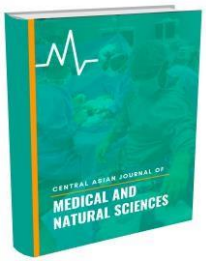

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Article

Influential Factors Affecting the Effective Delivery of Services by Health Records Professionals in Selected Tertiary Teaching Hospitals in Southwestern Nigeria

Omodele Serah Agbejimi[1], Samuel Omowale Okijiola[2], Joy Isioma Oboh[3], Adebisi Mayowa G[4], Oladoyinbo Tunji Oloyede[5], Famade Titilayo Elizerbeth[6]

1. East Tennessee State University, Johnson City, Tennessee, US
2. Department of Human Nutrition and Dietetics, Faculty of Public Health, University of Ibadan
3. Faculty of Health Sciences, Department of Public Health National Open University of Nigeria, Edo State
4. MPH Population and Reproduction, Health Nutrition, MSW Health Social Work, University of Ibadan
5. Oyo State Primary Health Care Board
6. University of Ibadan

Annotation: Healthcare service delivery in Nigeria, particularly in the Southwestern region, faces significant challenges, including inadequate infrastructure and staffing shortages. Health records management practices are crucial for improving service delivery and health outcomes. This study examines influential factors affecting the effective delivery of services by health records professionals in selected Tertiary Teaching Hospitals in Southwestern Nigeria. The study aims to investigates factors such as staffing levels, technological infrastructure, training opportunities, and organizational barriers affecting service delivery. It also aim to assess the perceptions and challenges faced by health records professionals in delivering services effectively. A cross-sectional study design was employed, utilizing a stratified sampling technique to select 200 respondents from three Tertiary Teaching Hospitals in Southwestern Nigeria. Data were collected through a structured questionnaire and analyzed using descriptive statistics, including frequency tables, to present results. The study reveals positive perceptions among respondents regarding various services delivered by health records professionals. However, challenges such as inadequate staffing levels and resistance to change within organizational culture were identified. While some factors like standardized procedures (50.0% agreeing) and access to training opportunities (42.7% agreeing) were perceived positively, concerns about resource allocation equity (47.5% disagreeing) and technological infrastructure (42.5% agreeing) persisted. The findings underscore the importance of addressing systemic issues to improve health records management and service delivery. Recommendations include addressing staffing shortages, investing in technology, providing training opportunities, enforcing policies, and ensuring resource equity. Enhancing health records management practices can lead to improved patient care and healthcare service delivery in Tertiary Teaching Hospitals in Southwestern Nigeria.

Keywords: Health records management, service delivery, Tertiary Teaching Hospitals, Southwestern Nigeria, challenges, perceptions, recommendations, percentage figures

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1. Introduction

Service delivery involves a range of actions geared towards offering effective and satisfactory services to individuals, meeting community requirements, and addressing cit-

izen issues [1]. In the context of the healthcare sector, service delivery pertains to guaranteeing the provision and accessibility of high-quality healthcare services to the populace [2], [3]. In Nigeria, particularly in the southwestern region, healthcare service delivery encounters various obstacles such as insufficient infrastructure, reduced productivity among healthcare professionals, inadequate medical resources, confidentiality challenges, ineffective procedures, and a scarcity of skilled medical personnel [4], [5]. These challenges contribute to suboptimal healthcare service delivery and underscore the importance of addressing systemic issues to improve health outcomes [6], [7], [8].

According to the World Health Organization (WHO), health records management practices constitute a coordinated endeavor encompassing the collection, processing, reporting, and utilization of health records and information to impact policymaking, programmatic initiatives, and research [5]. The WHO underscores that health records go beyond mere data collection; their real significance and applicability arise when they are analyzed, converted into significant information, and efficiently employed [9], [10], [11].

The fundamental goal of health records management practices is to produce actionable information within the healthcare sector [12], [13]. Therefore, the assessment of these systems' effectiveness should consider not only the quality of the generated data but also evidence demonstrating ongoing utilization of this data to enhance healthcare system operations and ultimately improve health outcomes [14]. WHO highlights the numerous benefits that investment in Health Records Management Practices (HRMP) can yield [5]. These include aiding decision-makers in detecting and controlling emerging health issues, monitoring progress towards health goals, promoting equity, empowering individuals and communities with timely and understandable health-related records, and driving improvements in service equality. Strengthening the evidence base for effective health policies, evaluating scale-up efforts, enabling innovation through research, and improving governance and accountability are vital aspects of HRMP [15]. Without reliable and relevant health records, healthcare managers and providers cannot effectively allocate resources, improve service quality, or address epidemics such as HIV/AIDS.

With the restructuring of health systems, there is a growing demand for sound information and the skills to manage and utilize it effectively. Health Records Management Practices, especially those based on modern ICT technologies, play a crucial role in addressing information needs across various levels of the health system. In Kenya, for instance, evolving health records needs due to sector reforms and decentralization of health planning to districts have prompted the review and automation of Health Records Management Practices. Lessons learned from developing integrated HRMPs emphasize the importance of using a finite number of indicators to monitor and evaluate health system performance. Streamlining and simplifying information flow encourage managers to determine critical information needs while recognizing the constraints faced by front-line health providers [16].

Health records management ensures the availability of clinical, demographic, financial, and administrative data for real-time healthcare service delivery, critical planning, and decision-making purposes across diverse organizations, settings, and disciplines. Health records management professionals play a pivotal role in ensuring optimal management of health records and systems. They contribute to improving healthcare quality by ensuring that the best information is available for making healthcare decisions. This profession encompasses planning, collecting, aggregating, analyzing, and disseminating individual patient and aggregate clinical data, serving various sectors within the healthcare industry, including patient care organizations, payer's research and policy agencies, and other health-related industries.

Nigeria's healthcare system consists of primary, secondary, and tertiary healthcare structures, each fulfilling specific roles in service delivery [17]. Tertiary teaching hospitals, situated within the tertiary healthcare tier, serve as comprehensive institutions providing

specialized care, medical education, and research opportunities [18]. They play a crucial role in healthcare provision, acting as focal points for clinical education, training, and research. The effective operation of healthcare service delivery relies on various factors, including robust practices in health records management. Health records, containing clinical, demographic, financial, and administrative information, serve as the primary reservoir of data concerning patient care and treatment [19]. They facilitate decision-making, quality assurance, continuity of care, and research endeavors within healthcare organizations.

Nevertheless, numerous obstacles impede the effective implementation of health records management practices in Nigerian hospitals, notably in tertiary teaching hospitals. These obstacles encompass inadequate infrastructure, insufficient funding, failure to enforce policies, limited initiatives for capacity-building, and inadequate acknowledgment of health records management professionals [20]. Additionally, health records professionals frequently encounter challenges such as job instability, inadequate training, and restricted avenues for career progression, all of which influence their motivation and efficiency [21]. Dealing with the key factors impacting the performance of health records professionals demands a comprehensive strategy. This approach entails improving infrastructure, boosting healthcare funding, enforcing policies, enhancing training initiatives, and acknowledging the critical role of health records management in healthcare provision [22]. Additionally, fostering a conducive workplace environment, offering incentives for professional growth, and ensuring fair treatment of health records professionals are vital measures for enhancing service delivery in tertiary teaching hospitals.

Recognizing and tackling the significant factors that affect the provision of services by health records professionals in tertiary teaching hospitals in Southwestern Nigeria is paramount for enhancing healthcare quality, efficiency, and patient outcomes. By tackling systemic issues and creating a supportive workplace atmosphere, healthcare institutions can enhance health records management practices and, consequently, elevate service delivery to the community. This holistic strategy necessitates coordinated action among policymakers, healthcare administrators, educators, and frontline healthcare workers to realize enduring enhancements in healthcare service delivery across Nigeria's tertiary teaching hospitals.

2. Materials and Methods

2.1 Study Area

The southwestern region of Nigeria comprises six states: Oyo, Osun, Ekiti, Ogun, Ondo, and Lagos. The study focuses on states where the first-generation Federal University Teaching Hospitals are located: Lagos, Oyo, and Osun. Specifically, the study centers on University College Hospital (UCH) in Ibadan, Lagos University Teaching Hospital (LUTH) in Lagos, and Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) in Ile-Ife.

Established in 1952, University College Hospital (UCH) in Ibadan stands as Nigeria's foremost teaching hospital, affiliated with the University of Ibadan. Despite encountering funding and staffing limitations, UCH remains steadfast in providing top-notch healthcare, medical education, and research. The Health Records Department at UCH oversees patient records and administrative data, leveraging modern technologies such as electronic health records (EHR) systems. The department ensures adherence to quality standards and patient privacy regulations while actively supporting research and clinical audits within UCH, driving innovation in health records management practices despite resource constraints.

Lagos University Teaching Hospital (LUTH), since its inception in 1962, hosts a pivotal Health Records Department tasked with managing patient health records and administrative data. The department, staffed by seasoned professionals, maintains a focus on

data accuracy and patient confidentiality through the integration of modern technology. Despite encountering challenges in data management, the department remains committed to facilitating research and educational endeavors within LUTH, upholding exemplary standards of care.

Established in 1967, the Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) in Ile-Ife stands as a premier healthcare institution. The Health Records Department, an integral component of OAUTHC since its inception, oversees the management of patient health records and administrative data. Despite facing various challenges, including resource constraints, the department prioritizes data accuracy and confidentiality. With a team of trained professionals and the adoption of modern technology, the department ensures streamlined data management processes. Committed to maintaining high standards, the department actively supports the hospital's research and educational initiatives, contributing to the advancement of healthcare services.

2.2 Sample Size and Sampling Technique

This study made use of the stratified sampling technique which involves dividing the population, in this case, health records professionals in each hospital, into distinct subgroups based on relevant characteristics such as job role, years of experience, and departmental division. There are several reasons for using Stratified Sampling. Firstly, each hospital encompasses different departments within the health records division. Additionally, health records professionals vary in terms of experience, expertise, and responsibilities. Moreover, stratification ensures that each subgroup is represented proportionally in the sample, thereby providing a more accurate reflection of the entire population. Based on the population of health records professional form the 3 hospitals, 119 respondents were selected from UCH, 48 from LUTH and 33 from OAUTH making a total sample size of 200 respondents.

2.3 Study Design

The study design for this study is cross-sectional. This design was chosen because it allows for the collection of data at a single point in time, offering a snapshot of the health records management practices and related variables across the selected hospitals. Cross-sectional studies are well-suited for describing the characteristics of a population, examining relationships between variables, and providing insights into current practices and trends within a specific timeframe. Additionally, the cross-sectional design enables efficient data collection and analysis, making it suitable for addressing the research objectives within the scope of the study.

2.4 Data collection and Management

The study utilized a well-structured questionnaire as the primary data collection instrument. Data gathering involved direct, face-to-face administration of questionnaires. The researcher, aided by proficient field research assistants, administered 200 questionnaires in total. Subsequently, the collected data underwent coding and analysis using the Statistical Package for the Social Sciences (SPSS) version 20.0 to facilitate result presentation. Descriptive statistics, including frequency tables, were employed to elucidate demographic variables. Additionally, hypothesis testing was conducted with chi-square as the statistical tool at a significance level of 0.05.

3. Results

Table 1. Socio-Demographic Profile of the Respondents

S/N	Characteristics	Categories	Frequency	Percentage %
1	Age	25-34	40	20.0
		35-44	70	35.0
		45-54	80	40.0
		>55	10	5.0
	Mean, SD	56.0±8.754		
2	Gender	Male	134	67.0
		Female	66	33.0
3	Educational Qualification	HND	62	31.0
		BSC	104	52.0
		MSC	34	17.0
4	Current Designation	Director Health Records	22	11.0
		Deputy Director Health Records	25	12.5
		Assistant Director Health Records	17	8.5
		Chief Health Record Officer	78	39.0
		Health Record Officer	58	29.0
5	Years of experience in the Health facility	1-9	45	22.5
		10-19	79	39.5
		20-29	50	25.0
		Above 30	26	13.0
6.	Marital status	Single	35	17.5
		Married	150	75.0
		Divorced	2	1.0
		Widowed	13	6.5
7.	Religion	Islam	75	37.5
		Christianity	120	60.0
		Traditional	5	2.5

The demographic characteristics of the respondents are summarized in Table 1. The age distribution shows that 40 respondents (20.0%) were aged 25-34, 70 (35.0%) were aged 35-44, 80 (40.0%) were aged 45-54, and 10 (5.0%) were above 55 years old, with a mean age of 56.0 years and a standard deviation of 8.754. Regarding gender, 134 respondents (67.0%) were male, while 66 (33.0%) were female. In terms of educational qualification, 62 respondents (31.0%) had an HND, 104 (52.0%) had a BSc, and 34 (17.0%) had an MSc. Concerning current designation, 22 (11.0%) were Directors of Health Records, 25 (12.5%) were Deputy Directors, 17 (8.5%) were Assistant Directors, 78 (39.0%) were Chief Health Record Officers, and 58 (29.0%) were Health Record Officers. The distribution of years of experience in the health facility indicates that 45 respondents (22.5%) had 1-9 years of experience, 79 (39.5%) had 10-19 years, 50 (25.0%) had 20-29 years, and 26 (13.0%) had above 30 years of experience. Regarding marital status, 35 respondents (17.5%) were single, 150 (75.0%) were married, 2 (1.0%) were divorced, and 13 (6.5%) were widowed. Additionally, in terms of religion, 75 respondents (37.5%) identified as Muslims, 120 (60.0%) as Christians, and 5 (2.5%) as following traditional beliefs.

Table 2. Knowledge of the Various Service Delivered by Health Records Professionals in the Selected Tertiary Hospitals

Services Delivered	Strongly Agree (%)	Agree(%)	Disagree(%)	Strongly Disagree (%)	Mean	SD
PROCESS		**Weighted Mean**			**3.26**	**0.70**
We provide coding and indexing services at the health records department in my hospital.	92(39.3)	105 (44.8)	3(1.3)	0 (0)	3.59	.73
We Compile statistical returns at the health records department in my hospital.	100(42.7)	87(37.2)	11(4.7)	2 (0.9)	3.55	.73
Creation, storage and retrieval of patients' records is provided in my hospital.	134(57.3)	55(23.5)	11(4.7)	0 (0)	3.69	.88
Confidentiality of health records is assured in my hospital.	100(42.7)	87(37.2)	11(4.7)	2 (0.9)	3.55	.83
Provision of inpatients' services is done in my hospital.	114(48.7)	85(36.4)	1(.4)	0 (0)	3.47	.74
Daily ward statement as one of the sources of statistical returns is available in my hospital.	1(0.4)	141 (60.3)	58(24.8)	0 (0)	3.43	.84
Documentation and registration of patients' information is always provided in my hospital.	134(57.3)	55(23.5)	11(4.7)	0 (0)	3.29	.74
Generation of patients' records is given priority in my hospital.	1(0.4)	140 (59.8)	59(25.2)	0 (0)	3.80	.87
Numbering control or system to facilitate accessibility of health records is available my hospital.	162(69.2)	36(15.4)	2(0.9)	0 (0)	3.18	.42
Appointment system for continuity of patient care is available in my hospital.	96(41.0)	0(0)	104(44.6)	0 (0)	1.03	.18

Table 2 above shows reveals a positive perception among respondents regarding the various services delivered by Health Records Professionals in the selected Tertiary Hospitals. Most respondents affirm the availability of coding and indexing services, compilation of statistical returns, and the assurance of confidentiality of health records in their hospitals. They also acknowledge the provision of services such as creation, storage, and retrieval of patients' records, along with documentation and registration of patients' information. However, fewer respondents report the availability of an appointment system for continuity of patient care in their hospitals. Despite this, the majority agree on the availability of a numbering control or system to facilitate accessibility of health records.

There's a notable discrepancy in responses regarding the availability of daily ward statements as a source of statistical returns. Overall, respondents indicate that the generation of patients' records is a prioritized aspect in their hospitals, highlighting a proactive approach to record-keeping and management.

Table 3. Perception of Health Record Professionals Towards Effective Delivery of Services to Patients

Variable	Frequency	Percentages
Do you believe existing health records management practices in hospitals are effective?		
Yes	120	60.0
No	75	37.5
I don't know	5	2.5
Do you feel adequately supported and empowered in your roles within the health records department?		
Yes	80	40.0
No	100	50.0
I don't know	20	10.0
Are there any organizational barriers or challenges that impact your ability to deliver services effectively?		
Yes	150	75.0
No	43	21.5
I don't know	7	3.5
Do you believe specific training and development opportunities would enhance your ability to contribute to patient care?		
Yes	180	90.0
No	15	7.5
I don't know	5	2.5
Do you assess the overall quality of patient care provided in relation to the effectiveness of health records services?		
Yes	159	79.5
No	40	20.0
I don't know	1	0.5

Table 3 illustrates the perceptions of health record professionals regarding effective service delivery to patients. A majority (60.0%) believe existing health records management practices in hospitals are effective, while 37.5% disagree, and 2.5% are unsure. Regarding support and empowerment within the health records department, 40.0% feel adequately supported, 50.0% do not, and 10.0% are uncertain. A significant proportion (75.0%) perceive organizational barriers or challenges affecting their service delivery, while 21.5% do not, and 3.5% are unsure. Additionally, 90.0% believe that specific training and development opportunities would enhance their contribution to patient care, compared to 7.5% who disagree, and 2.5% who are unsure. Furthermore, 79.5% of health record professionals assess the overall quality of patient care provided in relation to the effectiveness of health records services, while 20.0% do not, and 0.5% are unsure.

Table 4. Factors Affecting the Effective Service Delivery by Health Record Professionals in the Selected Hospitals

Variables	Strongly Agree (%)	Agree(%)	Disagree(%)	Strongly Disagree (%)
Are staffing levels adequate to support efficient service delivery in the health records department?	9(4.5)	20(10)	132(66.0)	39 (19.5)
Is there sufficient modern technology and resources available for health records management?	5(2.5)	100(42.7)	87(37.2)	8(4.0)
Are there standardized procedures and workflows in place for health records management?	100(50.0)	55(27.5)	34(17.0)	11 (4.7)
Do health record professionals have access to continuous training and professional development opportunities?	100(42.7)	87(37.2)	11(4.7)	2 (0.9)
Is the technological infrastructure, including information technology systems, adequate for health records management?	34(17.0)	85(42.5)	59(29.5)	22 (11)
Is there resistance to change within the organizational culture regarding health records management practices?	1(0.4)	141(60.3)	58(24.8)	0 (0)
Are policies related to health records management consistently enforced?	134(57.3)	55(23.5)	11(4.7)	0 (0)
Is there job security and opportunities for professional advancement for health record professionals?	1(0.4)	140(59.8)	59(25.2)	0 (0)
Is there equal distribution of resources among different departments, including the health records department?	50(25.0)	50(25.0)	95(47.5)	5 (2.5)

Table 4 highlights several key factors affecting the effective service delivery by Health Record professionals in the selected hospitals. It reveals that a significant majority of respondents expressed concerns about the adequacy of staffing levels to support efficient service delivery in the health records department, with 66% disagreeing or strongly disagreeing. Additionally, while there is a moderate agreement regarding the availability of modern technology and resources for health records management, a substantial proportion of respondents still harbor doubts about the sufficiency of these resources, with 42.5% agreeing and 37.2% disagreeing. Regarding standardized procedures and workflows, about half of the respondents agreed (50%), suggesting room for improvement in establishing uniform protocols. Access to continuous training and professional development opportunities seems more promising, with a considerable majority acknowledging its availability (42.7% agreeing, 37.2% disagreeing). However, concerns persist about the adequacy of technological infrastructure for health records management, with a notable percentage indicating dissatisfaction (42.5% agreeing, 29.5% disagreeing). Moreover, there is a considerable level of resistance to change within the organizational culture regarding health records management practices, indicating potential barriers to innovation and improvement initiatives (60.3% agreeing, 24.8% disagreeing). On the positive side, policies

related to health records management are largely perceived to be consistently enforced (57.3% agreeing, 23.5% disagreeing), and there appears to be a perceived sense of job security and opportunities for professional advancement among respondents (59.8% agreeing, 25.2% disagreeing). However, concerns about the equal distribution of resources among different departments, including the health records department, are evident, with nearly half of the respondents expressing doubts about resource allocation equity (25.0% strongly agree, 25.0% agree, 47.5% disagreeing).

4. Discussion

Majority of the respondents were quite knowledgeable with regards to the various services delivered by Health Records Professionals in the selected Tertiary Hospitals. Most respondents affirm the availability of coding and indexing services, compilation of statistical returns, and the assurance of confidentiality of health records in their hospitals. This is consistent with findings by similar studies where most of the respondents hospitals have indexing and coding services readily available [23], [24], [25]. They also acknowledge the provision of services such as creation, storage, and retrieval of patients' records, along with documentation and registration of patients' information. However, fewer respondents report the availability of an appointment system for continuity of patient care in their hospitals. Despite this, the majority agree on the availability of a numbering control or system to facilitate accessibility of health records of Yaya, Asunmo, Abolarinwa, & Onyenekwe (2015) [26] who concluded that Records also provide evidence of the hospital's accountability for its actions and they form a key source of data for medical research, statistical reports and health information systems. There's a notable discrepancy in responses regarding the availability of daily ward statements as a source of statistical returns. Overall, respondents indicate that the generation of patients' records is a prioritized aspect in their hospitals, highlighting a proactive approach to record-keeping and management. This is in line with a study by Adebayo and Ofoegbu 2014 [27] where respondents affirmed that the generation of patient's record is a top priority for their various hospitals Literature has also revealed that primary health care centers create so many health records during patients' treatment and these records determined the success or failure of the treatment. He noted further that these health records must be properly managed from their creation up to disposal stage and that for health records to be judiciously utilized, they must be well organized and maintained to allow for ease of accessibility and use for efficient health services.

A majority (60.0%) believe existing health records management practices in hospitals are effective, while 37.5% disagree, and 2.5% are unsure. Regarding support and empowerment within the health records department, 50.0% do not feel adequately supported, while 40.0% feel supported. A significant proportion (75.0%) perceive organizational barriers or challenges affecting their service delivery, while 21.5% do not, and 3.5% are unsure. Additionally, 90.0% believe that specific training and development opportunities would enhance their contribution to patient care, compared to 7.5% who disagree, and 2.5% who are unsure. Furthermore, 79.5% of health record professionals assess the overall quality of patient care provided in relation to the effectiveness of health records services, while 20.0% do not, and 0.5% are unsure. These agrees with the findings of Janet (2015) and Kolawole and Unegbu, 2021 [28], [23] who reported mixed perception from the respondents and further emphasized that, a well-planned evaluation of medical records and the related clinical documentation practices allow hospitals and physicians have an accurate view of their current standings with regards to accuracy and compliance for medical record keeping. Which contradicts some Literatures, where it was shown that the hospital professionals generally had positive perception about health records management practices but yet their

organization had not fully adopted it [19], [29]. It has also revealed that health records management practices have influence on the epidemic control in the hospital.

In analyzing the factors affecting effective service delivery by Health Record professionals, it's notable that the highest percentage figure (66.0%) indicates disagreement or strong disagreement regarding the adequacy of staffing levels to support efficient service delivery in the health records department. Additionally, while there is moderate agreement regarding the availability of modern technology and resources for health records management (42.7% agreeing), a substantial proportion of respondent's harbor doubts about resource sufficiency (37.2% disagreeing). There is a positive perception regarding standardized procedures and workflows (50.0% agreeing) and access to continuous training and professional development opportunities (42.7% agreeing) This is in line with a study by Janet (2015) [28] who reported that a very positive perception regarding standard procedures and work flow however it contradicts the fact that there is access to continuous training and professional development opportunities. However, concerns persist about the adequacy of technological infrastructure for health records management (42.5% agreeing) and resistance to change within the organizational culture (60.3% agreeing). Policies related to health records management are perceived to be consistently enforced (57.3% agreeing), and there is a perceived sense of job security and opportunities for professional advancement among respondents (59.8% agreeing). However, concerns about the equal distribution of resources among different departments, including the health records department, are evident, with nearly half of the respondents expressing doubts about resource allocation equity (47.5% disagreeing).in a study by Lluch 2011 [30] where majority of her respondents agreed to major organizational barriers hindering them from delivering effective service for their patients. Dare 2017 [25] in his study, highlighted various factors affecting service delivery by health record professional, which is in line with our findings.

5. Conclusion

The findings of this highlight positive perceptions and areas for improvement in health records management and service delivery by Health Record professionals in selected Tertiary Hospitals. While essential services like coding, indexing, and confidentiality assurance are acknowledged, discrepancies exist, particularly in appointment system availability and daily ward statements. Concerns persist regarding staffing levels, technological infrastructure, and resistance to change within organizational culture. Recommendations include addressing staffing shortages, investing in technology, providing training opportunities, addressing organizational barriers, enforcing policies, and ensuring resource equity. These steps can enhance health records management, improve patient care, and ensure efficiency.

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