs, determinants of operational efficiency and productivity of the company and the industrial park, as well as factors inherent in price, quality, and product differentiation (Porter, 2017).

From a critical perspective, this research is proposed because, in Colombia, it is common for health promotion companies (EPS) and insurance entities under managed care to use cunning, fallacies, or conspiracies in healthcare provision. Therefore, it is necessary to elucidate the foundations of fraud practices as cost control through various mechanisms: covert operations to deny service, the invention of bureaucratic procedures through smart actions, and the essence of health management mechanisms.

In the same context, things are not easy in the health sector; IPS (Health Service Providers) depend on payments from health promotion companies (EPS), insurance entities, and national governments for their services, which has become a problem in recent years. The country's IPS have received increased attention due to the recent growth of the entity's portfolio, disclosed by the main regulators of the Colombian health sector (e.g., Health Supervision, Ministry of Health). Health and Social Security and the Colombian Association of Hospitals and Clinics - ACHC, through meetings and bulletins, as well as periodic reports, publish figures on portfolio growth, which has left the sector in a very complex financial situation, exacerbated by the COVID-19 pandemic, surpassing 12 billion pesos during that period.

In conclusion, as a predictive control, it is inferred that a series of situations affect the normal development of the economic activities of the IPS in the health sector of Cesar, which can be identified as follows: control, supervision, and management of resources and the legislative body, approved by the legislative power through the judiciary. The law provides contributions and abuses the rights of Colombians without the slightest foresight or concern for resources.

The EPS are managers, mediators, and/or administrators of resources and coordinators of services that patients need. The users are the beneficiaries of the system and sometimes firmly believe they have rights, not obligations. The IPS (Service Providing Institutions) are the only institutions that can truly respond to the users' needs, as they are the ones that actually carry out and provide medical services to Colombians.

For the IPS, the external factors that most affect them are, among others: unfair competition (offering very low prices to secure contracts with EPS), bribery (paying kickbacks to EPS managers or employees to obtain contracts and timely payments), and the lack of EPS training for IPS staff for service procedures, medical authorizations, service provision, billing, and payment processes, which end up translating into denials (partial or total rejection affecting the amount of the health service invoice). The internal factors that most affect the IPS are: delays in EPS payments and consequently delays in payments to employees, lack of financial organization according to the EPS payment system, labor dignity (salaries according to responsibilities, experience, added value, among others, stability in hiring and compliance with labor regulations in general).

Theoretical Framework

Fraud in Competitiveness

According to Moreno (2022), fraud often includes activities such as theft, corruption, embezzlement, money laundering, bribery, insider trading, and extortion. All fraudulent activities are illegal, and those who engage in them are classified as criminals. In other words, an act that uses deception to gain dishonest personal profits and/or cause losses to others is fraudulent.

On the other hand, Toro & Collins (2017), state that fraud is an illicit act committed by one or more natural or legal persons responsible for overseeing compliance with a public or private contract, with the aim of obtaining some benefit at the expense of others. The main characteristic of fraud is the use of deception to obtain a benefit at the expense of another person or institution (such as a company or a country).

Now, Márquez (2018) refers to fraud as the most creative of crimes: it requires the sharpest minds and could be said to be virtually impossible to prevent. As soon as a solution is found, someone will invent something new. The norm defines fraud and errors and establishes that management has the responsibility to prevent them. The auditor must plan the audit in such a way that there is a reasonable expectation of detecting material anomalies resulting from fraud and error.

Types of Fraud

As expressed by Moreno (2022), various types of fraud are currently established, including tax or fiscal fraud (originating from irregular activities such as hiding economic facts), financial fraud (intentional acts within the administration reflecting errors in financial information causing economic losses), money laundering (a process that hides and disguises the origin of illicit activity proceeds to give them a legitimate appearance), and bribery (giving gifts or money to obtain something illicitly, in other words, to corrupt).

According to Márquez (2018), various modalities are employed in fraud, such as corruption (where a person improperly uses their influence for personal gain), illegal appropriation of assets (involving the theft of cash or goods), financial statement fraud (involving the misrepresentation

of financial statements, generally exaggerating assets or underestimating liabilities and expenses).

Using the words of Montes et al. (2017), fraud occurs when an individual acts in bad faith to gain an undeserved benefit, which involves manipulation, asset misappropriation, suppression of transaction effects in records, recording unsupported transactions, or misapplication of accounting policies. Thus, whatever the implication, fraud can be committed under the following modalities: fraud, collusion, embezzlement, theft, robbery, computer fraud, among others.

For the purpose of this research, a position was established based on the statement of (Montes et al., 2017), who expressed it broadly, strengthening it with other authors but undoubtedly being the most accurate for the research subjects.

Profile of the Fraudster

According to Grisanti (2016), a person who commits fraud is called a fraudster; this word has synonyms such as cheat, swindler, or criminal, and is related to the violation of trust and the prejudice of another's rights. Fraudsters are people with decision-making power and opportunities to commit fraud, although their facets are diverse, making it difficult to establish a precise fraudster profile because they vary according to the constantly changing business environment.

From the point of view of Montes et al. (2017), fraudsters are not necessarily bad people; they are considered people who do not feel empathy or remorse with all that practicing fraud entails. They live by their own rules and only feel guilt when they fail their own code of conduct. Fraudsters see other people as objects to manipulate and satisfy their interests, and although most do not commit crimes, they do not hesitate to lie, manipulate, or harm.

For Simbaqueva (2015), the age of a fraudster ranges between 36 and 55 years, and they are generally employees who have been with the company for more than six years. They are usually employees related to the financial, accounting, and management areas, handling confidential and financial information, capable of evading and deceiving internal controls.

Evidence of Fraud

According to Montes et al. (2017), in the process of a financial statement audit, the auditor must obtain evidence supporting their work and backing the assertions resulting from their activity. Hence the relevance of evidence in the auditor's work. Evidence is considered the element of judgment used by the auditor to support their conclusions, based on the information obtained. Therefore, it must contain clear elements of manifest certainty regarding the reasonableness of the financial statements under evaluation, based on the analysis elements used in the audit.

Lattuca (2003), asserts that evidence "will reach source documents and accounting operations below financial reports and confirmatory investigation from other origins." These elements of judgment are collected by the auditor through their audit procedures. Audit evidence related to fraud identification in financial statements is fundamental, as it supports everything the auditor states in their report.

Bermúdez et al. (2000) defines audit evidence as all the information used by the auditor to form the conclusions on which their opinion is based. The auditor attempts to obtain evidence that the statements made by the directors are true. Financial fraud audit evidence relevant to financial statements includes assertions that are true if the financial statements are consistent with the accounting basis used as a reference framework.

Methodology

The epistemic approach of this research is framed within the quantitative paradigm and adopts an empirical positivist approach. The type of study was descriptive with a non-experimental field study design. The population selected for this study comprised general managers, administrative and financial managers, heads of planning and budgeting, as well as internal audit heads of the IPS under study.

Table 1

Characteristics of the Population in Health Service Providers "IPS" of Valledupar

IPS	General Manager	Administration and Finance Manager	Head of Planning and Budget	Head of Internal Audit	Total
CLINICA MEDICOS S.A.	1	1	1	1	4
CLINICA BUENOS AIRES S.A.S.	1	1	1	1	4
LABORATORIO NANCY FLOREZ GARCIA S.A.S.	1	1	1	1	4
MEDICINA NUCLEAR S.A.	1	1	1	1	4
TOTAL			16		

Source: Own elaboration, based on data extracted from the Valledupar Chamber of Commerce.

As a data collection instrument, a self-administered questionnaire (Appendix A) was used, directed at general managers, administration and finance managers, and heads of planning and budgeting, among others, from the health service providers "IPS" of Valledupar. The instrument aims to simplify data collection for both the researcher and the respondent, ensuring that the provided information was treated with strict confidentiality.

The questionnaire consisted of twenty-four (24) items with Likert scale response options (Table 2): Always (A), Almost Always (AA), Sometimes (S), Almost Never (AN), and Never (N). To measure the variable under study, the items considered the dimensions of Fraud Characteristics and Fraud Impact. Additionally, the variable Fraud was measured. In this study, reliability was assessed using Cronbach's Alpha Coefficient, which yielded a value of 0.91, indicating reliability. The statistical treatment of the data will involve a process of descriptive statistics.

Table 2
Scale for the Interpretation of Results

Range	Interval	Category
I	1.00 - 1.79	Very Low
II	1.80 - 2.59	Low
III	2.60 - 3.39	Moderate
IV	3.40 - 4.19	High
V	4.20 - 4.99	Very High

Source: Own elaboration (2023)

From there, measures of central tendency (arithmetic mean) will be estimated to obtain the score that will represent budget management as a financial control tool in small and medium-sized enterprises in each of the dimensions analyzed using the interpretation scale.

Results

This chapter presents the statistical results of the study conducted. The results are presented in the order of the specific objectives that guided the study, using arithmetic means and measures of variability for the fraud variables that constitute the object of study, in a tabular form by dimensions and indicators.

Table 3
Fraud Modality

ALTERNATIVES	Fraud Modality		Fraudster Profile		Fraud Triangle	
	Fa	%	Fa	%	Fa	%
(5) Always	0	0	0	0	0	0
(4) Almost Always	0	0	0	0	0	0
(3) Sometimes	8	27	17	56	8	27
(2) Almost Never	22	73	13	44	22	73
(1) Never	0	0	0	0	0	0
Total	30	100	30	100	30	100
Indicator Range	2,47		2,56		2,27	
Indicator Category	Low		Low		Low	
Dimension Range	2,43					
Dimension Category	Low					

Source: Own elaboration (2023)

In Table 3, the results for the Fraud variable related to the Fraud Characteristics dimension are presented. Regarding the Fraud Modality indicator, it is observed that the responses from the informant units were almost never (73%) and sometimes (22%). The mean of this indicator (2.47) is in Range II of the scale, with a category of analysis "Low".

The previous results demonstrate that the IPS of Valledupar, which were the subject of this study,

do not have the mechanisms that can be implemented. This means there is no effective approach to establishing solid internal controls designed to prevent fraudulent activities in the first place. This observation contradicts what Moreno (2022) states, indicating that various types of fraud exist today, including tax or fiscal fraud (arising from irregular activities like concealing economic facts) and financial fraud (intentional acts within management reflecting errors in financial information causing economic losses).

According to the information expressed by the informant units, the Fraudster Profile indicator reached 56% in the "sometimes" response option, followed by "almost never" at 44%. Therefore, the mean of this indicator (2.56) places it in Range II of the scale with a "Low" category of analysis. This indicates a lack of mechanisms to establish solid internal controls and implement measures to prevent fraudulent activities in this indicator.

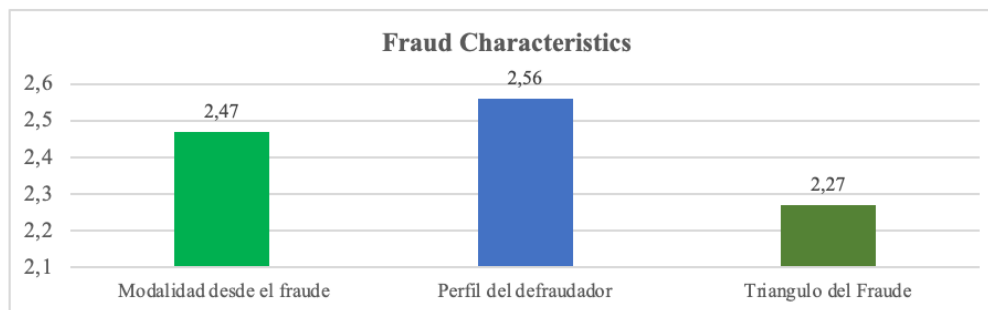
The results differ from Grisanti (2016), who states that a fraudster is someone who commits fraud and is synonymous with a cheater, swindler, or criminal, relating to the violation of trust and the harm of third-party rights. Fraudsters are individuals with decision-making power and the opportunity to commit fraud, although their characteristics are diverse. Establishing an accurate profile of a fraudster is challenging because fraudsters vary according to the ever-changing business environment.

Finally, the results of the Fraud Triangle indicator were analyzed, where the percentage assigned to each response option by the informant units was as follows: almost never (73%) and sometimes (27%). The mean of the indicator was 2.27, placing it in Range II. Consequently, these companies are under the Fraud Triangle of financial information.

These results differ from Márquez (2018), who states that the fraud triangle consists of factors that predispose and increase the risk of committing the crime. This is typically observed in 80% of fraudsters with a high moral standard. The factors are motive (related to the fraudster's morality, adjusting actions to a justification), pressure or incentive (when management or an employee is under significant pressure or incentive), and opportunity (taking advantage of organizational weaknesses).

Below is a bar chart showing the mean of each indicator that comprises the Fraud Characteristics dimension.

Figure 1
Fraud Characteristics



Source: Own elaboration (2023)

Table 4*Dimension: Impact of Fraud*

ALTERNATIVES	Fraud Modality		Fraudster Profile		Fraud Triangle		Corporate frauds	
	Fa	%	Fa	%	Fa	%	Fa	%
(5) Always	13	42	11	38	9	31	9	31
(4) Almost Always	7	22	13	42	15	51	15	51
(3) Sometimes	5	16	3	9	3	9	3	9
(2) Almost Never	2	7	0	0	3	9	3	9
(1) Never	4	13	3	11	0	0	0	0
Total	30	100	30	100	30	100	30	100
Indicator Range	3,73		3,96		4,04		4,04	
Indicator Category	High		High		High		High	
Dimension Range	3,94							
Dimension Category	High							

Source: Own elaboration (2023)

In Table No. 4, the results of the Impact of Fraud dimension are presented. Regarding the indicator Credibility of the evidence, the responses obtained from the reporting units were as follows: always (42%), followed by almost always (22%), sometimes (16%), never (13%), and almost never (7%). The average is 3.73, placing it in Range IV, demonstrating that Credibility of the evidence is used to a high degree in the IPS of Valledupar.

From the previous evidence, it is shown that the results are consistent with what Alvin et al. (2007) stated. Given the nature of audit evidence and the cost considerations involved in auditing, it is unlikely that the auditor will have complete confidence that the audit opinion is correct. However, the auditor must obtain a high degree of confidence that the opinion is correct by combining all the audit evidence. The two determinants of the credibility of the evidence are competence, as it refers to the degree to which the evidence can be considered credible or trustworthy, and the amount of evidence obtained determines its sufficiency.

Regarding the indicator Audit documentation, the following results were obtained: never (53%), followed by almost always (42%), always (38%), never (11%), and sometimes (9%). The average was 3.96, placing it in Range II, so it can be inferred that, in the IPS of Valledupar, it provides evidence of the auditor's work, supports the conclusions reached during the audit, complies with legal and professional requirements, facilitates review and quality control, and provides a basis for future audits to support the audit performed to mitigate fraud.

Thus, the results are consistent with what Alvin et al. (2007) stated. This documentation is an examination by the auditor of the client's documents and records to support the information included or to be included in the financial statements. The documents examined by the auditor are the records used by the client to provide information while conducting their activities in an organized manner.

However, regarding the indicator corporate frauds, the results were as follows: almost always (51%), followed by always (31%), sometimes (9%), and almost never (9%). The average for the indi-

cator was 4.04, placing it in Range IV with a category of analysis "High." Therefore, it is demonstrated that these companies perform thorough background checks of employees, suppliers, and others who have access to confidential information of financial resources, which is an important step to mitigate corporate fraud. This can help identify any red flags that may indicate potential fraudulent activity.

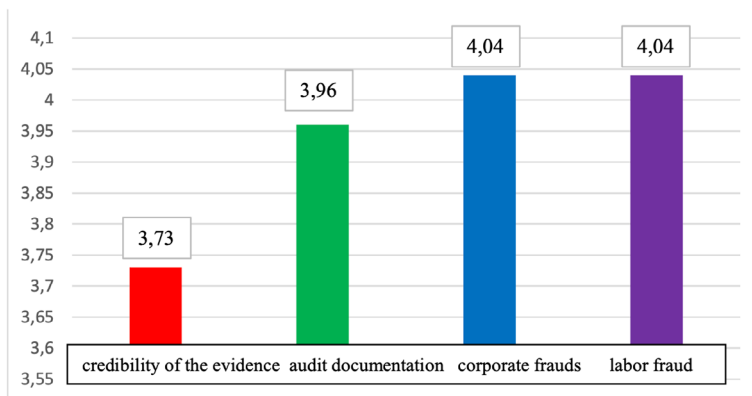
Due to this, the results are consistent with Angulo (2021), who states that corporate fraud encompasses the loss of an organization's assets committed by the same to obtain benefits from other third parties. Examples include personal purchases of goods made by an employee in their own name, creating ghost employees on the payroll, tax evasion, theft or unauthorized use of assets, falsification of financial statements, among others.

Finally, regarding the indicator Employment frauds, the results were as follows: almost always (51%), followed by always (31%), sometimes (9%), and almost never (9%). The average for the indicator was 4.04, placing it in Range IV with a category of analysis "High." Therefore, it is demonstrated that these companies periodically monitor financial activity to look for signs of potential fraud, which can help prevent this type of activity from going unnoticed. This may involve reviewing financial records, conducting surprise audits, and implementing systems to detect unusual activities or patterns.

These results are consistent with what Santos & Silva (2019) stated, indicating that employment fraud distorts financial information to harm the company. This is generated by one or more employees who wish to improperly benefit from the company's resources. When two or more people agree to harm a third party, they are acting in collusion.

Below is a bar chart showing the average of each indicator that makes up the Impact of Fraud dimension.

Figure 2
Characteristics of the Impact of Fraud



Source: Own elaboration (2023)

Discussion

Once the results of the fraud variable were analyzed, the most common types of fraud in these IPS (Health Provider Institutions) emerged. Prominent patterns of fraud include irregular billing

for services that have not been provided, overestimation of service costs, and unnecessary medical services for patients. These practices increase the burden on insurance companies or the health-care system. Another issue is the misuse of medical resources or the demand for unnecessary diagnostic tests to inflate costs and claims.

As a result, these practices have led to a decrease in the quality of care in the IPS of Valledupar, resulting in the provision of unnecessary or low-quality services, affecting patient health and well-being. This also exhausts limited resources that could be used for essential services, impacting equitable access to healthcare. Resources dedicated to health services are diverted into fraudulent practices, limiting access to care for those who need it most. This has led to legal consequences, including financial penalties, closure of facilities, or revocation of operating licenses, affecting the availability of healthcare in Valledupar.

In general, many IPS have implemented continuous improvement measures to mitigate fraud, resulting in innovations and improvements in their services and processes. This includes adopting new technologies, modern medical practices, and efficient management systems. Quality of care has been prioritized as these companies understand that competitiveness is closely related to the quality of care provided by IPS. Being competitive means providing high-quality services that translate into better health outcomes for patients and greater satisfaction.

Conclusions

After analyzing the incidence of fraud in the competitiveness of the IPS of Valledupar to contribute to its reduction, it is concluded that fraud sometimes occurs in these health institutions. It has been demonstrated that illegal activities have been carried out several times by the companies themselves and by some workers for personal gain. These activities include corruption, insider trading, falsification of financial statements, bribery, and other forms of deception.

In characterizing the fraud factors in the IPS of Valledupar, it is concluded that corporate fraud has been detected, which has had severe consequences not only for the companies and their shareholders but also for employees, customers, and the economy of Valledupar. It has caused a loss of credibility in health service providers. One of the most opaque practices by IPS owners is the failure to pay staff, with delays often reaching up to a year, indicating that cash flow is used for activities unrelated to the business. Additionally, corporate frauds have been evidenced, such as falsifying signatures and other documents to execute and pay service contracts.

Finally, it is concluded that the Public Prosecutor's Office has requested the identity and data of the supervisor of the alleged false contract, as well as the identity and data of those who were heads of human resources, treasury, and payroll in some IPS, along with all documents related to payment orders and payment documents, among others. This is to quantify the alleged corruption and establish how the network that committed the alleged crimes was organized, which would also constitute a very serious disciplinary offense within corporate fraud.

References

- Alvin, A., Randal, E. & Mark, B. (2007). *Auditoría un enfoque integral*. Pearson Educación.
- Bermúdez Gómez, H. (2000). *Esbozo de la auditoría y el control interno en las organizaciones privadas*. Cuadernos de Contabilidad No. 7. Bogotá: Pontificia Universidad Javeriana.
- Angulo, P. (2021). Auditoría Forense. Universidad Javeriana. [https://www.javeriana.edu.co/personales/hbermude/Audire/spac%20\(2\).pdf](https://www.javeriana.edu.co/personales/hbermude/Audire/spac%20(2).pdf)
- Grisanti Belandria, A. (2016). *Los Fraudes en las Organizaciones y el Papel de la Auditoría Forense en este Contexto*. Sapienza Organizacional, 11-36. <https://www.redalyc.org/journal/5530/553056828002/>
- Lattuca, J. A. (2003). *Compendio de auditoría*. Temas Grupo Editorial.
- López Sánchez, J. A. (2011). *El Efecto Del Aprendizaje Organizativo en Las Relaciones Empresariales*. Editorial Académica Española.
- Márquez, R. (2018). *Auditoría forense*. Instituto Mexicano de Contadores Públicos.
- McLean, B. & Elkin, P. (2004). *The Smartest Guys in the Room: The Amazing Rise and Scandalous Fall of Enron*. Penguin Books.
- Montes, C., Montilla, O. & Vallejo, C. (2017). *Riesgos de fraude en una auditoría de estados financieros*. Alfaomega Colombia S.A.
- Moreno, L. (2022). *Auditoría forense: una guía práctica para la excelencia en la ciencia, auditoría e informática forense*. Ediciones de la U. <https://edicionesdelau.com/producto/auditoria-forense-una-guia-practica-para-la-excelencia-en-la-ciencia-auditoria-e-informatica-forense/>
- Narváez, M. & Fernández, G. (2008). Estrategias competitivas para fortalecer sectores de actividad empresarial en el mercado global. *Revista Venezolana de Gerencia (RVG)*, 13, 233-243. https://ve.scielo.org/scielo.php?script=sci_arttext&pid=S1315-99842008000200005
- Porter, M. (2017). *Ser competitivo*. (9th ed.). Deusto.
- Santos, S. & Silva, D. (2019). *Auditoría forense: herramienta administrativa como respuesta al fraude*. Universidad Cooperativa de Colombia.
- Simbaqueva, K. (2015). *El auditor forense frente al fraude ocupacional*. Universidad Externado de Colombia.
- Toro, W. & Collins, N. (2017). *Auditoría forense*. Grupo Compas.



**Presupuesto maestro como herramienta de gestión gerencial
e innovación en la agroindustria de Sogamoso, Boyacá**