

# UNIVERSITY OF GHANA

THE ROLE OF RECORDS MANAGEMENT PRACTICES IN IMPROVING DECISION  
MAKING IN PUBLIC HOSPITALS: THE CASE OF ASHANTI BEKWAI MUNICIPAL  
HOSPITAL



THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL  
FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF MPhil HEALTH  
SERVICES MANAGEMENT DEGREE

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## DECLARATION

I, Justice Amo hereby declare that except for references to other people's work, which have been duly acknowledged, this thesis titled "*The Role of Records Management Practices in Improving Decision Making in Public Hospitals: The Case of Ashanti Bekwai Municipal Hospital*" is the product of my own research work in University of Ghana Business School, University of Ghana, Legon, from August 2015 to July 2016. This thesis has neither in part nor in whole been published nor submitted elsewhere for another degree.



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Amo Justice

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.....

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## CERTIFICATION

I hereby certify that this Thesis was supervised in accordance with procedures laid down by the University.



.....

Dr. Gordon Abekah-Nkrumah

(Supervisor)

.....

Date

## DEDICATION

This work is dedicated to my parents, Nana Kwabena Amo and Grace Twum, who knew very well the difference between consumption and savings and sacrificed their previous consumption for my education which they know to be an investment. Also, to my sisters, Rita Amo, Ophelia Amo and Juliet Amo who showed unflinching support during the entire period of the research. Finally, I dedicate this work to my wife, Jackline Ofori and uncle, Charles K. Opoku for their best wishes and encouragements.



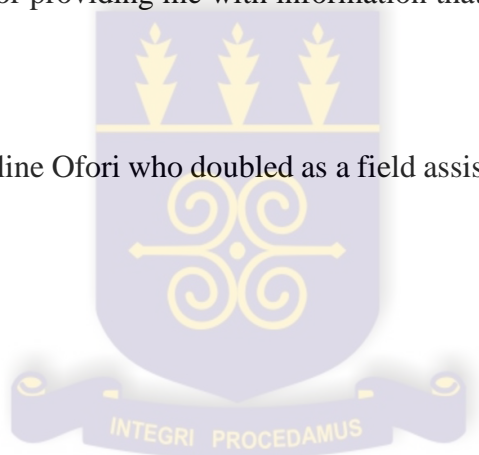
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## **LIST OF ABBREVIATIONS**

ANC – Anti Natal Care

ART – Anti Retroviral Therapy

CCTV – Closed Circuit Television

CESPAM – Centre of Specialization in Public Administration and Management

DHIMS – District Health Information Management Systems

ENT – Ear Nose and Throat

ERMS – Electronic Records Management System

ESARBICA – Eastern and Southern Africa Regional Branch of the International Council on Archives

GHS – Ghana Health Service

HIO – Health Information Officer

IRMT – International Records Management Trust

ISO – International Standards Organizations

IT – Information Technology

ITS – Information Technology System

MDA – Ministries, Departments and Agencies

MMDA – Metropolitan, Municipal and District Assemblies

MoH – Ministry of Health

NHIA – National Health Insurance Authority

NHIS – National Health Insurance Scheme

OPD – Out-Patient Department

PNC – Pre Natal Care

PRISM – Professional Records and Information Services Management

RCH – Reproductive and Child Health

SSA – Sub-Saharan Africa

URTI – Upper Respiratory Tract Infection

## **ABSTRACT**

The role of healthcare institutions in providing quality health care and making decisions strive on the effective management of hospital records which are made up of clinical/medical and non-clinical records. The study therefore sought to inquire into the role of records management practices in improving clinical and administrative decisions at Ashanti Bekwai Municipal Hospital. In view of that, the study used the Hybrid Records Life Cycle Model which encompassed the pre-natal phase of the Records Continuum Model and the conceptual stages of the Records Life Cycle Model as its underpinning model for the study. The model extended to decision making variables such as decision accuracy, decision commitment, decision timeliness and decision understanding. The study employed a mixed method approach where an exploratory survey was used. A cluster sampling technique was used to classify the whole hospital into 16 units (clusters). The researcher purposively selected 160 health workers and a records manager to participate in the study. A semi-structured questionnaire, interview guide and direct observation were employed to elicit information from 160 health workers and the records manager. The findings show that the hospital has a records management programme, a disaster management plan, security and access control measures and an electronic records management system to manage patients' records and to keep reports on morbidity and mortality. However, the hospital does not organize training programmes on records management to its staff. The study further reveals that records officers are always engaged in the design of records management systems of the hospital. Furthermore, the kind of records management system at the hospital improves decision timeliness, decision accuracy and decision commitment. Unfortunately, the hospital is plagued by challenges such as inadequate storage location (filing space), misfiling, missing files, damaged records, poor staff knowledge, lack of records management training programmes and inadequate hardware. In that

regards, the study recommends that healthcare facilities should train and educate their employees in the management of records. Also, healthcare facilities should adopt an integrated electronic records management system (automation) as a solution to minimize records keeping challenges caused by paper records keeping.

Key words: Records, Records Management, Decision Making, Records Life Cycle Model, Records Continuum Model and Hybrid Records Life Cycle Model.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.0 Introduction**

The purpose of this study is to discuss the importance and problems arising out of effective and ineffective records management practices in organizations and how records management practices affect clinical and administrative decisions in organizations. Specifically, this study focuses on records management in health institutions and uses Ashanti Bekwai Municipal Hospital as a case to examine the role of effective records management practices in improving clinical and administrative decisions. In this chapter, we discuss the background of the study, problem statement, research objectives and questions, significance of the study and definition of key terms. Lastly, the outline of the study is discussed.

#### **1.1 Background of the Study**

Like most organizations, health institutions on daily basis create, receive and maintain records on patients, human resource, assets, finances, drug and non-drug consumables, making hospital records a critical factor in providing capacity for hospitals that strive to achieve information security, service delivery and decision making (Mensah & Adams, 2014). Hospital records can also be obtained from patient folders and registers, consultation notes, hospital admission notes, hospital discharge records, diagnosis, prescriptions, X-ray and laboratory test results. Hospital records are used to validate statistical reports, medical reviews and research and address medico-legal issues among others. In the end, the reports and statistics are used to make clinical and

administrative decisions to improve service delivery in hospitals (Nabimara, 2007). Moreover, comprehensive and detailed records kept by healthcare institutions ensure that health practitioners have access both to administrative and clinical information on a wide range of issues; including policies and decisions, legal and financial obligations, human resource, physical resource, capital resource and quality services to patients (International Records Management Trust [IRMT], 1999a; Kemoni, Ngulube & Stilwell, 2007).

Effective management of hospital records controls the rate at which accumulated papers gain momentum in health institutions. This is as a result of large volume of records that have been created and piled up in different offices and shelves without any organized plan for their preservation and maintenance, thereby making it difficult to locate and retrieve the needed information (Iwhiwu, 2005). An efficient management of hospital records also expedite decision making, inform future decisions, increase accountability of decision makers, produce evidence in medico-legal issues, support perpetuity of the facility and improve service delivery (Akor & Udensi, 2013; Mampe & Kalusopa, 2012). Consequently, the kinds of records kept by health institutions represent the only reliable and verifiable source of information that serves as evidence for decisions and service delivery (Wamukoya, 2000).

Efficient records keeping practices in public hospitals are likely to eliminate the problem of missing files, misfiling, shortage of physical filing space, lengthy turnaround time in retrieving files and lengthy patient waiting time (Ojo, 2009). Ohsfeldt, Ward, Schneider, Jaana, Miller and Lei (2005), Shekelle, Morton and Keeler (2006) and Thompson and Brailer (2004) concur that accurate and comprehensive hospital records leads to quality patient care, increase in efficiency of care, reduce medical errors, improve access to patient data, confidentiality of patients and quality decision making. This is due to the fact that without hospital records, no assessment can be made

of whether hospitals have actually provided health cares to individuals or not (Thomassen, 2001). The significance of records to healthcare facilities made Rampfumedzi (2006), a midwife to recommend that decisions about women's care need to be recorded and properly preserved for future reference and assessment. This is because poor records keeping affect the health of a woman especially during pregnancy, delivery and child care.

Globally, organizations spend an average of 4 weeks a year searching for or waiting on misfiled, mislabeled and lost information. Many organizations typically misfile 2% to 7% of their paper and electronic records. Specifically, paper records users waste up to 2 hours a day looking for misplaced documents while electronic records users spend 7.5% of their time on electronic systems looking for files (Professional Records and Information Services Management [PRISM] International, 2004). This situation occurs because at any given time, between 3 and 5 percent of organizations' files are lost or misplaced. Moreover, 90% of records, once filed, are hardly or never referred to again or immediately (PRISM International, 2004). Studies into records keeping systems in Sub-Saharan Africa (SSA) have also shown that a little over half (52.2%) of records are retrieved within 1 hour (Aziz & Rao, 2002).

The haphazard arrangement and poor recovery of records in health institutions informed the United States Department of Health and Human Services (2006) to report that in most cases, 80% of the problems that affect health institutions in the delivery of quality health care to individuals are caused by inaccurate information in medical records, inaccessible records, missing files, misfiling and damaged records. The organization further indicates that in healthcare institutions, the ratio for missing medical records is 1:7. This means that for every seven patient's visits, consultations and reviews at a healthcare facility, one medical file would be missing. There is more to this as a report by Chauke (2008, p. 7) revealed that the "Doctors at Nkhesani Hospital in the Limpopo

Province, South Africa, could not operate on a patient because of a missing file". This situation occurred in South Africa because without accurate, detailed and accessible patient history, healthcare providers may not offer the best of medical care or may misdiagnose a condition (IRMT, 1999a).

The emergence and growing importance of an effective records management system as a means of preserving hospital's information poses new challenges to records professionals and unless the challenges are addressed adequately, health institutions stand to lose valuable information (Mnjama & Wamukoya, 2007). Other challenges that affect the adoption of effective records management systems in Sub-Saharan Africa include limited staff knowledge, low priority of records keeping, lack of clear policies and records management programmes and inadequate standard operating procedures for managing records (Nengomasha, 2009; Sejane, 2005; Tafor, 2006; Wamukoya & Mutula, 2005b).

Notwithstanding, for developing countries like Ghana to have effective records management systems, there is the need to strike a balance between conflicting goals, healthcare quality, readiness and willingness of healthcare providers in terms of their skill and knowledge and its related challenges (Walker, Bieber & Richards, 2005).

## **1.2 Problem Statement**

Records keeping problems are more pronounced in healthcare institutions because accurate, comprehensive and trustworthy records that provide information about individuals' health and well-being are often created but are not properly managed. This is due to the haphazard arrangement and poor recovery of records in healthcare facilities which has a detrimental effect on

service delivery and decision making (IRMT, 1999a). Although effective records management systems are crucial for quality decisions and service delivery (Dikopoulou & Mihiotis, 2012; Lorato & Mnjama, 2007), some healthcare institutions in Ghana do not recognize an effective records management system as a key mechanism for attaining their desired goals (Acheampong, 2012; Tanko, 2009).

In the absence of a well-functioning records management system, decisions are made without detailed information (Ngoepe, 2004; Thurston, 2005; Wamukoya & Mutula, 2005b). Moreover, documents are likely to be disorganized, lost, destroyed or tampered with which ultimately results in poor planning and defective scheduling of activities (Pfeffer & Sutton, 2006). In the end, management is handicapped in its decision making processes and organizations are unable to fulfill their statutory obligations (Iwhiwhu, 2005; Mjnama, 2004).

Studies have shown that records management in healthcare institutions in Sub-Saharan Africa is yet to attain the level of attention and support as compared to what is found in the developed world (Mnjama & Wamukoya, 2007; Ngoepe, 2004). Particularly in Sub-Saharan Africa, the act of keeping records has often been perceived as a less significant administrative task that can be handled by any member of staff within health institutions (Tale & Alefaio, 2011). These challenges are predominant in developing countries. For example, surveys conducted in Nigeria revealed that records keeping in health institutions in Nigeria had been plagued by factors such as poor staff skills, incompetent records personnel and low prioritization of records management in relation to other functions (Afolabi, 2004; Egwuyenga, 2009). Similarly, the findings from Tanko's (2009) study into Ghanaian healthcare facilities revealed that there were problems of poor staff knowledge and incompetent records professionals which made the practice of an effective records management system a major challenge.

The repercussions of poorly managed records in healthcare facilities made Stanberry (2011) to suggest that in order to minimize a variety of medico-legal issues and improve administrative functions, hospital records must be properly created, maintained, and the confidential information in them secured against unauthorized access and disclosure. In a situation where the organization does not value the benefits of sound record keeping practices, the ramifications are poor healthcare delivery, long patient waiting time, poor decisions and weak corporate memory. In the end, healthcare providers end up not rendering certain services because the patient's history is not contained or captured in medical files (Hitler, 2013; Marutha, 2011). For instance, a survey by Marutha (2011) in South Africa revealed that healthcare providers in public healthcare institutions are usually not able or are struggling to render timely health care to individuals due to lack of effective records management systems.

Widespread studies into records management have been at the national and organizational levels with little emphasis on the knowledge and competence of employees in public hospitals (Makhura, 2005; Ngulube, 2003; Sejane, 2005). However, the knowledge and competence of healthcare providers and their contributions to the creation, use, maintenance and preservation of records cannot be underestimated if health care and decisions are to improve (Abioye, 2007; Adams, 2010; Egwuyenga, 2009; Mensah, 2011). This was evident in Mensah's (2011) study in Ghana that for effective and efficient management of hospital records to exist; there is the need for healthcare institutions to have records officers that have the requisite competence to manage the records in their design, creation, preservation and disposition stages.

Previous studies on records management have encompassed themes such as Corporate Governance (Dikopoulou and Mihiotis, 2012; Mensah and Adams, 2014), Service Delivery (Mampe and Kalusopa, 2012; Marutha, 2011), Risk Management (Erima and Wamukoya, 2012) and

Organizational Performance (Tagbotor, Adzido and Agbanu, 2015) with limited attention to Decision Making. However, decision making is vital for every organization that strives to mitigate risk, achieve organizational performance and improve service delivery. Other studies carried out on records management have used either the Records Life Cycle Model (Makhura, 2005; Marutha, 2011) or the Records Continuum Model (Mensah and Adams, 2014) and sometimes both (Coetzer, 2012; Ngoepe, 2008) without considering the Hybrid Records Life Cycle Model. Nonetheless, the involvement of records officers in the design of records management systems cannot be overlooked if an effective records management system is to be designed and practiced successfully in health institutions (Chachage & Ngulube, 2006).

It is against this background that this study examines the role of records management practices in improving decision making in Ashanti Bekwai Municipal hospital.

### **1.3 Research Objectives**

Based on the research problem, the main objective of the study is to find out the role of records management practices in improving decision making at Ashanti Bekwai Municipal hospital.

The specific objectives are to:

- a. Examine the practices, policies and programmes put in place to manage records at Ashanti Bekwai Municipal Hospital.
- b. Assess the awareness, knowledge and skills of healthcare providers in managing records at Ashanti Bekwai Municipal Hospital.

- c. Ascertain the role of records officers in designing records management systems at Ashanti Bekwai Municipal Hospital.
- d. Examine the effect of proper records management on decision making at Ashanti Bekwai Municipal Hospital.
- e. Identify problems associated with managing records at Ashanti Bekwai Municipal Hospital.

#### **1.4 Research Questions**

To achieve the objectives outlined above, the study seeks to answer the following questions:

- a. What are the practices, policies and programmes put in place to manage records at Ashanti Bekwai Municipal Hospital?
- b. Do employees of Ashanti Bekwai Municipal Hospital have the right level of competence, skills and knowledge to manage records appropriately?
- c. What are the roles of records officers in designing records management systems at Ashanti Bekwai Municipal Hospital?
- d. What effect does proper records management have on decision making at Ashanti Bekwai Municipal Hospital?
- e. What problems are associated with managing records at Ashanti Bekwai Municipal Hospital?

### **1.5 Significance of the Study**

This study is important for government, policy makers, health institutions, records professionals and researchers. This is because the study provides insight into the role of records management practices in improving both clinical and administrative decision making in public hospitals.

The findings from the study provides useful information to governments and policy makers for the formulation of records management legislations, regulations and policies both at the national and corporate levels to help ameliorate the challenges that health institutions encounter when creating and managing records throughout its life cycle.

Moreover, this study provides an analysis of records management practices and decision making in Sub-Saharan Africa and demonstrates the shortcomings of current records keeping trends and practices in healthcare facilities. This assertion is dependent on Ngulube's (2003) declaration that, research into records management practices can lead to a better understanding of records keeping problems, as well as providing guidelines in respect of what is to be done, and how resources should be utilized. This would motivate healthcare institutions to adopt and practice effective records management systems as a solution to improve healthcare delivery and achieve better clinical and administrative decisions.

Finally, the findings would serve as a source of reference for future researchers who wish to conduct studies on records management.

## **1.6 Organization of the Study**

The entire study is categorized into six (6) chapters with each chapter addressing specific issues of the study.

Chapter one discusses the background of the study, problem statement, research objectives and questions, significance of the study and definition of key terms. In view of that, we discuss issues of records management practices and decision making in health institutions.

Chapter two covers the necessary theoretical and empirical literatures on records management and decision making in public hospitals. The chapter further uses the Hybrid Records Life Cycle Model which encompasses the pre-natal phase of the Records Continuum Model and the conceptual stages of the Records Life Cycle as its underpinning model to inquire into the role of records management practices in improving decision making at Bekwai Municipal Hospital. The Hybrid Records Life Cycle Model functions effectively in organizations that deal with both paper and paperless records.

Chapter three presents the methodology which outlines the processes and procedures used in obtaining data and literature for the entire study. The study employs a mixed method approach where an exploratory survey is adopted for the study. The location for the study is Ashanti Bekwai Municipal Hospital. A cluster sampling technique is used to select 16 units but the selection of respondents is purposively done base on the size of each unit to arrive at the sample size of 160. The study uses survey questionnaires, interview guide and direct observations to elicit information from the respondents.

Chapter four presents the findings collected from the respondents to provide answers to the research objectives and the extant literature. The chapter further uses pie charts, bar graphs, tables, frequencies and percentages in the presentation of findings.

Chapter five discusses the findings by situating it in the context of the research objectives and extant literature to ascertain if the findings confirm or contradict previous related studies and the extant literature.

Chapter six provides a summary of key findings, implications of the study, conclusions and recommendations based on the findings, limitations and suggestions for future research.

## **1.7 Summary**

This chapter provided an overview of records management practices and decision making in organizations. In view of that, we discussed the importance and problems that arise out of effective and ineffective records keeping practices in organizations. The discussions revealed that the adoption of efficient records keeping practices in Sub-Saharan Africa would expedite decision making, produce evidence in medico-legal issues, reduce patient waiting time, reduce lengthy turnaround in retrieving files, support perpetuity of the organization and improve service delivery. On the other hand, the discussions showed that misfiling, missing files, poor staff knowledge and incompetent records professionals are the major records keeping problems that affect most organizations in Sub-Saharan Africa. The haphazard arrangement and poor recovery of records in Sub-Saharan Africa guided the researcher to investigate the role of records management practices in improving clinical and administrative decisions at Ashanti Bekwai Municipal Hospital.

## **1.8 Definition of key terms**

**Records:** Records are defined as “information created, received, and maintained as evidence by an organization or person, in pursuance of legal obligations or in transaction of business” (International Standards Organization [ISO] 15489-1, 2001, p. 3).

**Electronic Records:** Electronic Records refer to “records that are dependable on the relevant machines for access or reading that is computer hardware and software such as database” (Tafor, 2003, p. 72).

**Records Management:** Records Management is the “field of management responsible for the efficient and systematic control of the creation, capture, receipt, maintenance, use and destruction or preservation of records, as well as maintaining evidence of information about business daily activities and transactions in the form of records” (ISO 15489-1, 2001, p. 3).

**Decision Making:** Decision Making is “identifying and selecting a course of action among alternatives to solve a specific problem” (Vander Waldt, 2001, p. 193).

**Disaster Management Plan:** Disaster Management Plan is a formal written plan, on the basis of identified potential accidents together with their consequences, describes how such accidents and their consequences should be handled either on site or off site (Ministry of Health [MoH] & Ghana Health Service [GHS], 2010).

**Records Creation and Capturing:** Records Creation and Capturing is “developing consistent rules to ensure integrity and accessibility, deciding on systems to log and track records, and procedures for registering, classifying and indexing” (Yusof & Chell, 1999, p. 10).

**Records Retention:** Records Retention is the length of time set for retaining records before disposal by the government body. Records retention is the records disposal (destruction or transfer to archive custody) time frame set by the organization (National Archives and Records Service of South Africa, 2006).

**Records Appraisal:** Records Appraisal is a process whereby certain relevant criteria are used to evaluate records on whether their value or use can be considered permanent or temporary in nature (The United States National Archives and Records Administration, 2007).

**Records Disposal:** Records Disposal is the process whereby the “organization, through its records manager destroys or erases ephemeral records or transfers archival valued records to an archival institution for permanent safe keeping” (Adelaide University Records and Archives Management, 2004, p. 30).

**Archival Records:** Archival Records are records that are kept permanently because of its administrative, legal, fiscal, or research value (Norris, 2002, p. 13).

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter presents the relevant theoretical and empirical literature on the role of records management practices in improving decision making in public hospitals. The chapter is categorized into three (3) main sections. The first section introduces the Hybrid Records Life Cycle Model which incorporates the pre-natal phase of the Records Continuum Model and the conceptual stages of the Records Life Cycle Model in the management of both paper and paperless records in public hospitals. The second section looks at decision making and the various decision making dimensions such as decision accuracy, decision commitment, decision timeliness and decision understanding. Finally, the framework shows the nexus between records management practices and decision making where various empirical studies are reviewed.

#### **2.1 Review of Theoretical Literature**

A good theoretical literature needs to produce a conceptual framework, including philosophical stances and theoretical assumptions; key assumptions and theoretical problems or contradictions (Mugenda & Mugenda, 2003). There is a tendency amongst organizations not to base their records management practices on existing theories or principles of records management (Ngulube, 2003). However, in records management, the rules that guide the investigation of researchers into issues, problems or concepts are determined by records management theories and methods. Cox (2001) therefore argues that records management has revolved around a specific body of knowledge and

is strongly supported by its own theory. This development informs this study to adopt the Hybrid Records Life Cycle Model proposed by Chachage and Ngulube (2006) for records management which functions in both paper and electronic environments.

## **2.2 Hybrid/Modified Records Life Cycle Model**

The evolvement of records management models from the Records Life Cycle Model to the Records Continuum Model has recently led to the development of the Hybrid Records Life Cycle Model. The Hybrid Records Life Cycle Model blends the pre-natal phase of the Records Continuum Model and the conceptual phases of the Records Life Cycle Model (Chachage & Ngulube, 2006).

The Records Life Cycle Model developed by the American, R.T. Schellenberg (Shepherd and Yeo, 2003) has guided the management of paper records in many organizations. The Records Life Cycle Model perceives records as an analogy of a biological organism, which is born, lives and dies, and a record, which is created, maintained and used for as long as it has continuing value and is then disposed of either by destruction or by archival (Northwest Territories, 2012; Shepherd & Yeo, 2003). The features of the Records Life Cycle Model imply that the model is more applicable and suitable for organizations dealing with the management of paper records (Yusof & Chell, 2000).

Nonetheless the goodness of the Records Life Cycle Model, Yusof and Chell (2002) point out that the Records Life Cycle Model is not suitable for organizations or studies investigating the management of electronic records and calls for the need to replace it with a model that appropriately reflects the special characteristics of electronic records. The perceived weaknesses

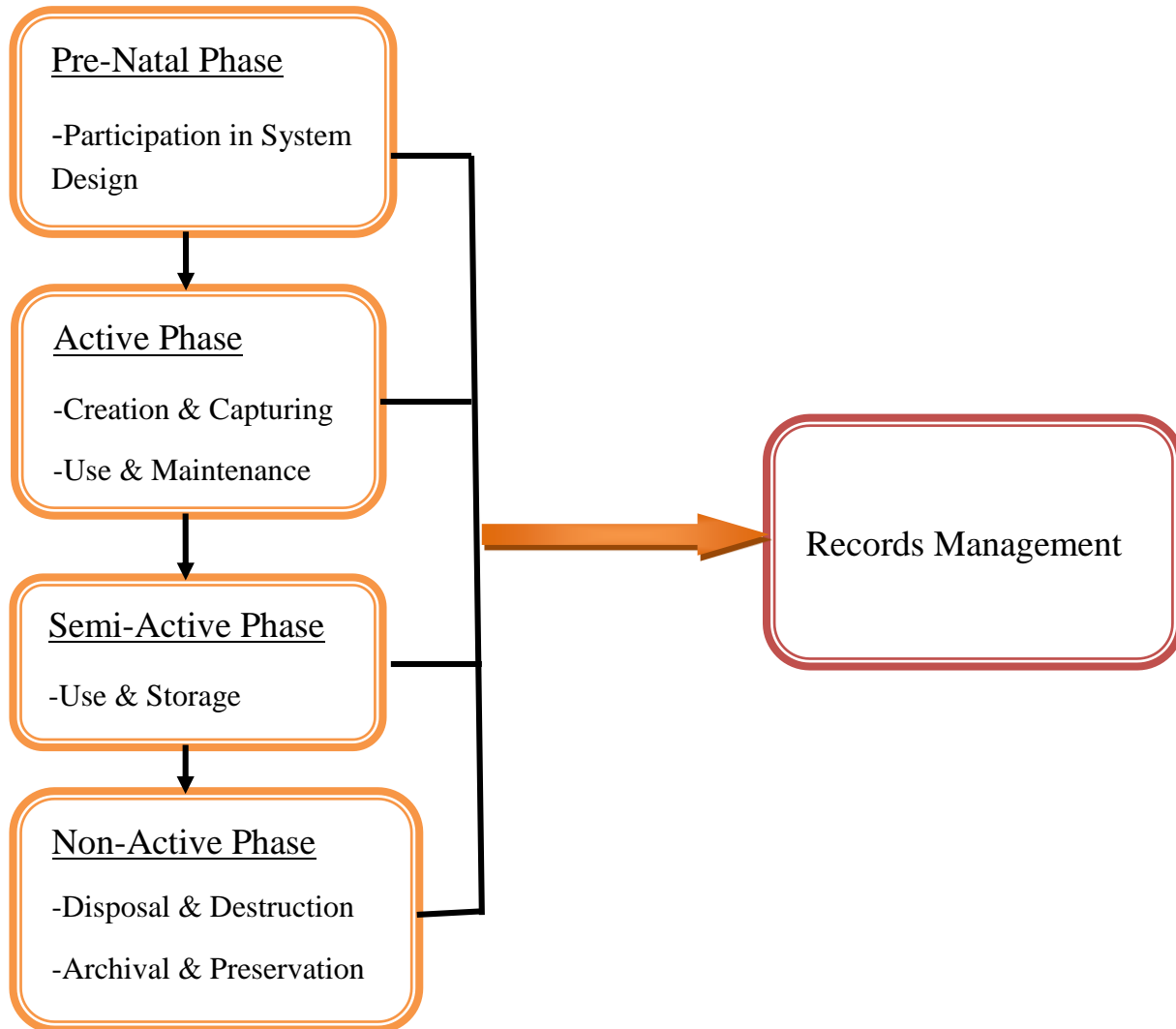
of the Records Life Cycle Model conspicuously led to the development of the Records Continuum Model.

The Records Continuum Model originated in Canada but was developed and adopted in Australia in the 1980s and 1990s by Australian archival theorist, Frank Upward (Bantin, 2002). The Records Continuum Model refers to the consistent and systematic way of managing records from the development of record keeping systems to the final disposition stage that is either by destruction or preservation or use as archives (IRMT, 2009). Jackson (2008) justifies that the Records Continuum Model works effectively in an organization that operates in an electronic environment. Dikopoulou and Mihiotis (2012) and Kemoni et al. (2007) state that the adoption of the Records Continuum Model is very useful as it facilitates policy making, constitutes organizational memory, enhances compliance and enhances security. The most significant feature of the Records Continuum Model is its participatory nature of the design phase whereby records professionals and systems designers participate in the designing of the system. The design phase of the Records Continuum Model is normally referred to as the pre-natal phase (Flynn, 2001).

Chachage and Ngulube (2006) give a simplified explanation of the Hybrid Records Life Cycle as the fusion of the pre-natal stage of the Records Continuum Model with the conceptual stages of the Records Life Cycle Model. At the design stage, Records Managers and Archivists appraise records and decide on what records would support the functions of the organization during the records continuum. The collaboration between these stakeholders in the system design enables the creation of the right records containing the right information in the right formats; organizing the records to facilitate their use; systematically disposing of records that are no longer required; and protecting and preserving records. Yusof and Chell (2002) assert that management in organizations should merge both the pre-natal phase of the Hybrid Records Life Cycle Model and that of the

conceptual phases of the Records Life Cycle Model in the management of records as they do not exist independently of each other. The relevance of the Hybrid Records Life Cycle Model informed the study to adopt it as its underpinning model for this study. The Hybrid Records Life Cycle Model is shown in figure 2.1.

Figure 2.1: Conceptual Framework showing Hybrid Records Life Cycle Model



Source: Author's Construct, 2016

### 2.2.1 Pre-Natal Phase

At the pre-natal stage, a participatory design approach is considered. Here, records professionals (Records Managers, Archivists and Health Information Officers) and Management collaborate in the records keeping system design. Shepherd and Yeo (2003) and Myburgh (2005) emphasize that Archivists, Records Managers and systems designers should collaborate in the designing of record keeping systems. The engagement of records professionals is essential because in the absence of engaging the records professionals in the system design, the ramifications are that some records are likely to disappear in the sub-systems due to a lack of records management and archival knowledge on the part of system designers (Chachage & Ngulube, 2006). Moreover, the creation and preservation of reliable and authentic records require a shared purposive activity among the system designers and users of records in organizations (Lyytinen & Ngwenyama, 1992).

### **2.2.2 Active Phase**

This phase synthesizes records creation, storage and maintenance for both administrative and clinical uses. The activities of organizations involve the creation and maintenance of records and most importantly, render services and make decisions in the interest of the public. For instance, in healthcare facilities, once a record is created, it could be classified as confidential or non-confidential and current or non-current depending on the type of information they contain (Iwhiwhu, 2005). In most instances, organizations' records created are classified based on dates, numbers and alphabets. These records keeping classifications are meant to facilitate easy retrieval and security of records especially patients' folders and also, to reduce patient waiting time. For organizations that use electronic records management systems, records are created automatically by the system. On the other hand, organizations that deals with manual records, individuals are required to create records manually (Tucker, 2012).

### **2.2.3 Semi-Active Phase**

At this phase, some records are rarely used for day-to-day activities. After some time the record becomes less frequently used and enters the in-active period. At this stage, records must be stored in easily accessible, conducive and a good room temperature prior to being destroyed according to the country's or organization's records retention and destruction policy. Records are often stored at a lower cost in an archive pending ultimate disposal. The essence of proper storage relates to privacy issues, security issues, access controls and unauthorized destruction of records. Organizations such as healthcare institutions maintain and preserve records for reference, medico-legal issues and financial reasons (Northwest Territories, 2012).

### **2.2.4 Non-Active Phase**

Here, records are considered to have finished their active life and are not needed for immediate use in the current records systems and have no more value to organizations. The majority of the records are destroyed and a limited number are transferred to archival repositories for preservation (Northwest Territories, 2012). Organizational policy on the disposal of records should be communicated to employees to ensure that confidential information is not leaked out to external parties. Generally, records must be accessible for a certain number of years to comply with state laws before being disposed or destroyed (Tucker, 2012).

## **2.3 Linking the Hybrid Records Life Cycle Model to the Study**

Archival and records management theories and principles are increasingly becoming relevant in organizations such as public hospitals (Bilotto & Guercio, 2003). This is due to the fact that health institutions on daily basis create, use, maintain, preserve and dispose of records. For organizations to go through the life cycle of records successfully, organizations must be guided by set of principles in order to fulfill its legal and financial obligations. In view of that, the Hybrid Records Life Cycle Model is chosen as its underpinning theory to guide this study. The use of the Hybrid Records Life Cycle Model is situated in the context of the research problem and objectives of the study to investigate the role of records management practices in improving decision making in organizations.

Organizations in Sub-Saharan Africa continue to practice both paper and paperless records and this necessitates the adoption of the Hybrid Life Cycle Model which blends the pre-natal phase of the Records Continuum Model and the conceptual stages of the Records Life Cycle Model. Moreover, the adoption of records management systems in organizations are likely to create records management challenges if records professionals are not involved at the design stage of records management systems. However, the engagement of records professionals in system design ensure that records management systems are successfully implemented and practiced. This is because the creation and preservation of reliable and authentic records require a shared purposive activity between system designers, records professionals and management (Lyytinen & Ngwenyama, 1992).

It is based on this that the Hybrid Life Cycle Model is adopted to investigate the role of records management practices in improving clinical and administrative decisions at Ashanti Bekwai Municipal Hospital.

## **2.4 Records and Records Management**

The International Standards Organization 15489-1 (2001, p. 3) defines records as “information created, received, and maintained as evidence by an organization or person, in pursuance of legal obligations or in transaction of business”. The Public Records and Archives Administration Act 535 of Ghana also defines records as “any recorded information regardless of form or medium created, received and maintained by any institution or individual in the pursuance of its or his legal obligations or in the transaction of its or his business” (Ghana Legal, 2015). These two definitions have some similarities as both view records as information that are created and maintained in pursuance of business activities.

Thomassen (2001) posits that a record is more than just information: it is supposed to be trustworthy; reliable and authentic and be able to serve as evidence and to support accountability. For a record to be trustworthy; the record must be guided by some level of confidentiality, proper maintenance, security, preservation of the content and context (Iwhiwhu, 2005). MacNeil (2000) also views trustworthy of a record as the one that is both an accurate statement of facts and a genuine manifestation of those facts. Record trustworthiness thus has two qualitative dimensions: reliability and authenticity. Reliability means that the record is capable of standing for the facts to which it attests, while authenticity means that the record is what it claims to be.

Shepherd and Yeo (2003) point out three main qualities of good records: First and foremost, organizations use records in the conduct of business transactions and to enhance decision making. Secondly, organizations use records to support accountability and legal and financial obligations. Lastly, records may be used for cultural purposes and research, to promote awareness and understanding of corporate history. Cox (2001) states that the evidential value of a record can only exist if the content, structure and context are preserved, meaning that without preservation, there won't be any record.

The essence of records in organizations are for formulating and implementing policies, keeping track of day-to-day activities, achieving consistency in decision making, providing quality service to individuals and achieving greater efficiency (Kemoni et al., 2007). The International Records Management Trust (2003a) and the World Bank (2006) concur that records are essential for the effective functioning of private and public organizations. They assert that records validate decisions and activities of organizations and also, serve as benchmarks against which they can measure their future decisions and activities. Shekelle et al. (2006) opine that accurate and reliable records lead to improvement in patient care, increase in efficiency of care, communication between caregivers, reduce medical errors and costs, security and quality decision making. Healthcare institutions on daily basis create, receive, maintain and dispose or preserve records on patients, human resource, assets, finances, clinical programmes, drug and non-drug consumables and procurement (Saint Michael hospital, 2012).

For healthcare institutions to manage its records effectively, they must develop the capacity to manage records and information. The rationale is that, the challenges of conceiving, initiating, implementing, monitoring and evaluating organizational activities will always require reliable, pertinent and timely records (Kalusopa, 2011). This makes effective records management system an essential part for organizations that strive to fulfill its objectives. Records Management is therefore the “field of management responsible for the efficient and systematic control of the creation, capture, receipt, maintenance, use and destruction or preservation of records, as well as maintaining evidence of information about business transactions in the form of records” (International Standards Organization 15489-1, 2001, p. 3). Records management seeks to efficiently and systematically control the lifecycle (creation, capture, use, maintenance, archive or disposal) of records that are daily generated as a result of business daily activities and transactions.

This signifies that records management is based on the principles of daily review and controlled retention or destruction of records with the general aim of ensuring legal and regulatory compliance and corporate accountability (Chinyemba & Ngulube, 2005).

Simon Fraser University (2007) argues that records management does not only allow an organization to function on a daily basis, but also to fulfill its legal and financial requirements since up-to-date information of activities is available as reference point. Records that are managed effectively facilitate timely and efficient decision making, inform future decisions, produce evidence in litigation cases, increase accountability of decision makers and fast track an efficient service delivery (Akor & Udensi, 2013; Kemoni & Wamukoya, 2005; Mampe & Kalusopa, 2012). With effective records management, organizations such as hospitals benefit from reduced risks from medico-legal or regulatory challenges by finding and producing the relevant evidence contained in records. In effect, the hospital can be assured that there is a full disclosure of information for decision-makers to rely on in the course of carrying out their duties, thus improving the quality of decision making, long term planning and delivering efficient health care to the public (Ojo, 2009).

## **2.5 Decision Making**

The concept of decision making is defined by Vander Waldt (2001, p. 193) as “identifying and selecting a course of action among alternatives to solve a specific problem”. One of the most important factors in making decisions is the information or records. This is due to the fact that having detailed, accurate and timely information hasten decision making likewise scanty, inaccurate and poor timing result in making wrong decisions (Darwish, Saki, Sahraei, Zakrifar &

Talebi, 2014). Decision making in organizations occurs in different conditions that are sometimes challenging to its process. These conditions are uncertainty (each alternative lead to one or more consequence with an unknown probability), risk (each alternative has one or more consequence and the probability of each are known) and certainty (each alternative lead to a goal or consequence) (Ahmed & Omotunde, 2012).

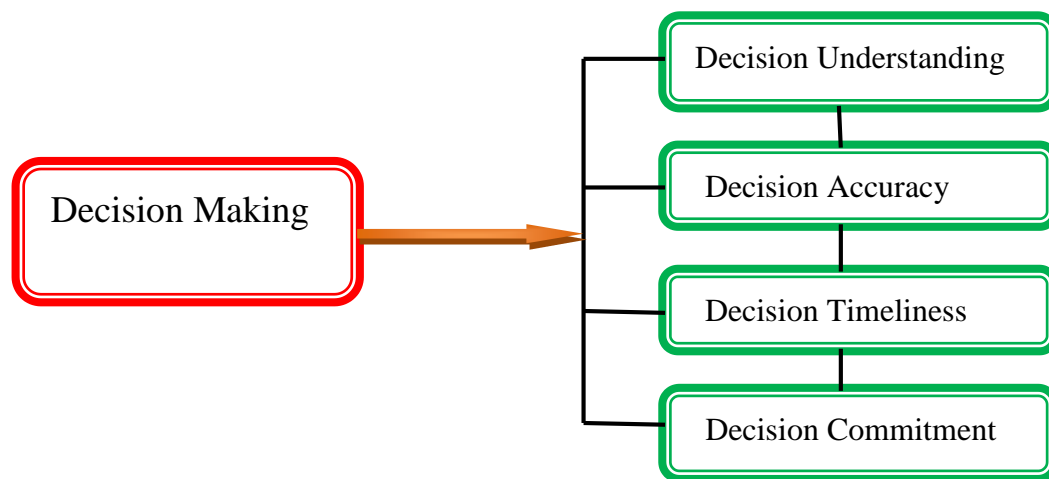
In order to overcome these turbulent processes, a competent decision making should comprise of the ability to understand the information, integrate information in an internally consistent manner, identify the relevance of information in a decision process, and inhibit impulsive responding. The demonstration of these skills is expected to have an impact on the degree of congruence between characteristics of the decision maker and the demands of the task and context (Finucane, Mertz, Slovic & Schmidt, 2005). Extant literature has revealed that making rational decisions by following prescriptive decision making rules yield the most successful outcomes (Nutt, 2007; 2008). Unfortunately, rational decision making is often not a practical proposition due to limitations of time, cost and visibility of all potential solutions. In a situation where all factors necessary for rational decision making exist; about 45% of managers simply use their instinct to make decisions (Hall, 2007). How and what types or kinds of decisions are made, when and by whom doesn't matter as long as the outcome of those decisions are directed towards an accomplishment of goal that affects people or organization or both, the need to measuring those decisions for efficiency and effectiveness is not only necessary but also, inevitable (Weddle, 2011).

Notwithstanding, current thinking on decision making is wide and varied but there is no general consensus of rating a decision as good or bad and how to go about making good decisions (Heavey, Simsek, Roche & Kelly, 2009; Miller, 2008; Rausch, 2007). Indeed, Rausch (2007) believes that outcomes are not a true measure of the quality of the decision. Unfortunately, there is no proven

criterion for sound decision making that has been validated by empirical research currently exists. Conversely, Michel (2007, p. 33) believes that the “best decisions are those that are aligned with the strategic intent of the organization and developments in the market and that support the organization’s ability to perform”. Bain and Company’s as cited by Rogers and Blenko (2006) assert that making good decisions means being clear about which decisions really matter followed by prompt effective action. This implies that having good decision choices guarantees viable decision in organizations (Jawadekar, 2006; Vital & Shivraj, 2008).

In view of this, decision commitment, decision accuracy, decision timeliness and decision understanding have been adopted as a measure of decision making in public hospitals. These dimensions are shown in the figure 2.2

Figure 2.2: Conceptual Framework for Decision Making variables



Source: Author's Construct, 2016

### 2.5.1 Decision Accuracy

This shows the extent to which data are correct, genuine, reliable and certified. This implies that there is no inherent limitation, free from errors and mistakes. Inaccurate information is likely to

result in poor decisions likewise accurate information can also result in good decisions (Ge & Helfert, 2006).

### **2.5.2 Decision Timeliness**

This refers to the timing in which decisions are made or making decisions at the right time. Decisions made at the right or opportune time leads to achieving organizational goals such as high productivity, profitability and competitive advantage while wrong timing of decisions sometimes waste organizational resources (Darwish et al., 2014).

### **2.5.3 Decision Commitment**

This is a reflection of an individual's identification with organizational goals and his/her willingness to work towards them (Reichers, 1985). This involves the willingness of people to contribute or participate in decision making. Reluctance or willingness of an individual impacts negatively or positively on decisions that are made or to be taken in organizations.

### **2.5.4 Decision Understanding**

This involves making sense of data or information; explain the meaning of information. In hospitals, for a decision to be made on records generated, there is the need to interpret such information in order to inform the decision. This implies the ability to interpret available information influences the decision to make (Darwish et al., 2014).

## **2.6 Records Management and Decision Making**

Decision making in public hospitals is an administrative function and invariably requires information in the form of records. In effect, records and archives provide the information that is required by those who make the decisions. The question is whether these records and efficient records management systems are available to the management of public organizations and whether the management of public organizations are aware of their existence and thus make use of them when making decisions (Akor & Udensi, 2013).

Therefore, in trying to indicate the role of records management systems in decision making, Gill (1993) indicates that records are facts supporting decisions and facts upon which to base future decisions, facts to communicate to employees, customers, potential customers, government stakeholders and facts to document the history of a company. Records represent major sources of information and are almost the only reliable and legally verifiable source of data that can serve as evidence of decisions, actions and transactions in organizations (Wamukoya, 2000). By managing records effectively and adopting efficient records management systems, hospitals can be assured that there is a full disclosure of information for managers of hospitals to rely on in the course of carrying out their duties, thus improving the quality of decision making, long term planning and delivering efficient health care to the public (Ojo, 2009).

On the other hand, Iwhiwhu (2005) believes that in the absence of records or information and sound records management systems, the management of organizations are incapacitated in its decision making process. The consequences of poorly supported decisions are choices that waste company resources and even risk the future of the organization. Many managers simply need effective records management systems and guidance to make quality decisions based on reliable evidence. However, there is no systematic guarantee that the evidence available to managers of organizations is reliable and genuine to make such decisions (Pfeffer & Sutton, 2006). This signifies that the quality of information and records management systems at the disposal of organizations are significant for organizations in the formulation and implementation of varied policies and programmes that guide the organization to achieve its set targets. Records management systems if adopted and practiced effectively, it is likely to improve decision making thereby helping management (Richmond, 2010).

As revealed by Odinioha and Chukwuma (2013), the effectiveness or otherwise of any organization is dependent on the quality of decisions that informs its operation. If decisions are right, it translates into positive organizational outcomes such as competitive advantage, increase in profit margins, high morale of employees and good corporate image in the eyes of the public but where insufficient or inaccurate information exists, then the organization's growth is likely to be retarded hence making it difficult to break even or cover its operational cost. This is why records or information available to organizations are major determinants of organizations' success or failure. Taking into cognizance the level of risk involved in making decisions under high uncertainty, and the scholarly convergence that effective records management ensures good decisions (Jawadeker, 2006; Rhodes, 2010), one will think that any organization that hungers for effectiveness and efficiency would seek to make relevant decisions at every point of its operations;

and making good decisions is a by-product of effective records management. Majority of operations in an organization revolve around decisions made by the management and other key stakeholders in the organization.

However, for decisions to be made adequately, it is imperative for an existence of sound records management systems that support management decisions in that particular organization (Nowduri, 2011). In reference to the preceding claim, Jahangir (2005) states that based on the significant role that records and sound records management systems play in decision making, organizations must ensure that they have adequate and quality information in addition to effective records management systems. According to Shepherd (2006), comprehensive records management programmes in organizations are clear indications of organizations attempt to deliver efficient services and aids management decision making, policy execution and the general administration of organizations. Jawadeker (2006), UStudy (2010) and Vital and Shivraj (2008) agree that the quality of management decision making depends directly on the quality of available information and sound records management systems such as simple and functional filing system hence; managers should cultivate an environment that encourages the growth and viable sprouting of quality information. This was evident in the findings of Jawadeker's (2006) study that having reliable, error free records and better records management systems guarantee an organization to have viable and better decisions.

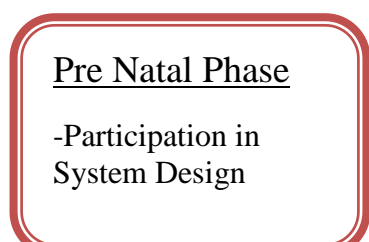
A survey conducted by Akor and Udensi (2013) and Mampe and Kalusopa (2012) revealed that effective records management systems facilitate timely and quality decision making, inform future decisions and fast track service delivery. As recommended in a study carried out by the Institute of Medicine (2001), organizations such as health institutions should move away from manual records management to electronic records management as the latter is likely to facilitate clinical

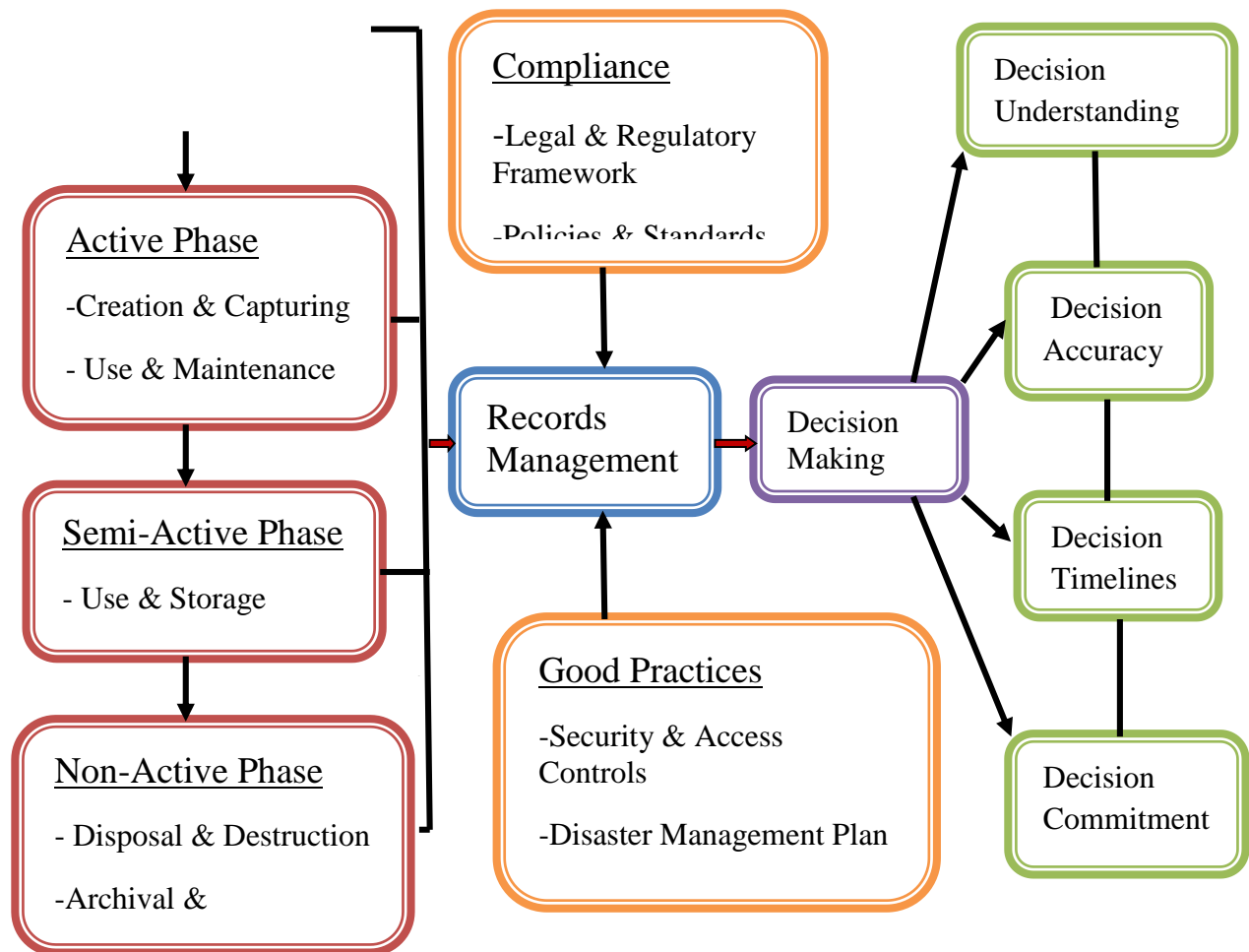
decision making and minimize the potential for mistakes that arise out of inaccurate and incomplete of paper records. This point to the direction that public hospitals' adoption and practice of sound records management system is likely to reduce patients waiting time, reduce medical errors caused by paper records, improve service delivery and fast track administrative and clinical decision making.

## 2.7 Conceptual Framework for the Study

The framework shows how the various stages of records management, compliance and good practices lead to clinical and administrative decisions in public hospitals. The stages of the records management start from pre-natal phase through active and semi-active phases and finally end at the non-active phase. In order for public organizations to have a successful records management system, there must be compliance with legal and regulatory framework and standards, implementation of records management policies. Moreover, good practices such as staff capacity building, adherence to security and access controls' measures and an implementation of a disaster management plan. The presence of these constructs is likely to influence clinical and administrative decisions in public hospitals. However, the clinical and administrative decisions are measured using decision accuracy, decision timeliness, decision commitment and decision understanding. These are shown in figure 2.3

Figure 2.3: Conceptual Framework depicting Records Management leading to Decision Making





Source: Author's Construct, 2016

## 2.8 Review of Empirical Literature

A good review of an empirical literature needs to indicate the different views, agreements, disagreements and trends of thoughts on the topic of research and be accurately portrayed and acknowledged in the text. In view of that, the empirical literature presented related studies in the area of records management conducted in other developing countries especially, Sub-Saharan Africa.

## **2.8.1 Pre-Natal Phase**

### **2.8.1.1 Participation in System Design**

Participation in system design simply means the involvements of records professionals (Records Managers and Archivists), management and system designers in the designing of records management systems (Shepherd & Yeo, 2003). Studies conducted by Myburgh (2005) and Shepherd and Yeo (2003) revealed that records professionals and system designers need to participate in the designing of the records keeping systems as their engagements are likely to improve the management of records in organizations. A study by Kemoni et al. (2007) buttressed the point that an effective collaboration of records professionals and system designers enable the creation of the right records containing the right information in the right formats and organization of records to facilitate their use. Moreover, the Life Cycle Model employed by Iwhiwhu (2005) to conduct a survey into some Nigerian Universities indicated that the cooperation of records professionals in the system design provide evidence of a particular activity, the systems and procedures needed to ensure that the records are captured and maintained, records retention and disposal schedules to fulfill their legal and financial obligations, storage procedures and security and access controls.

Conversely, the Life Cycle and the Records Continuum Models adopted by Chachage and Ngulube (2006) to carry out a survey into some companies in the Iringa region in Tanzania disclosed that without the engagements of records professionals in the system design, some records may disappear in the sub-systems due to a lack of records management and archival knowledge on the part of corporate information systems designers whereas some records are likely not to be captured in the system. This is due to the fact that the adoption and practice of a sound records management

system requires a shared purposive activity among records officers, management and system designers, which can only be achieved through cooperative action (Lyytinen & Ngwenyama, 1992).

A survey by Dearstyne (2002) into Indiana University Electronic Records Project revealed that successful records and archives management systems require concerted efforts to eliminate traditional boundaries, collaborate with others, improvise when solutions are not clear because the issues and problems are relatively new, and occasionally compromise archival and records management principles. Notwithstanding the cooperation, Dearstyne (2002) recommended that records management programmes need to be designed to capture the organizational culture of the institution because what transpires in organizations is likely to have an impact on the implementation and practice of records keeping programmes and records management systems. This therefore calls for concerted efforts to re-assign the responsibility between the organization and the records management programmes.

## **2.8.2 Active Phase**

### **2.8.2.1 Records Creation and Capturing**

Records creation and capturing involves “developing consistent rules to ensure integrity and accessibility, deciding on systems to log and track records, and procedures for registering, classifying and indexing” (Yusof & Chell, 1999, p. 10). The thrust of records creation is to ensure that only records needed by the system and the organization are created (Shepherd & Yeo, 2003). Yusof and Chell (2000) are of the view that if the meaning assigned to creation is to be relied upon, then it means organizations are functioning in a paper environment. Unfortunately, this is not

always true because in an electronic environment, records are created automatically by the system. However, the major challenge for any electronic management system is the inability to document the origination of new records in a logical and consistent manner while some records require an individual to create a record manually and this normally occurs in paper environment (Tucker, 2012).

A comparative study by Norris (2002) into some institutions and departments in New York found out that records management is often not effective during the time that records are created. The outcomes of these inefficiencies are redundancy of records, lack of clearly identified official copies and insufficient records for clinical audits and medico-legal issues. Mrwebi (2000), in his survey, put forward that as records are created in different formats, it is imperative that some standards for records retention are established and complied with in the organization to ensure that the same information is not duplicated. The National Archives of Canada (2003, p. 1) asserted that the most important aspect of the creation and capturing of records is to “recognize records as the main source of information that have been generated and to empower employees to assess the value and role of the information contained at the moment of creation within a recognized framework, thereby making it easy to support the organization’s activities and policies”.

Similarly, in healthcare facilities, patients’ medical records (patient history) are created during patient consultations and prescriptions given by medical officers. Eventually, records are received by the hospital’s records management unit for proper records keeping (IRMT, 2009). In support of the above study, the findings from a study by Nchise (2011, as cited in Maal-Ire, 2013) into healthcare facilities in Ghana indicated that almost every patient visit, medical documents and drug prescriptions are produced and handwritten in paper formats. This signifies that most records about patients are still created and maintained in paper formats.

### **2.8.2.2 Use and Maintenance**

Records usage is when records are actively accessed and shared by all employees of an organization and it is at this point that ensures easy access to timely, accurate and available information. Irrespective of the format, records need to be managed and maintained well to ensure that they are kept current and secure, and not accidentally disposed of (National Archives of Canada, 2003). It is prudent for health institutions to establish policy manuals regarding the classification of documents into records and security concerns as both form part of records maintenance. This can be achieved by instituting security measures and access controls to deny unauthorized access into the system. The Stakeholders Theory and the Records Continuum Model used by Mensah and Adams (2014) to conduct a survey into both private and public hospitals in Ghana claimed that an effective management of hospitals' records are critical factors in providing capacity for hospitals' efficiency, information security and confidentiality, quality of care and decision making.

However, a comparative survey done by Wamukoya (2000) into the Eastern and Southern Africa Regional Branch of the International Council on Archives (ESARBICA) region disclosed that in many African countries, records have been created and maintained in paper formats. This revelation was due to the fact that most records professionals were accustomed to working with paper records so much that they perceived the act of keeping records in the context of a paper based environment. The International Records Management Trust (2005) in their survey posited that, over the last decades, there had been a decline in the management of records in developing countries such as Sub-Saharan Africa, which has had detrimental effects on efficiency, accountability, security, confidentiality, service delivery and decision making in organizations. In

the same vein, Tale and Alefaio (2011) found out that managing records in Sub-Saharan Africa was receiving little attention and support as compared to countries of the developed world. The authors further put forward that although the need to have a good filing system was understood, records management practices were not given the necessary credence as it is required in organizations, and invariably records were controlled by staff that had very limited experience or skills in managing records.

In contrast, a study by Ojo (2009) indicated that records that are managed effectively eliminate missing files, increase physical filing space, reduce lengthy turnaround time in retrieving files and lengthy patient waiting time. It also assists in tracking the movement of paper records in public health institutions. In the opinion of Chimezie (2005, as cited in Maal-Ire, 2013), the maintenance system which is essential to the use of records should be included as an additional strategy for managing hospital records. To the author, record may be in place but if they are not well maintained, they lose their credibility and authenticity.

### **2.8.3 Semi-Active Phase**

#### **2.8.3.1 Use and Storage**

At this point, records that have been used and are no longer needed regularly by the organization are used for reference and to fulfill legal and financial obligations. At this stage, organizations must formulate policies that guide the procedures and manners in which records are to be stored. The essence of this is to ensure proper storage relating to privacy and security issues since any disclosure of sensitive and confidential information could amount to legal suits especially, medico-legal issues in the health sector (Tucker, 2012). The findings from Dhabi's (2009) study indicated that the storage systems (offsite and onsite) are to be equipped with environmental control,

applicable safety and security measures to ensure better storage and preservation of in-active records. Thus, the records must be stored in larger and conducive storage places pending ultimate disposal.

The Stakeholders Theory and the Records Continuum Model used by Mensah and Adams (2014) to carry out a survey into both private and public hospitals in Ghana revealed that the most common storage equipment used by public health institutions were steel cabinets and wooden shelves. To the authors, there were problems of inadequate storage equipment and inadequate filing space. Wema (2003) in his study showed that expensive office space was wasted on storing records which could have been moved to less expensive space, such as archives. The inappropriateness of storing records on floors has repercussions on the ultimate disposition of the records when their retention time had expired. The author suggested that keeping active and in-active records together poses serious storage and retrieval problems and also, increases the deterioration of records. This means that active records should be separated from inactive records to facilitate easy retrieval to expedite decision making.

A study carried out by Nchise (2011, as cited in Maal-Ire, 2013) into Ghanaian hospitals revealed that almost every patient visit, medical documents and drug prescriptions were stored in folders. The ramifications of storing patients' records in folders to some extent make such folders susceptible to the violation of privacy and confidentiality issues and other challenges such as missing files, misfiling and damaged files. Therefore, records should be stored in such a manner so as to facilitate user access and ensure that they are protected from unauthorized access, use, disclosure, removal, deterioration, and loss or destruction.

#### **2.8.4 Non-Active Phase**

#### **2.8.4.1 Disposal and Destruction**

Records disposal is the process whereby the “organization, through its records manager destroys or erases ephemeral records or transfers archival valued records to an archival institution for permanent safe keeping” (Adelaide University Records and Archives Management, 2004, p. 30). The purpose of disposal or destruction is to permanently remove records from active use, with no possibility of reconstructing the information (Dhabi, 2009; Nye, 2010). The issue of inappropriate records destruction in South Africa informed the National Archives and Records Service of South Africa (2006) to suggest that, organizations should determine the length of time for retaining records before disposal. To the organization, records officers should set the period for keeping different types of records, based on different records values or use such as clinical, administrative, legal, research and financial values. However, the systematic disposal of hospital records that have been maintained for the prescribed retention period is the overall responsibility of concern to healthcare facilities. Hospital record that is scheduled for destruction must be placed in a secure location to guard against unauthorized access until the destruction takes place (Dhabi, 2009).

The International Records Management Trust (2003a) pointed out that among other challenges identified in most African countries; there were no records retention and disposition policies in the ESARBICA region. This was evident in a study by Balasu (2009) that there was no public sector organization in Ghana that applied records retention and disposition schedule as they are not in existence. The author further expatiated that the absence of records retention and disposition schedule is a serious weakness in the governments’ disposition infrastructure. A later argument was that once records are no longer needed by their creating agencies, archivists must make a final decision about the disposition of records; that is, whether records merit continued maintenance

and preservation in archives or destroyed or disposed of (Marshall, 2006). Consequently, the delay in authorizing the disposal of records may result in unnecessary accumulation of records (Mnjama, 2006). According to Atuloma (2011), information can be maintained in a manner that effectively serves the need of the organization and any information that are no longer necessary can be efficiently disposed of.

#### **2.8.4.2 Archival and Preservation**

Archival and preservation of records are records that are kept permanently because of its administrative, legal, fiscal, or research value (Norris, 2002, p. 13). Preserving records effectively means that the records must be stored in a safe and secure location and displayed under appropriate preservation conditions. Preservation of records facilitates perpetuation in decision making while providing substantiation of precedent activities and historical superiority for future generations (Kasetsart University Archives, 2010). A study by Ngulube (2003) stated that records and archives help to establish communication between the past and future generations. To the author, without records and archives, it would be difficult, if not impossible, for records users to learn from past successes or failures and also, limits the society's ability to act based on sound information. The author further opined that without records and archives, we cannot fully explain the ever changing present and inform the future with certainty. Moreover, proper accounts must be kept at all times of the precise location, including those temporarily withdrawn or undergoing administrative uses (Ngulube, 2003).

A survey by Cox (2000) in the United States of America revealed that there was no coherent system of archives and records management existed. To the author, this was a major barrier to the successful protection of the nation's documentary heritage and the scheme between records officers

and other information professionals. A study into the European Union framework of the Information Society also disclosed that a lot of public organizations had chosen to preserve parts of their archives by digitization (Dikopoulou & Mihiotis, 2010).

According to Ngulube and Tafor (2006), the overwhelming challenge of Archivists and Records Managers in Sub-Saharan Africa is a long-term preservation and management of electronic records especially converting paper records to electronic records form by means of scanning and other technological devices. Not excluding Ghana, a study by Akussah (2002) showed that there were inadequacies in preserving awareness among the staff and users of public records in the registries of Government Ministries, Departments and Agencies (MDAs) in Ghana. This was attributed to inadequate professional training of staff and the lack of preservation education in the form of seminars and workshops. This was not different from subsequent surveys conducted by Adams (2010) and Mensah (2011) into the MMDA's and public hospitals respectively. In their studies, they found out that most common preservation equipment used in the public sector were steel cabinets and wooden shelves and that there were problems of inadequate storage equipment. This implies that preservation of records for a longer time still poses serious threats to many organizations in Sub-Saharan African countries such as Ghana.

## **2.8.5 Good Practices**

### **2.8.5.1 Security and Access Controls**

Security issues in most public organizations like public hospitals follow traditional norms. Safety measures such as locking cabinets, employing security personnel, cameras, Closed Circuit Television (CCTVs), alarm systems, fire warnings and protection systems are mostly taken for the

physical security of records. On the other hand, electronic security measures such as firewalls, passwords, encryption, security copies and access rights for each user category are some of the tools used for securing electronic records integrity, accuracy and trustworthiness. In healthcare facilities, medical records are filed in a secure location that is locked during non-clinic hours to safeguard against loss, tampering, or use by unauthorized personnel. Hospital staff must take reasonable steps to protect the personal and confidential information it holds from misuse and loss and from unauthorized access and modification or disclosure (Professional Practice Group, 2008).

This is very essential in institutions like hospitals where on daily basis, confidential records in the form of medical history of patients are created and maintained. Access rights in organizations are stipulated by the management that prescribes who is authorized or mandated to access confidential and non-confidential records (Dikopoulou & Mihiotis, 2010). To the authors, the lack of security controls in organizations exposes the organization to lose private and confidential records about the individuals and the organization as a whole.

#### **2.8.5.2 Disaster Management Plan**

Disaster management plan is a formal written plan, on the basis of identified potential accidents together with their consequences, describes how such accidents and their consequences should be handled either on site or off site (MoH & GHS, 2010). Disaster management also known as disaster preparedness is regarded as an essential part of any records management programme. Disaster

management ensures that organizations are prepared to respond quickly to emergencies. Disaster mitigation, or the ability to identify risks and prevent some emergencies from happening, should always play a key role in an institution's emergency preparedness and planning efforts.

A survey by Ngulube (2007) revealed that despite the fact that disaster preparedness plans allow organizations to plan and make decisions about emergency response and recovery, archival institutions in South Africa did not adequately plan for emergencies. To the author, the absence of disaster management plan is obvious in South Africa as a study into Iringa region also showed that most companies had not made disaster preparedness as part of their records management strategy. Ngulube (2007) later disclosed that there were four archival institutions that had written disaster preparedness plans. Out of these four archival institutions, only one institution had a disaster management plan covering natural disasters such as floods.

Similarly, Akussah's (2002) study into government registries in Ghana pointed out that most of the government registries did not have any idea about disaster preparedness. The repercussions of lack of a disaster management plan in organizations leads to missing or lost records and damaged files which ultimately affect decisions and service delivery (Rodriguez, 2005, as cited in Bundotich, 2013). An organization that is well prepared for disaster is able to efficiently and quickly face any emergency that might be dangerous to staff, documents and building. Moreover, it protects records against theft, deliberate or accidental and unauthorized damage and destruction (Ngulube, 2003). The negative effect of lack of a disaster management plan requires organizations to back-up electronic records on a regular basis to safeguard against loss of information due to equipment malfunctions, human error, or other natural disasters. On the other hand, institutions that have not complied with their retention policy should not dispose of their record

notwithstanding the existence of back-up plans (Florida Department of State Division of Library and Information Services, 2010).

### **2.8.5.3 Staff Capacity Building**

Records management has been described as a profession that is constantly evolving. This has implications on the skills and competencies needed to manage records. Training should be an ongoing activity for all staff involved in the management of records from the inception to their destruction or preservation. Whilst records management requires that records designers and creators be imparted with some levels of skills in the management of records, the records professionals require an upgrade of their skills that they apply in the course of their work (Dearstyne, 2002). Unfortunately, those entrusted with the management of records are not equipped with the necessary skills and know-how to ensure that records are managed and preserved in a state that will make it accessible in organizations such as hospitals (Centre of Specialization in Public Administration and Management [CESPAM], 2005).

The International Records Management Trust (2004) declared that public officials in various organizations lack the requisite skills concerning the nature of records and record keeping, and about why they need to exist, why they need to be managed, and what their responsibilities are for the management of such records over time. This was apparent in a survey conducted by Wamukoya and Mutula (2005b) on capacity building requirements for records management into public sector organizations in the Eastern and the Southern Africa. They reported that there was a dearth of skills in the management of records in Sub-Saharan Africa and later emphasized the need for records management awareness, education and training and continuing professional development. Furthermore, surveys carried out by Ngulube and Tafor (2006) and Ojedokun (2008) in some

African countries revealed that scarcity of skills in managing records has partly contributed to the poor management of paper records, leading them to query whether institutions in Sub-Saharan Africa would be able to handle the additional challenges posed by electronic records.

The Life Cycle Model employed by Iwhiwhu (2005) to conduct a survey into some Nigerian Universities indicated that there was a serious problem of technophobia in most offices in Africa especially among the older employees. The author further explained that many Traditional Librarians, Records Managers, and Archivists are very conservatives and have phobia for technological equipment such as computers. This may be as a result of generational gaps between the new and old professionals which have made information managers to perceive computers as a threat to their records profession. Surveys conducted by Afolabi (2004) and Egwuyenga (2009) in Nigeria also showed that records management in Nigeria had been plagued by factors such as inadequate skills and inexperience records officers, insufficient funds and the placement of records management in a low priority in relation to other things.

Studies in Ghana by Akussah (2003) and Woode (2008) admitted that the records units in Ghanaian organizations lacked professionalism due to the paucity of skilled staff. This evidence shows that the skills needed by records officers in the management of records is essential if a sound records management system is to be practiced. In Ghana, for effective and efficient management of hospital records to exist; there is the need for hospitals to create records management's awareness for staff and also, employ staff that have the requisite skills and competences to manage the records in the design, creation, storage and disposition stage (Mensah, 2011).

### **2.8.6 Compliance**

### **2.8.6.1 Legal and Regulatory Framework**

Laws and regulations play significant roles in records management. From experiences of other countries, relevant legislations such as records and archives laws, freedom of information and data protection laws are used to safeguard malpractices in the field of records management (Nengomasha, 2009). The Life Cycle and the Records Continuum Models employed by Chachage and Ngulube (2006) to carry out a survey into some companies in the Iringa region in Tanzania disclosed that organizations need to keep records as they generate them during their routine activities in order to comply with legal requirements as well as to protect the stakeholders' rights. Conformity is mainly concerned with "information integrity, privacy and records retention" (Marobella, 2005, p. 18). Compliance with legislation has an effect on how records are created or captured, transmitted and used, stored, indexed, retrieved, controlled, retained and preserved.

Contrarily, inadequate legal and regulatory environments have been cited as challenges facing developing countries as they move towards making the management of records, particularly in electronic format. A study by Barata, Bennett, Cain and Routledge (2001) revealed that there was inadequate legal and institutional framework that regulates records management in Namibia. Also, a research by Gibbons and Shenton (2003) showed that in spite of the regulatory framework that was in existence, the records management practices of the United Kingdom Parliament was not in conformity with the practices recommended by their statutes. The non-compliance with legislations can result in disorganization, missing, stolen, destruction and unauthorized access to documents.

On the other hand, McLeod and Hare (2006) pointed out that adherence to legal and regulatory framework is imperative to the strengthening of records management practices in organizations.

Conversely, the non-adherence and compliance is a leading cause of poor records management particularly, in Africa (Tagbotor et al., 2015).

### **2.8.6.2 Policies and Standards**

The International Standards Organization 15489-1 (2001) provides a framework for public and private organizations in the management of its records, irrespective of the medium in which the records are created, captured and maintained. University of Texas State (2009) posited that records management programme ensures sound record-keeping practices that support business activities, assist in the capture and maintenance of corporate memory and ensures compliance with relevant legislation. The Stakeholders Theory and the Records Continuum Model adopted by Mensah and Adams (2014) to conduct a survey into both private and public hospitals in Ghana reiterated that the existence of records management policies provide the mandate and overall authority for the creation, use and preservation of records, and are vital to the effective management of records in all organizations. Ngulube and Tafor (2006) in their study further explained that the adoption of records management standards and integrating them ensure that records are managed consistently for the required periods.

On the contrary, a survey by Dikopoulou and Mihiotis (2012) found out that most organizations in Sub-Saharan Africa did not have written and approved policies for the management of their records. Studies by Kemoni (2007) and Tagbotor et al. (2015) agreed that without a records management policy, it is difficult to establish efficient records management systems that support decision making. However, formulating records management policies within a particular department may be challenging, but integrating records and policies that involve several functional areas of an organization can be a significantly more complicated task (Kennedy & Schaunter,

1998). To the authors, records management standards serve as a guide for effective functioning of records management systems within an organization. This is due to the fact that standards provide information on “who, what, when, where and how the records management systems operate” (Kennedy & Schaunter, 1998, p. 527). The absence of records management procedures and standards impacts negatively on records creation, use, maintenance and disposal or preservation of records in organizations (Kemoni et al., 2007).

## **2.8.7 Decision Making**

### **2.8.7.1 Decision Accuracy**

Decision accuracy is the extent to which records are correct, reliable and certified (Ge & Helfert, 2006). This implies that there is no inherent limitation, free from errors and mistakes. Inaccurate information is likely to result in poor clinical and administrative decisions. On the other hand, accurate information is likely to result in good decision making. According to Igwe (1995), decisions to be taken at some point in time are likely to change when more accurate information is received. However, management is often stifled in its decision making when there is no accurate and reliable information (Opeke, 1984). The accuracy of records and archives assist hospitals to make informed decisions that ultimately affect the organization. For instance, in health institutions, without accurate and accessible patient case notes, medical officers may not offer the best of treatments or may in fact misdiagnose a condition, which can have serious effect on the health of the patient (IRMT, 1999a). Contrarily, a study into health institutions disclosed that accurate and reliable records lead to improvement in patient care, communication between caregivers, an

increase in efficiency of care, reduction in medical errors and costs, accessibility to patient data, security and quality decision making (Shekelle et al., 2006).

A study by Pfeffer and Sutton (2006) showed that some hospitals justify their choices on the basis of facts and evidence, others rely on out-dated information, personal experience, individual observation, or gut feelings to make informed decisions. Conversely, having accurate information reduces the margin of errors that organizations make when making decisions (Darwish et al., 2014). A study by Darwish et al. (2014) into the airports company of country in Iran revealed that the practice of an effective records management system, compliance with state legislations and standards coupled with a sound records management programme have an influence on increasing the accuracy of clinical and administrative decisions that management make in organizations. This is due to the fact that sound records management systems are mostly devoid of errors, incomplete information and duplication of information.

#### **2.8.7.2 Decision Timeliness**

This refers to the timing in which decisions are made (Darwish et al., 2014). Decisions made at the right or opportune time leads to achieving organizational goals such as high productivity, profitability and competitive advantage. A study by Stephenson (2012) disclosed that not having enough time to decide on what to do at any particular point in time has a bearing on the quality of a decision. The author further posited that decision made under pressure could be very disastrous, as it only solves an immediate problem but could lead to a bigger problem. Abduihamead (1992) cited in Hitler (2013, p. 11) suggested that providing the right information for a decision maker

when the need arises, without delay, and at the right time to make a particular decision is crucial in making good decisions and the reverse is also true.

Darwish et al. (2014) put forward that having timely information and effective records management systems expedite decision making and thus, reduce the likelihood of making poor decisions. A survey by Darwish et al. (2014) into the airports company of country in Iran disclosed that the practice of an effective records management system, a simple and a functional electronic filing system increases the speed at which files or records are retrieved and subsequently, influences the speed at which clinical and administrative decisions are made in organizations. In the event where the records management systems are effective, decisions are made quicker to meet the ongoing and future needs of the organization. On the other hand, ineffective records management systems retard the speed at which decisions are made (Darwish et al., 2014).

### **2.8.7.3 Decision Commitment**

This is a reflection of an individual's identification with organizational goals and his/her willingness to work towards them (Reichers, 1985). This involves the willingness of people to contribute or participate in decision making. Reluctance or willingness of an individual sometimes impacts either positively or negatively on decisions made or to be taken respectively. Therefore, there is the need to involve records managers in the formulation of policies and programmes. A study by Dooley, Fryxell and Judge (2000) in the health sector revealed that the more committed the people are to decisions, the greater the likelihood of the decision being implemented successfully. The results of poorly supported decisions are likely to waste the company's resources in terms of financial and labor and even risk the future of the organization (Pfeffer & Sutton, 2006).

In a situation where the records management systems provide opportunities for employees to be trained in managing records and the fact that the records management programme is easier to implement and practice, captures security measures, disaster management plans and punitive measures, the effect is that the employees are aligned with the kind of clinical and administrative decisions that are made in organizations (Darwish et al., 2014).

#### **2.8.7.4 Decision Understanding**

This involves making sense of data, records or information; explain the meaning of information. In hospitals, for clinical and administrative decisions to be made on records created and maintained, there is the need to interpret such information in order to inform the kind of decision to make in an organization (Darwish et al., 2014). Nonetheless, the understanding is often affected by an individual's inductive and arithmetic reasoning abilities, such as problem identification, information manipulation and perceptions of consequences (Allaire & Marsiske, 1999). Nooraie (2012) posited that organizations' decision making is a complex process that must be understood and interpreted completely before it can be practiced effectively.

Pfeffer and Sutton (2006) put forward that organizations confronted by an overload of information are likely to engage in practices which are hard to interpret and sometimes detrimental to the course of the organization. Moreover, in a situation where the records management systems provide opportunities for employees to be trained in managing records and the fact that the records management programme is easier to practice, the effect is that the employees are able to interpret the records created and maintained. This makes employees capable of making meaning out of the kind of clinical and administrative decisions that are made in organizations (Darwish et al., 2014).

## **2.9 Implications of the Reviewed Studies**

This chapter presented a review of empirical literature on records management in public organizations such as public hospitals. There were similarities in most of the methodologies used in the various studies that were encountered. Most of the studies used both qualitative and quantitative approaches, the survey methods, questionnaires, interviews and observations. Various lessons were learnt from the review and from other literature that was not included in this study.

The literature established that there is a great need to preserve corporate memory. The preservation of corporate memory guarantees that organizations operate in perpetuity. This would support the future of the organization, help it to operate effectively and efficiently and learn from previous mistakes.

Extant literature revealed that organizations need to develop records management policies, guidelines and procedures to help organizations function effectively and efficiently. This is due to the fact that records management policies, guidelines and procedures play a major role in organizations as they clearly stipulate the responsibilities of the records professionals. The availability of adequate policies set up a foundation or guide for the effective management of records in an organization. In the case of an institution like the Ashanti Bekwai Municipal Hospital, adequate policies would result in staff awareness of standards and allow them to follow proper records management practices.

The literature disclosed that there should be an adequate records management programme and an implementation plan. The University of Texas State (2009) posited that the records management programme ensures sound record keeping practices that support business activities, assist in the

capture and maintenance of corporate memory, and ensures compliance with relevant legislations. This implies that the ability of Ashanti Bekwai Municipal Hospital to develop a records management programme and an implementation plan is likely to improve records keeping practices of the hospital.

The literature indicated that records professionals must adapt to the use of information technology in the creation, storage, retrieval and dissemination of preserved or recorded information. For instance, records management software can be used as an additional strategy to the existing Information Technology Systems to improve records keeping practices.

Finally, the review of literature showed that an organization's ability to comply with state legislations and standards, implementation of disaster management plans, improving staff capacity, developing a records management programme that is embedded in policies and adoption of a comprehensive and an integrated electronic records management system are likely to improve decision making in organizations.

## **2.10 Summary**

This chapter examined the role of records management practices in improving decision making by introducing the Hybrid Records Life Cycle model which encompasses the pre-natal phase of Records Continuum Model and the conceptual phases of the Records Life Cycle Model. The Hybrid Records Life Cycle Model functions effectively in organizations that deal with both paper and paperless records. The Hybrid Records Life Cycle Model provided a theoretical foundation for the study to address the role records management practices in improving decision making in public organizations like public hospitals. Theoretical and empirical literatures were reviewed in accordance with the conceptual framework proposed for the study. The review of an empirical

literature has clearly indicated the importance of records management especially on how paper and paperless records need to be managed to improve clinical and administrative decision making. Challenges faced by records officers in managing records have been identified. The review further explained the significance of records management policies, standards, procedures and proper records management practices for the perpetual existence and well-functioning of an organization.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This section presents appropriate approaches, research design and processes that are used for collecting data and literature for the entire study. Also, the chapter provides a brief description of study area, target population, sampling strategy, determination of sample size, data collection instruments, sources of data and data collection procedures for the study. Pretesting, reliability and validity and adherence to ethical considerations are considered during data collection and reviewing of extant literature. The data collected is analyzed both quantitatively and qualitatively.

The quantitative aspect is analyzed using the responses gathered from the questionnaires while the qualitative section is transcribed using the answers from the face-to-face interviews conducted. The discussion of the findings is situated in the context of the research objectives, theory and extant literature.

### **3.1 Profile of Study Area**

The location chosen by the researcher to conduct this study is Ashanti Bekwai Municipal Hospital in the Ashanti Region of Ghana. The hospital was established during the colonial period as a clinic for the staff of a colonial bank which was situated in a story building opposite the Clinic in Bekwai. The Clinic was later extended to cater for the inhabitants of Bekwai and its environs. The facilities of the clinic were improved to meet the standards of a hospital. During the 1970's, the hospital was upgraded into a District Hospital that also served as a referral point to health facilities in and around the Amansie East District. In 2008, the Amansie East District attained a Municipality status and the hospital was subsequently upgraded into a Municipal Hospital.

The Bekwai Township where the hospital is located shares boundaries to the North with Dominase, East with Kokofu and Kortwia on the South. As of January 2016, the hospital had about 86 beds with total staff strength of 250. The hospital has about 16 units that render various kinds of services to the public in and around the municipality. The Units are Administration, Accounts, Records, Stores, Pharmacy, Surgical Ward, Theatre/Anesthesia, Laboratory, Maternity/Obstetrics and Gynecology, ENT/Dental, OPD, X-Ray, Psychiatric/Diabetic/Sickle Cell, Accident and Emergency, Public health, General Wards (Pediatrics, Children, Female and Male). The kinds of services the hospital provides include the following; OPD services, Consultation, In-Patient

services, Obstetric and Gynecological services, Accident and Emergency services, Pharmaceutical services, ECG, Anti Natal (ANC) and Pre-Natal Care (PNC) services, Anti-Retroviral Therapy (ART) and Counseling, Laboratory services, X-Ray services, Ultra Sound, Ear Nose Throat and Dental services (ENT), Community Psychiatric services, Reproductive and Child Health Care services (RCH), Maternal Health services, Diabetic and Sickle Cell services. The hospital also serves as a referral point to Kokofu hospital, health centres, clinics and other health facilities that fall outside the municipality (Bekwai Municipal Hospital, 2016).

### **3.1.1 Vision of the Hospital**

“To become a center of excellence of quality primary health care”

### **3.1.2 Mission Statement of the Hospital**

“We exist to improve the health status of the people of Bekwai Municipality through the provision of quality health care delivered by well-motivated staff through good leadership and management practices and inter sectoral collaboration.”

### **3.1.3 Core Values of the Hospital**

- People centered
- Professionalism
- Team work

- Innovation/Excellence
- Discipline
- Integrity

### 3.1.4 Morbidity Trend

Upper Respiratory Tract Infection (URTI) cases and Malaria cases dominate the morbidity of inhabitants that visited the hospital in the year, 2015. The records show that people who reported URTI cases were 7,443 while Malaria were 6,513 out of 28,091 top ten (10) OPD cases respectively. Consequently, URTI and Malaria cases represent 26% and 23% of the Annual Morbidity trend in Ashanti Bekwai Municipal Hospital. Home Accidents & Injuries and Pneumonia cases are the least cases that were reported in the hospital with 676 and 483 cases representing about 2% each. Details of OPD cases for the year 2015 are shown in Table 3.1

**Table 3.1: 2015 Top Ten (10) Out Patient Department (OPD) Cases**

2015 Diseases	Cases	Percentage (%)
1. Upper Respiratory Tract Infection	7443	26
2. Malaria	6513	23
3. Rheumatism & Other Joint Pains	3759	13
4. Acute Urinal Tract Infection	2815	10
5. Diarrhoea	2100	7
6. Anaemia	1769	6
7. Skin Diseases	1758	6
8. Intestinal Worms	775	3
9. Home Accident & Injuries	676	2
10. Pneumonia	483	2
Total	28091	100

Source: Ashanti Bekwai Municipal Hospital, 2015

### 3.2 Research Approach

This study relies on the mixed method, which combines quantitative and qualitative methods. The use of a mixed method for this study minimizes the biases, limitations and weaknesses associated with each method. The adoption of a mixed method necessitates the use of a structured questionnaire and an interview guide to collect data from both health workers and records professionals at Ashanti Bekwai Municipal Hospital. A study into “*the role of records management practices in improving decision making in public hospitals*” requires a combination of quantitative and qualitative methods to ensure reliability and validity of the findings.

The rationale for using a qualitative approach for the study is that it helps the researcher to gather information from records professionals in the form of explanations, descriptions, narratives, views and thoughts about records keeping practices in the hospital. In that regard, the researcher designed an interview guide to elicit information from the records professionals to ascertain the kinds of records keeping practices. Moreover, it helped to ascertain the role records professionals play in designing records management systems for the hospital. Moreover, some questions in the questionnaire allowed the participants to express their views and thoughts concerning records keeping practices in their respective units. A typical example was a question on reasons why the participants rated the state of records management in the hospital as good or bad. That kind of question permitted the participants to express themselves. This helped to gather divergent opinions and views on the state of records keeping at the hospital. In the end, the view with the highest percentage was used as the basis to represent and portray the state of records keeping of the hospital.

The quantitative method measures the state of records management at Ashanti Bekwai Municipal Hospital based on statistical information. The researcher designed a structured questionnaire to elicit information from healthcare providers at the hospital. The responses from the questionnaires were coded to generate statistical results such as frequencies and percentages. A typical example was the question of the kinds of records respondents created and the challenges they faced in the course of their daily activities. Such a question provided participants with options to choose from. Ultimately, the interpretations and discussions were based on the option with the highest percentages and frequencies to generalize the findings to determine the state of records keeping practices at the hospital.

### **3.3 Research Design**

The study employs an exploratory survey to find out the role of records management practices in improving decision making at Ashanti Bekwai Municipal Hospital. The use of an exploratory survey permits the study to rely on research instruments such as questionnaires, interview guide and personal observation to gather diverse information and opinions from the respondents. An exploratory survey is necessary for this study because the study inquired into the state of records keeping systems adopted and practiced by the hospital in the management of hospital records. Also, how the records keeping system contributes to decision making at the hospital.

The study delved into how manual and electronic records of the hospital are created and maintained. Moreover, the adoption of an exploratory survey guided the study to ask questions about the role of records officers in designing records management systems for the hospital and the challenges the hospital encountered during the system design. These reasons enabled the

researcher to ascertain how records are created, managed and how it contributes to decision making in the hospital. In view of that, the researcher clustered the hospital into 16 independent units where questionnaires were administered to hospital staff to inquire about records keeping practices and how it contributes to decision making in their respective units. Also, a sample size of 160 healthcare providers was selected from a population (staff strength) of 250 hospital workers to participate in the study. These elements were relevant in addressing the role of records management practices and how it improves decision making at the hospital.

### **3.4 Target Population**

The study targeted healthcare providers at Ashanti Bekwai Municipal Hospital. The population (staff strength) of the hospital as of January 2016 was about 250 health workers consisting of medical, non-clinical, auxiliary and administrative staff. As already indicated, the hospital has the following units/departments: Administration, Accounts, Records, Stores, Pharmacy, Surgical Ward, Theatre/Anesthesia, Laboratory, Maternity/Obstetrics and Gynecology, ENT/Dental, OPD, X-Ray, Psychiatric/Diabetic/Sickle Cell, Accident and Emergency, Public health, General Wards (Pediatrics, Children, Female and Male). The rationale for targeting these units was due to the fact that each unit creates, uses, maintains and preserves different kinds of records in either paper or paperless formats. In a typical public hospital, records such as human resource, assets, patients' history, laboratory tests results, drug and non-drug consumables and X-Ray results among others are created and maintained to take both clinical and administrative decisions. It is based on this that the study relied on all the 16 units of the hospital.

### 3.5 Sampling Technique

A two-stage sampling technique is employed for selecting respondents for the study. For the purpose of this study, both cluster and purposive sampling techniques are used to select respondents for the study. The essence of the cluster sampling technique is to select respondents from the various clusters (units) while ensuring that each cluster is fairly represented. In view of that, the whole Ashanti Bekwai Municipal Hospital was clustered into 16 independent units. The 16 units were ascertained based on the activities and functions they perform in the hospital. The units involved in the study were; Administration, Accounts, Records, Stores, Pharmacy, Surgical Ward, Theatre/Anesthesia, Laboratory, Maternity/Obstetrics and Gynecology, ENT/Dental, OPD, X-Ray, Psychiatric/Diabetic/Sickle Cell, Accident and Emergency, Public health, General Wards (Pediatrics, Children, Female and Male). The study relied on these clusters (units) because the researcher wanted to ensure that each unit was represented in the 160 health workers sampled. The attempt by the researcher to ensure clusters' representation in the 160 health workers sampled was to minimize biases in order to improve the reliability of the findings.

After the researcher had clustered the whole hospital into 16 independent clusters (units), the researcher purposively selected participants to respond to the questionnaires in each cluster (unit). With the researcher having an idea of the size of each unit/cluster and the kinds of activities that each cluster (unit) performs, the researcher purposively selected participants to provide answers to the questionnaires. This made the researcher to elicit information pertaining to how records are created, used, maintained, preserved and disposed of and most importantly, how such records contribute to decision making in the hospital. This ensured that health workers that created and kept records were purposively selected to provide relevant answers to the kinds of questions to help address the research objectives.

Moreover, the researcher employed a purposive sampling technique to select the records professionals of the hospital. This was necessary because the records professionals had in-depth knowledge in the management of records at the hospital. Summary of target population and sample size of each cluster are shown in Table 3.2

**Table 3.2 Target Population and Sample Size (N=160)**

Clusters/Units	Population	Sample	Percentage (%)
Administration	14	12	86
Records	13	13	100
OPD	22	16	73
Surgical Ward	14	8	57
Maternity/ Anesthesia	22	12	55
Theatre	11	4	36
Accident and Emergency	11	6	55
General Wards (Pediatrics, Children, Female & Male)	27	14	52
ENT/Dental	24	13	54
Public Health	17	12	71
Accounts	12	11	92
Laboratory	17	10	59
Stores	11	9	82
Pharmacy	14	9	64
Psychiatric/Diabetic/Sickle Cell	12	6	50
X-Ray	9	5	56
Total	250	160	64

Source: Ashanti Bekwai Municipal Hospital, 2016

### 3.6 Determination of Sample Size

$$n = \frac{z^2 \times pq}{d^2}$$

$$d^2$$

n = Desired Sample Size

z = Standard normal deviation usually set at 1.96 corresponding to 95% Confidence Interval

p = Proportion in target population estimated to have a particular characteristics (In this it was unknown thus took 50% as recommended by Fischer)

$$q=1-p$$

d = Degree of accuracy set at usually at

$$n = (z\text{-score})^2 \times \text{standard deviation} (1\text{-standard deviation}) / (\text{margin of error})^2$$

$$n = 1.96^2 \times (0.5 \times 0.5) / 0.05^2$$

$$= 384$$

Since the population in the sub location is less than 10,000 the following formula will be applied

$$Nf = \frac{n}{1 + \frac{n}{N}}$$

$$1 + \frac{n}{N}$$

$$N$$

nf= Desired Sample Size

N= Estimated population less than 10,000 of the target population

n= Estimated Sample Size when population is less than 10,000

$$N= 250$$

$$n= 384$$

$$nf= \frac{384}{1 + \frac{384}{250}}$$

$$250$$

$$nf= 160 \text{ (Fishcers, 1983)}$$

A sample size of 160 hospital staff participated in the study. This ensured that about 64% of the hospital staff participated in the study to have a more manageable and representative sample size that can minimize sampling biases and consequently, get reliable findings. Units such as administration, records, OPD, accounts, maternity, general wards, public health, laboratory, stores and pharmacy had most participants in the sample size. These units recorded higher participants because the units had more health workers. Moreover, these units on daily basis create and

maintain records. On the other hand, units such as psychiatric and theatre had fewer participants because they had fewer health workers in their respective units. Also, these units rarely create and maintain records on daily basis.

### **3.7 Types and Sources of Data**

The study relied on both primary and secondary data. The primary data was collected at Bekwai Municipal Hospital through a structured questionnaire and a semi-structured interview guide. The structured questionnaire was distributed to various 16 clusters (units) in the hospital while the semi-structured interview guide was used by the researcher to elicit information directly from the head of the records unit. The primary data was useful for the study because the data enabled the study to address the research objectives and questions to make relevant contributions and recommendations. The Secondary data was obtained from the hospital. In view of that, the 2015 top ten (10) OPD cases were obtained to support the primary data. This was primarily needed to ascertain how statistics and patient records are created and maintained and also, to find out whether the hospital was keeping records electronically or not.

### **3.8 Data Collection Instruments**

#### **3.8.1 Questionnaire**

For the purpose of this study, the questionnaire was made up of 70 questions. The questionnaire was structured into eight (8) thematic areas, namely: demographic characteristics of respondents which were mostly close-ended and a few open-ended questions; awareness and knowledge of records management which were close-ended questions; records keeping continuum which were mostly close-ended while a few were open-ended questions; compliances and good records

practices were mostly close-ended and a few open-ended questions; and records management challenges and suggestions were entirely close-ended questions. Lastly, the effect of records management systems on decision making was mainly close-ended. However, the effect of records management system on decision making was designed on a likert scale of four (4) with strongly Agree/very good rated as 1, agree/good as 2, disagree/poor considered as 3 and strongly disagree/very poor rated as 4.

### **3.8.2 Interview Guide**

The researcher conducted a face-to-face interview with the head of records unit to gather vital information that the questionnaire was not able to provide. In view of that, a semi-structured interview guide was designed to elicit vital information from the records professionals at the hospital to support the findings from the questionnaire. The face-to-face interview with the head of records unit was necessary because the study wanted to ascertain the records keeping practices, records keeping standards, the challenges the hospital is encountering in their attempt to keeping records and most importantly, the involvement of records professionals in the designing of records keeping systems for the hospital. The interview guide consisted of 20 questions which covered areas such as records management standards, programmes, archival information, ICT information and challenges in managing records. The information collected from the head of records unit was used to complement the findings derived from the questionnaires.

### **3.8.3 Observation**

The researcher adopted a direct observation to ascertain how records were created and stored especially in the records unit. This approach was useful to the study because the researcher needed to observe how manual and electronic records were created in the records unit. The direct observation helped the study to verify some of the information gathered from the face-to-face interview with the head of records unit and the questionnaires administered to the health workers. This made the researcher to understand how patient records at the OPD and Records Annex are created and coordinated. The observation revealed that records were created and managed both manually and electronically. Specifically, the patients' records are created and retrieved electronically with the use of an Electronic Archive. The Electronic Archive uses bar coding to create and retrieve patients' folders in their shelves.

### **3.9 Data Collection Procedure**

The data collection was categorized into two parts. The first part was the distribution of questionnaires to the health workers while the second part was the face-to-face interview with the head of the records unit. A period of two (2) weeks was used for the entire data collection exercise.

The content of the questionnaire was briefly explained to the respondents and their permission was also sought verbally before administering the questionnaires. In view of that, the questionnaires were distributed to staff of Ashanti Bekwai Municipal Hospital to elicit information on the kinds of records keeping practices in their respective units and how it contributes to decision making. The questionnaire distribution was done by the researcher with the help of a field assistant. The researcher ensured that health workers in the entire 16 units were purposively selected to have a fair representation of the staff of the hospital. An average of ten (10) questionnaires was distributed to each cluster of the hospital. This was made possible after the researcher had ascertained the

composition of each unit. The researcher started the distribution of questionnaires right from the Administration and ended at the Records Unit. The language commonly used to communicate to the respondents was English. This was essential because the staff could speak and understand the content of the questionnaire.

On the last day, the researcher had the opportunity to have a face-to-face interview with the head of the records unit to get in-depth information concerning the state of records keeping practices at the hospital. However, the interview was specifically done with the head of records unit but the IT specialist and the Health Information Officer intermittently made contributions to some of the questions. Lastly, information pertaining to 2015 top ten (10) OPD cases was collected from the records unit to support the field data.

### **3.10 Pre-Testing**

The researcher embarked on two (2) separate pre-testing to check for the clarity of expressions and effectiveness of the questionnaire. The aim of the pretest was mainly to eliminate ambiguity and ensure that respondents understood the questions as intended by the researcher. The pre-testing of the questionnaire was mainly done by the researcher. After the design of the questionnaire, about 25% of the questions were open-ended while the remaining 75% were close-ended. In all, the questionnaire had over 80 questions.

The first piloting was done to find out how well the people understood each question and the time it would take to respond to each questionnaire. There were five (5) people involved in the first pre-testing stage. The outcome of the first pre-testing revealed that the questions were sometimes technical while the average time used for answering the initial five (5) questionnaires was 55

minutes. The ten (10) questions that were considered to be technical were expunged from the questionnaire. This reduced the initial 80 questions to 70 questions in the questionnaire. Also, the many open-ended questions that delayed the time of the participants at the first piloting stage were addressed thereby, re-designing the open-ended questions to close-ended questions.

The second pre-testing was done after providing corrections to the issues raised at the initial pre-testing stage. There were five (5) people involved in the second pre-testing stage. The five (5) people involved in the second pre-testing were different from the initial five (5) people involved in the first pre-testing. The outcome of the second pre-testing reduced the average time from 55 minutes to 32 minutes thereby allowing the researcher to rely on the 70 questions in the questionnaire to collect data at Ashanti Bekwai Municipal Hospital.

### **3.11 Reliability and Validity**

The study ensured reliability and validity through the use of a structured questionnaire, interview guide and direct observation as well as pre-testing, which led to revision and refinement of the questionnaire to make sure that respondents understood the questions as intended by the researcher. To ensure validity and reliability, the questionnaires were piloted on a small group of people outside Bekwai Municipal Hospital (n=10) before administering the questionnaires to the health workers. The people involved in the pilot study were ICT workers, librarians and health workers. The pilot study tested whether the questions were clear and that could be understood by different respondents. The questionnaire and the interview guide designed proved to be reliable after the pilot study. The pilot study revealed that the questionnaire should not take more than thirty five (35) minutes to complete.

### **3.12 Data Management and Analyzes**

The data was analyzed both quantitatively and qualitatively. The quantitative data was analyzed and interpreted with the use of descriptive statistics. The descriptive statistics were made up of frequencies and percentages derived from the structured questionnaire to analyze and interpret the findings. In view of that, the frequencies and percentages with the highest values were used to represent the state of records keeping practices at Ashanti Bekwai Municipal Hospital to address the research objectives. The descriptive statistics were made possible with the use of IBM SPSS Statistics Version 21 and Microsoft Excel 2007. The IBM SPSS Statistics Version 21 was used to record the findings collected at Ashanti Bekwai Municipal Hospital and also, the responses were coded to aid the descriptive statistics. This ensured that all the 70 questions were captured to commence the analysis. However, the Microsoft Excel 2007 was used to validate the results generated by the IBM SPSS Statistics Version 21 and also, used for the pie charts and the bar graphs. Moreover, the use of pie charts and bar graphs helped the researcher to provide pictorial evidence of statistics generated from the data collected. The tables were used to depict the values that had many variables of which bar graphs and pie charts could not contain.

The information derived from the face-to-face interview with the head of records unit was transcribed to reflect the expressions and explanations giving by the records manager to analyze the data. Content analysis was done to analyze and discuss the responses from the records manager. The content analysis helped the researcher to address the objective in a non statistical form.

### **3.13 Ethical Considerations**

For the study to avoid plagiarism, the researcher ensured that all sources of information used in the entire study were duly acknowledged. In order to protect the confidentiality and anonymity of the hospital and the respondents, the researcher obtained an introductory letter from the Department of Public Administration and Health Services Management of the University of Ghana Business School and was sent to Ashanti Bekwai Municipal Hospital which provided an explanation of the intent of the study. The researcher ensured that participants in the study were duly protected from privacy and confidentiality issues especially during the data collection exercise and analyses of the study. In view of that, the names of the respondents were not disclosed or referred to in the study. The researcher obtained a verbal consent from the respondents before questionnaires were administered to the participants to answer. The researcher fully informed and explained the intent of the study to the respondents and sought their permission before questionnaires were administered.

### **3.14 Summary**

This chapter discussed the methods, processes and instruments used for the entire study. In view of that, a mixed method and an exploratory survey design was adopted for the study. A semi-structured questionnaire and an interview guide were designed to elicit information from the staff and head of records unit at Ashanti Bekwai Municipal Hospital. Although the study relied on both primary and secondary data, the primary data was basically used for the analyses and discussions. The data was analyzed using both IBM SPSS Statistics Version 21 and Microsoft Excel 2007.

## **CHAPTER FOUR**

### **PRESENTATION OF FINDINGS**

#### **4.0 Introduction**

This section provides an in-depth analysis and an interpretation of the results obtained at Ashanti Bekwai Municipal Hospital. The chapter further discusses the results of the study by situating the discussion in the context of the extant literature to ascertain if there are contradictions or confirmations of the extant literature. This helps the study to address the specific objectives. The first objective examines the practices, policies and programmes put in place to manage records. Secondly, the objective assesses the level of awareness, knowledge and skills of health workers in managing records. Moreover, the objective finds out the role of records officers in designing records management systems. In addition, the objective determines how records management practices influence decision making. Lastly, the objective finds out the problems associated with managing records at Bekwai Municipal Hospital.

#### 4.1 Questionnaire Response Rate

With the 160 questionnaires distributed, 151 questionnaires were returned by respondents which represented 94% of questionnaire response rate. However, nine (9) questionnaires were not returned by participants. The response rate was considered to be adequate in accordance with a statement by McCarty (2003) that response rate which is 50% or more is good enough to generalize the findings to represent the large population. The researcher relied on the 151 questionnaires that were returned by respondents to commence the data presentation and discussions.

#### 4.2 Demographic Characteristics of Respondents

##### 4.2.1 Age, Gender and Educational Level

The ages of the participants ranged from 25 years to 55 years. The average age was 37 years which represented 7.9% while a larger number (14) of respondents were 36 years constituting 9.3%. A sizeable number (51.7%) were males while the remaining number (48.3%) were females. Majority (49%) of the respondents had attained tertiary education while a large number (46.4%) had acquired professional education. Moreover, a few (4.6%) of the participants had attained secondary education. This shows that almost every staff at the hospital has acquired some form of education. See Table 4.1 for details.

**Table 4.1 Gender and Educational Level**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Male	78	51.7
Female	73	48.3
Total	151	100

<b>Educational Level</b>		
Secondary	7	4.6
Tertiary	74	49
Professional	70	46.4
<b>Total</b>	<b>151</b>	<b>100</b>

Source: Field Data, 2016

#### **4.2.2 Unit, Length of Work and Rank in Hospital**

The Out-Patient Department (OPD) and the Records unit recorded the highest number of participants with the former having 9.3% and the later having 8.6%. Unfortunately, Theatre, Accident & Emergency and X Ray Units had the least respondents with 2.6%, 3.2% and 3.2% respectively. A greater proportion (55.6%) of the participants had worked in the hospital for the past five (5) years while a handful (1.3%) had worked for over 15 years. In terms of ranks in the hospital, a larger number (66.9%) of the respondents were junior staff. Quite a number (24.5%) had attained senior staff status. On the other hand, a few (3.3%) indicated that they were temporal staff. Table 4.2 shows the details.

**Table 4.2 Unit, Length of Work and Rank in Hospital**

<b>Units</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Records	13	8.6
OPD	14	9.3
Stores	9	6
Public Health	12	7.9
Administration	12	7.9
Pharmacy	9	6
Laboratory	10	6.6
Accounts	11	7.3
General Wards	12	7.9

ENT	12	7.9
Maternity	9	6
Surgical Ward	8	5.3
Theatre	4	2.6
Accident & Emergency	5	3.3
X-Ray	5	3.3
Psychiatric	6	4
Total	151	100
<b>Length of Work</b>		
Less than 1year	52	34.4
1-5years	84	55.6
6-10years	8	5.3
11-15years	5	3.3
Above 15years	2	1.3
Total	151	100
<b>Rank in Hospital</b>		
Senior Staff	37	24.5
Junior Staff	101	66.9
Temporal	5	3.3
Casual	8	5.3
Total	151	100

Source: Field Data, 2016

### 4.3 Awareness and Knowledge of Records Management

#### 4.3.1 Understanding of Manual Records, Electronic Records and Records Management

A very large number (92.1%) of the participants were of the notion that information created and maintained in paper formats for business transaction was the meaning of manual records which indicated that they understood what manual records meant while some (7.9%) stated that information created and maintained on computer systems for business transaction was the interpretation of manual records which showed that some staff did not understand the meaning of manual records.

Majority (94.7%) of the participants opined that information created and maintained on computer systems for business transaction was the explanation of electronic records which showed that they had a better grasp of what electronic records entail. On the contrary, a handful (5.3%) misinterpreted electronic records as information created and maintained in paper formats for business transaction which indicated that staff did not understand the meaning of electronic records.

An overwhelming number (97.4%) of the participants interpreted records management as information created, captured, received, maintained, used, disposed or preserved which implied that most of them understand records management. However, a few (2.6%) thought otherwise thus seeing records management as information created and published in books, journals and magazines. Nonetheless the fact that most of the respondents understood the meaning of records (paper and electronic) management, there were some staff that misunderstood what manual and electronic records meant. These are shown in Table 4.3

**Table 4.3 Understanding of Manual, Electronic Records and Records Management**

<b>Manual Records</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Information created and maintained on Computer Systems for business transactions	12	7.9
Information created and maintained in Papers for business transaction	139	92.1
Total	151	100
<b>Electronic Records</b>		
Information created and maintained in Papers for business transaction	8	5.3
Information Created and Maintained on Computer Systems for business transactions	143	94.7
Total	151	100
<b>Records Management</b>		
Information created, captured, received, maintained, used, disposed or preserved	147	97.4
Information created and published in books, journals and magazines	4	2.6

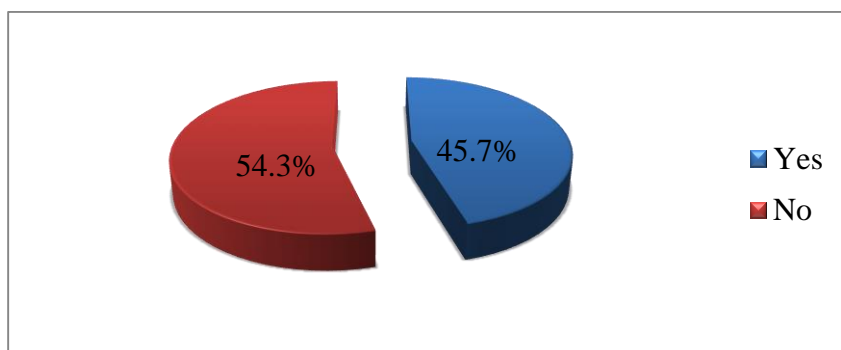
Total	151	100
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Source: Field Data, 2016

### 4.3.2 Is Records Management Your Responsibility?

Almost half (45.7%) of the participants disclosed that records management was part of their core functions and responsibilities while more than half (54.3%) indicated that records management was not part of their responsibilities. This implies that some staff still perceives records management as a core function of the records unit and the professionals in those units. See Figure 4.1 for details.

**Figure 4.1 Is Records Management Your Responsibility?**



Source: Field Data, 2016

### 4.3.3 Roles in Records Management

Notwithstanding the fact that some staff did not consider records management as part of their responsibilities, 52.2% of the respondents that classified records management as part of their responsibilities revealed that they created, filed and retrieved folders while 30.4% indicated that they updated the Electronic Record System on daily basis. Furthermore, a handful (10.1%) stated

that they were in charge of the security of the Electronic Record System and a few (7.2%) responded that they were to ensure that the physical location of records was secured. These are contained in Table 4.4

**Table 4.4 Roles in Records Management**

<b>Role in Records Management</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Daily update of the Electronic Record System	21	30.4
In charge of the security of the Electronic Record System	7	10.1
Ensure that the physical location of records is secured	5	7.2
Create, file and retrieve folders/files	36	52.2
Total	69	100

Source: Field Data, 2016

## **4.4 Records Creation and Capturing**

### **4.4.1 Records Creation**

Majority (78.8%) of the participants disclosed that they created medical records; some (8.6%) created records on finance; a handful (6%) stated that they created records on stores inventory; and a few (3.3%) kept records on asset and human resource. The 78.8% of the records being kept on medical signifies that the institution under investigation was a health facility where records on morbidities and mortalities are often created and maintained.

A sizeable number (76.2%) of the participants disclosed that the hospital had put in place guidelines and procedures for creating and capturing records. Contrarily, some (23.8%) stated that the hospital had not spelt out guidelines and procedures for creating and capturing records.

A few (17.9%) of the respondents indicated that the hospital had instituted guidelines and procedures for sharing information among units of the hospital. In contrast, most (82.1%) of the

participants stated that the hospital had not put in place guidelines and procedures for sharing information among units of the hospital. See details in Table 4.5

**Table 4.5 Records Creation**

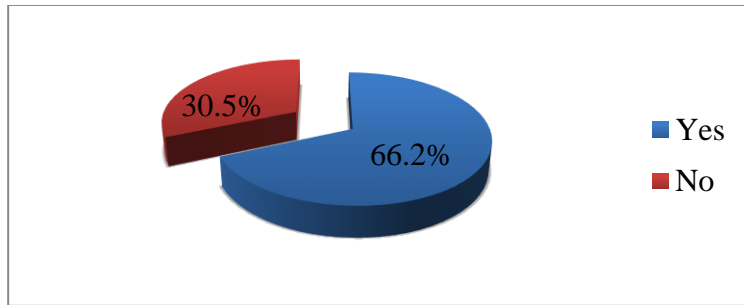
<b>Kinds of Records</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Medical	119	78.8
Human Resource	5	3.3
Stores Inventory	9	6
Finance	13	8.6
Asset	5	3.3
Total	151	100
<b>Guidelines of Records Creation</b>		
Yes	115	76.2
No	36	23.8
Total	151	100
<b>Guidelines for Sharing Information</b>		
Yes	27	17.9
No	154	82.1
Total	151	100

Source: Field Data, 2016

#### **4.4.2 Accurate Capturing and Retrieval**

More than half (69.5%) of the respondents said that the filing system of the hospital supported accurate capturing and easy retrieval of records. Others (30.5%) believed that the filing system did not support accurate capturing and easy retrieval of records. Those that thought otherwise were as a result of the hospital still practicing both paper and paperless records where misfiling and missing files inhibit accurate capturing and easy retrieval. These are depicted in Figure 4.2

#### **Figure 4.2 Accurate Capturing and Retrieval**

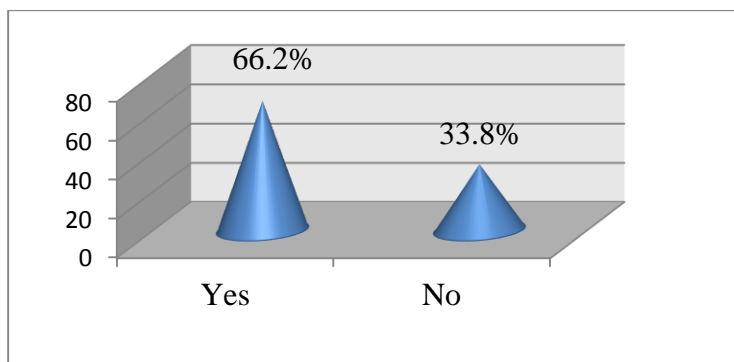


Source: Field Data, 2016

#### 4.4.3 Security and Access Controls

A sizeable number (66.2%) of the respondents indicated that the filing system of the hospital provided security and access control for records while the remaining (33.8%) opined that the filing system did not provide security and access control for records. These are illustrated in Figure 4.3

**Figure 4.3 Security and Access Controls**



Source: Field Data, 2016

#### 4.4.4 Filing System

With respect to the simplicity of the filing system, almost half (44.4%) of the participants were of the opinion that the filing system of the hospital was very effective while some (45%) stated that it was effective. Conversely, a handful 8.6% and 2% responded that the filing system of the hospital was ineffective and very ineffective respectively.

Majority (51%) of the respondents noted that the filing system of the hospital was effective when looking at its functionality while a sizeable number (37.1%) opined that it was very effective. However, some (7.9% and 4%) thought that the filing system of the hospital was ineffective and very ineffective respectively. Details are shown in Table 4.6

**Table 4.6 Filing System**

<b>Simple Filing System</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Very Effective	67	44.4
Effective	68	45
Very Ineffective	3	2
Total	151	100
<b>Functional Filing System</b>		
Very Effective	56	37.1
Effective	77	51
Ineffective	12	7.9
Very Ineffective	6	4
Total	151	100

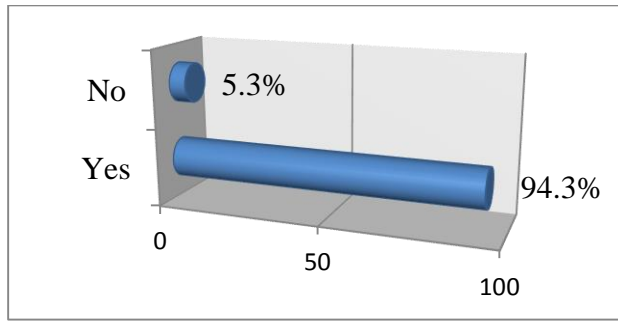
Source: Field Data, 2016

## **4.5 Records Use and Maintenance**

### **4.5.1 Daily Records Keeping**

Almost all the participants, that is, 143 out of the 151 sampled which represents 94.7% disclosed that they kept records on their daily activities with a few (5.3%) stating that they did not keep records for their operational activities. These are depicted in Figure 4.4

**Figure 4.4 Daily Records Keeping**

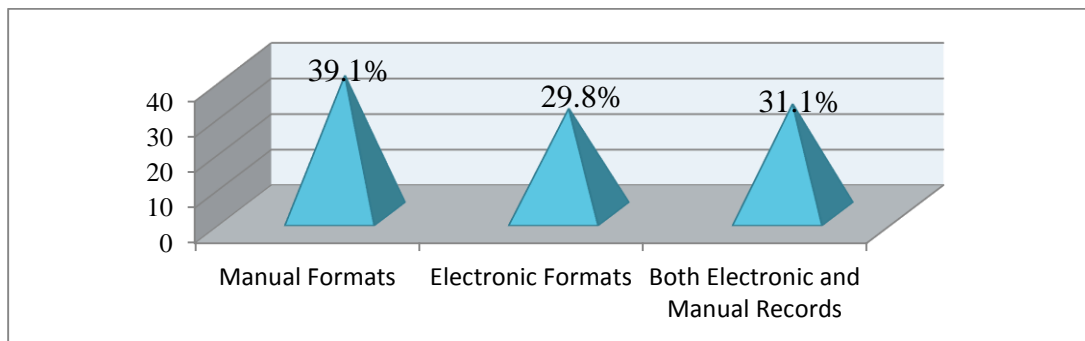


Source: Field Data, 2016

**4.5.2 Records Keeping Formats**

A sizeable number (39.1%) revealed that records are kept manually while some (31.1%) indicated that they kept records both manually and electronically. On the contrary, quite a number (29.8%) stated that records were kept using electronic gadgets. This was as a result of some units practicing manual records keeping and others adopting electronic records keeping. See Figure 4.5 for details.

**Figure 4.5 Records Keeping Formats**



Source: Field Data, 2016

**4.5.3 Retrieval Methods, Timeliness and Challenges**

A large number (53%) of the respondents indicated that they have been using file index as a tool for retrieving files from their storage location while a handful (35.1%) stated that they used drawer labels as a guide for retrieving files. On the other hand, a few (11.9%) said that automated retrieval system was used for retrieving files especially patient folders.

A sizeable number (36.4%) of the respondents were of the notion that it took them more than 30minutes to retrieve a file when requested. In addition, some (31.1%) opined that the minimum and the maximum time for retrieving files upon request for operational activities were 21minutes and 30minutes respectively. Moreover, a handful (11.3%) disclosed that the minimum time was 11minutes while the maximum time was 20minutes.

An encouraging number (37.1%) of the respondents indicated that missing files was their major challenge when the units wanted to retrieve files for their daily operations or making decisions. Moreover, others (23.8%) and (21.9%) were of the view that misfiling and high records demands were problems they encountered. On the other hand, shortage of records staff and damage of files which represented 10.6% and 6.6% were hindering retrieval processes. Further details are provided in Table 4.7

**Table 4.7 Retrieval Methods, Timeliness and Challenges**

<b>Methods of Retrieving Records</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Drawer Labels	53	35.1
File Index	80	53
Automated Retrieval Systems	18	11.9
Total	151	100
<b>Retrieval Time</b>		
1-10minutes	32	21.2
11-20minutes	17	32.5
21-30minutes	47	31.1
Above 30minutes	55	36.4
Total	151	100
<b>Records Retrieval Challenges</b>		

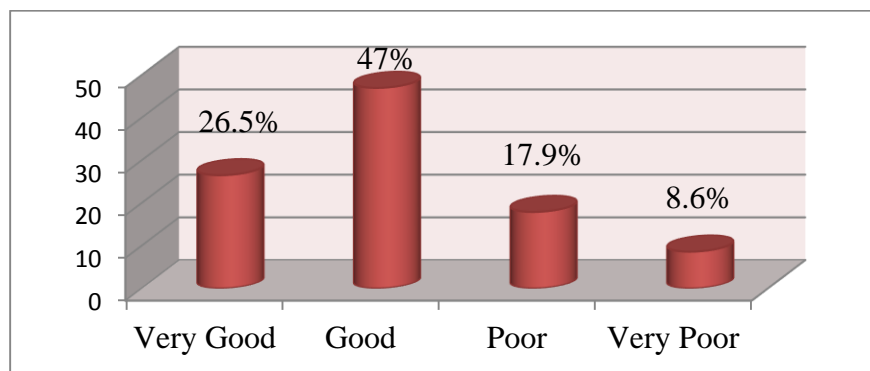
Misfiling	36	23.8
Missing File	56	37.1
High Records Demands	33	21.9
Shortage of Records Staff	16	10.6
Damage of Files	10	6.6
Total	151	100

Source: Field Data, 2016

#### 4.5.4 The State of Records Management

A greater proportion (47%) and (26.5%) of the participants opined that the state of records management in the hospital was good and very good respectively. Conversely, some which represented 17.9% and 8.6% stated that the state of records management was poor and very poor respectively. These are shown in Figure 4.6

**Figure 4.6 The State of Records Management**



Source: Field Data, 2016

#### 4.5.5 Justifications for the State of Records Management

Out of those who rated the state of records management in the hospital as very good or good, 26% of the respondents indicated that records management programme met the needs of the hospital while 22.1% stated that the records department was well resourced. Furthermore, 13.6% and 5.8% viewed the commitment of staff and management towards records management as their reasons respectively.

However, quite a number (9.1%) and (7.8%) of the respondents stated that inadequate records professionals and resources for the records department are the main challenges as far as the state of records management in the hospital was concerned. Also, 5.2% and 3.9% pointed out that inadequate support from management and lack of staff commitment were their reasons for the poor state of records management in the hospital. These are contained in Table 4.8

**Table 4.8 Justifications for the State of Records Management**

<b>Justifications</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Inadequate Records Professionals	14	8.8
Inadequate Management Support	8	5
Records Department Poorly Resourced	12	7.5
Support of Management	9	5.7
Poor Commitment of Staffs to Records Management Programme	6	3.8
Well Resource of Records Department	34	21.4
Records Management meets Hospital needs	40	25.2
Commitment of Staffs towards Records Management Programme	21	13.2
<b>Total</b>	<b>151</b>	<b>100</b>

Source: Field Data, 2016

## **4.6 Disposal and Destruction**

### **4.6.1 Records Disposal, Guidelines and Sanctions**

A greater number (79.5%) of the participants revealed that the hospital had records retention and disposal schedules for both electronic and manual records. On the other hand, others (20.5%) stated that the hospital did not have any records retention and disposal schedules.

An encouraging number (67.5%) of the respondents opined that the hospital had spelt out guidelines and procedures for the physical destruction of expired records while the remaining (32.5%) stated otherwise.

Less than half (47%) of the respondents indicated that the hospital queried staff that deliberately or accidentally destroyed records while some (14.6%) indicated that internal demotion was a mechanism put in place by the hospital to curb such occurrences. On the other hand, a few (12.6%) stated that internal fines were instituted to deter staff from deliberately or accidentally destroying records. Unfortunately, a substantial number (25.8%) of the respondents disclosed that they did not know of the existence of such sanctions. Details are shown in Table 4.9

**Table 4.9 Records Disposal, Guidelines and Sanctions**

<b>Records Retention and Disposal Schedules</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	120	79.5
No	31	20.5
Total	151	100
<b>Guidelines and Procedures</b>		
Yes	102	67.5
No	49	32.5
Total	151	100
<b>Sanctions</b>		
Query	71	47
Internal Fines	19	12.6
Internal Demotion	22	14.6
Don't Know	39	25.8
Total	151	100

Source: Field Data, 2016

## 4.7 Storage, Archival and Preservation

### 4.7.1 Storage Capacity

Almost half (49%) of the participants stated that the storage location of the hospital was adequate for accommodating records especially patients' folders. However, more than half (51%) of the respondents indicated that the storage location of the hospital was inadequate.

A greater percentage (64.9%) of the respondents opined that they kept records in folders while some (17.2%) disclosed that records were documented in registers. On the other hand, 9.9%, 4.6% and 3.3% successively used hard drive, micro film and compact disk respectively for their records creation and keeping.

An appreciable number (57.6%) of the subjects viewed that the storage location was conducive for preserving records especially patients records while the remaining (42.4%) thought the storage location of the hospital was poorly aerated and not conducive for storing records. Other details are shown in Table 4.10

**Table 4.10 Storage Capacity**

<b>Adequate Storage Location</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	74	49
No	76	50.3
Total	151	100
<b>Storage Media</b>		
Folders	98	64.9
Compact Disk	5	3.3
Micro Film	7	4.6
Hard Drives	15	9.9
Registers	26	17.2
Total	151	100
<b>Storage Location Conduciveness</b>		
Yes	87	57.6
No	64	42.4
Total	151	100

Source: Field Data, 2016

#### 4.7.2 Records Storage Security and Archival

A greater number (55%) of the respondents stated that the storage location of records was secured against unauthorized access while a sizeable number (45%) opined that the storage house was subjected to security threats. The views of the latter indicated that the hospital was susceptible to issues such as loss of information, missing files, damaged files and misfiling among others.

Majority (79.5%) of the participants disclosed that the various units and the hospital as a whole had separated active records from inactive records while the remaining number (20.5%) indicated that the hospital had not separated active records from inactive records. Although some stated the separation between the two, others thought otherwise and this led to time wasting in retrieving files and folders for decision making and service provisions.

Most (89.4%) of the respondents indicated that inactive records of the hospital were archived while a handful (9.3%) stated that the non-current records were destroyed. However, a few (1.35) said inactive records were transferred to a different unit that needed such records or information for vital activities. Further details are provided in Table 4.11

**Table 4.11 Records Storage Security and Archival**

<b>Security of Storage Location</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	83	55
No	68	45
Total	151	100
<b>Separation of Active and In-active Records</b>		
Yes	120	79.5
No	31	20.5
Total	151	100

<b>Handling of In-active Records</b>		
Archived	135	89.4
Destroyed	14	9.3
Transfer	2	1.3
<b>Total</b>	<b>151</b>	<b>100</b>

Source: Field Data, 2016

## 4.8 Legal and Regulatory Framework

### 4.8.1 Awareness of Legislations

A surprising number (41.7%) said that they were aware of the existence of the Public Records and Archives Administration Act, 1997 (Act 535) of Ghana while the other 58.3% of the respondents stated that had not heard of the Act. Out of those who knew of the Act 535, 68.3% of the respondents disclosed that they were aware of the penalties enshrined in the Act 535 for non-compliance while 31.7% indicated that they had not come across the penalties stipulated in the Act 535 for non-conformity. See Table 4.12 for further details.

**Table 4.12 Awareness of Legislations**

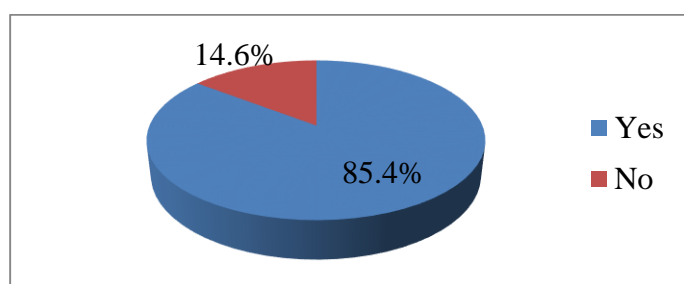
<b>Awareness of Records Act in Ghana</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	63	41.7
No	88	58.3
<b>Total</b>	<b>151</b>	<b>100</b>
<b>Penalties for Non-Compliance</b>		
Yes	43	68.3
No	20	31.7
<b>Total</b>	<b>63</b>	<b>100</b>

Source: Field Data

### 4.8.2 Guidelines and Sanctions

An overwhelming number (85.4%) of the participants disclosed that the hospital had instituted guidelines and principles that regulated records management in the hospital while a handful (14.6%) stated that there were no guidelines and principles to that effect. These are illustrated in Figure 4.7

**Figure 4.7 Guidelines and Sanctions**

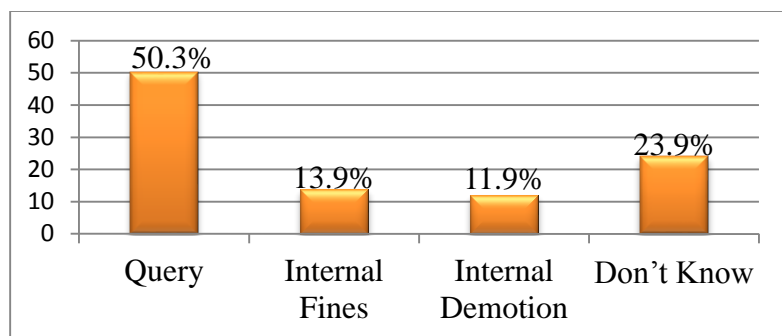


Source: Field Data, 2016

### 4.8.3 Punitive Measures

An acceptable number (50.3%) of the respondents indicated that the hospital queried staff that deliberately or accidentally destroyed records while some (13.9%) indicated that internal fines was a mechanism put in place by the hospital to curb such occurrences. However, a few (11.9%) stated that internal demotions were used to deter staff from deliberately or accidentally destroying records. Unfortunately, a substantial number (23.8%) of the respondents disclosed that they did not know of the existence of such sanctions. See Figure 4.8 for details.

**Figure 4.8 Punitive Measures**



Source: Field Data, 2016

#### 4.9 Records Management Programmes and Practices

##### 4.9.1 Existence and Awareness of Records Management Programme

A greater percentage (90.7%) of the respondents stated that the hospital had records management programme in place while a few (9.3%) indicated that the hospital did not have any records management programme.

An appreciable number (68.2%) of the participants stated that they understood what the records management programme meant. However, 31.8% indicated that they did not understand the essence of introducing records management programme into the hospital. See Table 4.13 for further details.

**Table 4.13 Existence and Awareness of Records Management Programme**

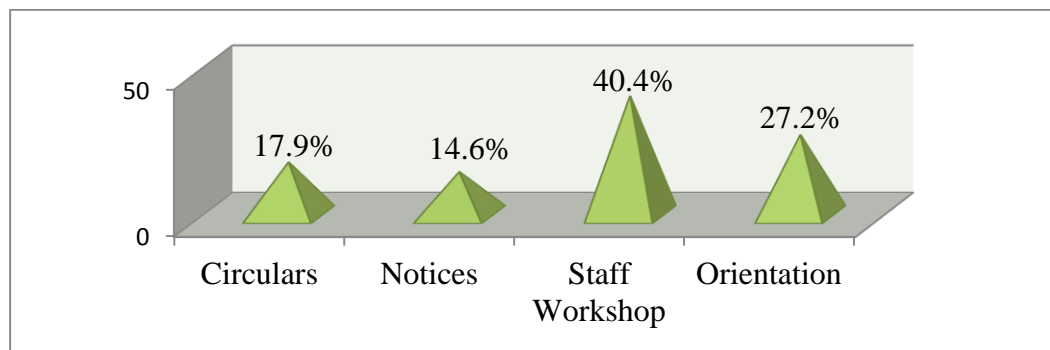
Records Management Programme	Frequency	Percentage (%)
Yes	137	90.7
No	14	9.3
Total	151	100
<b>Understanding of Records Management Programme</b>		
Yes	103	68.2
No	48	31.8
Total	151	100

Source: Field Data, 2016

#### 4.9.2 Medium of Records Management Programme

Of those that stated that the hospital had records management programme, an encouraging number (40.4%) declared that staff were made aware of that through staff workshop organized by the hospital while 27.2% revealed that staff were taking through orientation to familiarize oneself with the records management programme. On the other hand, 17.9% and 14.6% disclosed that the hospital had adopted circulars and notices to inform and educate staff of the existence of records management programme. See Figure 4.9 for illustration.

**Figure 4.9 Medium of Records Management Programme**



Source: Field Data, 2016

#### 4.9.3 Records Management Programme Consistent with Practices

Most (90.7%) of the respondents disclosed that the records management programme was consistent with the records keeping practices of their units while a few (9.3%) indicated that the records management programme was inconsistent with the records keeping practices of their units.

Majority (90.1%) of the participants declared that the records management programme of the hospital had specified and assigned the recordkeeping responsibilities for all positions in the Hospital. However, 9.9% stated that the records management programme of the hospital had not specified and assigned the recordkeeping responsibilities for all positions in the Hospital. Further details are shown in Table 4.14

**Table 4.14 Records Management Consistent with Practices**

<b>Records Management consistent with Records Keeping Practices</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	137	90.7
No	14	9.3
Total	151	100
<b>Specification of Records Keeping Responsibilities</b>		
Yes	141	93.4
No	10	6.6
Total	151	100

Source: Field Data, 2016

## **4.10 Staff Capacity Building**

### **4.10.1 Staff Capacity Building and Training Programmes**

A lesser percentage (14.6%) of the respondents stated that they had records professionals in their respective units while a surprising number (85.4%) indicated that their units did not have records professionals. From the data, none of the units had records officers, however, the few officers were found to be at the records units.

Less than half (38.4%) of the participants revealed that they had acquired training in records management while a sizeable number (61.6%) disclosed that they had not acquired any knowledge in records management. Of those that disclosed that they had training in records management, an impressive number (73.9%) of the participants stated that they had their training from an external institution while an appreciable number (12%) and (14.1%) revealed that they acquired their knowledge within the hospital by an internal staff and private trainer respectively.

A substantial number (25.2%) of the respondents stated that the hospital organized training programmes for the staff of the hospital while the remaining number (74.8%) disclosed that the hospital did not organize refresher courses for the staff. Details are shown in Table 4.15

**Table 4.15 Staff Capacity Building and Training Programmes**

<b>Existence of Records Professionals</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	22	14.6
No	129	85.4
Total	151	100
<b>Training in Records Management</b>		
Yes	58	38.4
No	93	61.6
Total	151	100
<b>Kind of Training</b>		
In-House Training by Internal Staff	11	12
In-House Training by Private Trainer	13	14.1
External Institution	68	73.9
Total	92	100
<b>Hospital's Training Programme</b>		
Yes	38	25.2
No	113	74.8
Total	151	100

Source: Field Data, 2016

#### 4.11 Security and Access Controls

#### 4.11.1 Security Mechanisms

A sizeable number (35.7%) of the respondents indicated that they had CCTV cameras in their respective units while 25.8% stated that their units had instituted normal cameras. Moreover, a handful (25.2%) said they used electronic security systems such as passwords, encryptions among others. On the other hand, a few (9.9%) and (2%) disclosed that they had alarm systems and security personnel. A Security Personnel was at the records annex where all hospital records are kept.

Majority (72.2%) of the participants revealed that the hospital had issued guidelines on access rights and security of records while the remaining (27.8%) stated that the hospital had not spelt any guideline on access rights and security of records. Details are provided in Table 4.16

**Table 4.16 Security Mechanisms**

<b>Kind of Security Mechanisms</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Security Personnel	3	2
Cameras	39	25.8
CCTV	56	37.1
Alarm Systems	15	9.9
Electronic Security Systems	38	25.2
Total	151	100
<b>Guidelines on Access Rights</b>		
Yes	109	72.2
No	42	27.8
Total	151	100

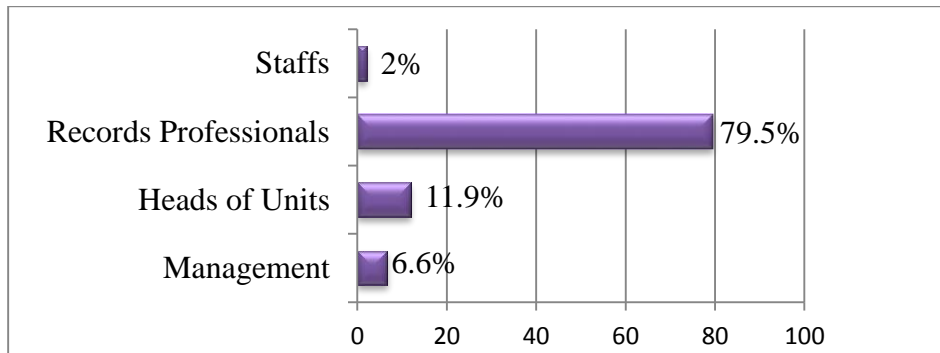
Source: Field Data, 2016

#### 4.11.2 Access to Records

A large number (79.5%) of the respondents disclosed that records officers were authorized to access hospital record while 11.9% said the heads of units were permitted to access hospital

records. Furthermore, a handful which represented 6.6% and 2% stated that management members and staff were allowed to access hospital records. See figure 4.10.

**Figure 4.10 Access to Records**



Source: Field Data, 2016

## 4.12 Disaster Management Plan

### 4.12.1 Existence of Disaster Management Plan

An overwhelming number (92.1%) of the respondents were of the view that the hospital had rolled out a plan for managing records in times of disaster while some (7.9%) revealed that the hospital had not put in place disaster management plan for records in the hospital.

A greater percentage (83.8%) of the participants stated that the hospital had issued guidelines that spelt out how to manage records in times of disaster while the remaining (16.2%) indicated otherwise. Further details are contained in Table 4.17

**Table 4.17 Existence of Disaster Management Plan**

<b>Disaster Management Plan</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	139	92.1
No	12	7.9
Total	151	100
<b>Guidelines on Disaster Management Plan</b>		
Yes	119	83.8
No	23	16.2
Total	151	100

Source: Field Data, 2016

#### **4.12.2 Disaster Management Equipment and Backup Plan**

A greater percentage (45%) of the participants revealed that the hospital had put in place fire extinguishers to quench fire in times of disaster while some (27.2%) disclosed that fire detectors were used at records storage locations to alert staffs of fire. Others (17.9%) indicated that locking cabinets were used to protect records against fire while a few (9.9%) said smoke detectors were used to detect smoke and its subsequent fire outbreak that could burn records.

Almost half (45%) of the respondents stated that hard drives were used to backup electronic records while 44.4% indicated that pen drives were used to backup electronic records. Moreover, a handful (6%), (2.6%) and (2%) said they used flash memory, optical disk and magnetic tape to back their electronic records.

An encouraging number (41.1%) of the participants were of the view that backups of electronic records were done on weekly basis while 25.8% stated that it was done monthly. Furthermore, 23.8% said backups for electronic records were done on daily basis. See Table 4.18 for details.

**Table 4.18 Disaster Management Equipment and Backup Plan**

<b>Disaster Management Plan Equipment</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Locking Cabinet	27	17.9
Fire Detector	41	27.2
Fire Extinguisher	68	45
Smoke Detector	15	9.9
Total	151	100
<b>Electronic Records Back-up</b>		
Hard Drive	68	45
Magnetic Tape	3	2
Optical Disk	4	2.6
Flash Memory	9	6
Pen Drive	67	44.4
Total	151	100
<b>Times of Electronic Back-up</b>		
Daily	36	23.8
Weekly	62	41.1
Monthly	39	25.8
Quarterly	11	7.3
Above Quarterly	3	2
Total	151	100

Source: Field Data, 2016

## **4.13 Challenges and Recommendations**

### **4.13.1 Challenges and Recommendations**

An appreciable number (27.2%) of the respondents stated that misfiling and missing files were a challenge that affected records management in the hospital. 23.2% indicated that the storage area (filing space) of the hospital was not adequate and this has necessitated the hospital to keep some records especially patient folders on the floor. Moreover, a substantial number (16.6%) stated that

poor knowledge of staff was a major problem that affected records management in the hospital. 11.9% stated that limited number of hard ware and software were a challenge they faced. Finally, 9.9% said shortage of records staff was a challenge to the hospital.

A larger number (42.4%) were of the notion that the hospital should adopt a comprehensive and an integrated electronic records management system as this is likely to minimize the numerous challenges associated with manual records management. On the other hand, a sizeable number (27.8%) recommended that there should be additional records staff to augment the existing records staff. 15.9% of the respondents suggested that the records staff of the hospital should upgrade their skills and knowledge to help address and prevent fundamental records management challenges. Moreover, 7.3% and 5.3% opined that the storage location of the hospital should be enlarged as well as be conducive for storing records. See Table 4.19 for details.

**Table 4.19 Challenges and Recommendations**

<b>Challenges in Records Management</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Shortage of Filing Space	35	23.2
Misfiling and Missing Files	41	27.2
Damage of Files	6	4
Shortage of Records Staffs	15	9.9
Poor Staff Knowledge	25	16.6
Inadequate Management Support	3	2
Security Issues	4	2.6
Poor Condition of Storage Location	4	2.6
Lack of Software and Hardware	18	11.9
Total	151	100
<b>Improving Records Management</b>		
Adoption of full Electronic Records Mgt System	64	42.4
More Training for Records Staff	24	15.9
Conducive Storage Location	8	5.3
Adequate Records Staff	42	27.8
Enlarge Storage Location	11	7.3
Address Security Issues	2	1.3
Total	151	100

Source: Field Data, 2016

#### 4.14 Records Management and Decision Making

##### 4.14.1 Decision Commitment

A lesser number (29.1%) of the respondents agreed to the assertion that records generate disagreements over the kinds of decisions that are made by units. However, majority (70.9%) of the participants claimed that records do not generate disagreements over the kinds of decisions the various units made.

An overwhelming number (90.7%) of the participants disclosed that staff at the various units support decisions based on records generated while a few (9.3%) of the respondents stated that the staff at their respective units are reluctant to support decisions based on the availability of records generated.

Most (91.4%) of the participants declared that staff's commitment to decision making based on records generated are good and very good respectively. However, some (8.6%) indicated that staff's overall commitment to decision making when relying on records was poor and very poor respectively. From the values, staff of the hospital is devoted to decisions based on records generated. Details are shown in Table 4.20

**Table 4.20 Decision Commitment**

<b>Records Generate Disagreement</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Strongly Agree	18	11.9
Agree	26	17.2
Disagree	64	42.4
Strongly Disagree	43	28.4
Total	151	100
<b>Willingness of Staff</b>		
Strongly Agree	53	35.1

Agree	84	55.6
Disagree	12	7.9
Strongly Disagree	2	1.3
Total	151	100
<b>Overall Commitment of Staff</b>		
Very Good	63	41.7
Good	75	49.7
Poor	7	4.6
Very Poor	6	4
Total	151	100

Source: Field Data, 2016

#### 4.14.2 Decision Accuracy

An appreciable number (92.7%) of the respondents stated that records are relied upon for making decisions in units while the others (7.3%) indicated that records are not relied upon for making decisions in various units of the hospital.

A greater percentage (96%) of the participants was of the opinion that errors and discrepancies in records affect the accuracy of decisions that are taken by their respective units. However, the remaining number (4%) stated otherwise thus, refuting the above claim.

Majority (90.7%) of the respondents were of the notion that the overall accuracy of decisions when relying on records to make decisions for the units was good and very good respectively. On the contrary, 9.3% of the participants stated that overall accuracy of decisions when relying on records to make decisions for the units was poor and very poor respectively. This means that the genuineness of records influences the accuracy of decisions. See more details in Table 4.21

**Table 4.21 Decision Accuracy**

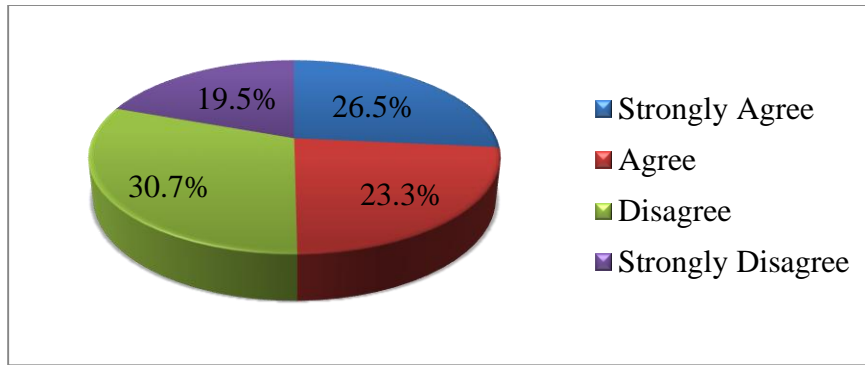
<b>Reliability of Records</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Strongly Agree	56	37.1
Agree	84	55.6
Disagree	9	6
Strongly Disagree	2	1.3
Total	151	100
<b>Errors in Records</b>		
Strongly Agree	67	44.4
Agree	68	51.7
Disagree	6	4
Total	151	100
<b>Overall Accuracy of Decisions</b>		
Very Good	42	27.8
Good	95	62.9
Poor	12	7.9
Very Poor	2	1.3
Total	151	100

Source: Field Data, 2016

**4.14.3.1 Understanding of Records Created**

An appreciable number (49.8%) of the respondents were of the view that the staff in their respective units understood the essence and meaning of the records they created. However, some (50.2%) of the participants stated that some of the staff did not understand the essence and meaning of the records they created. This is shown in Figure 4.11.

**Figure 4.11 Understanding of Records Created**

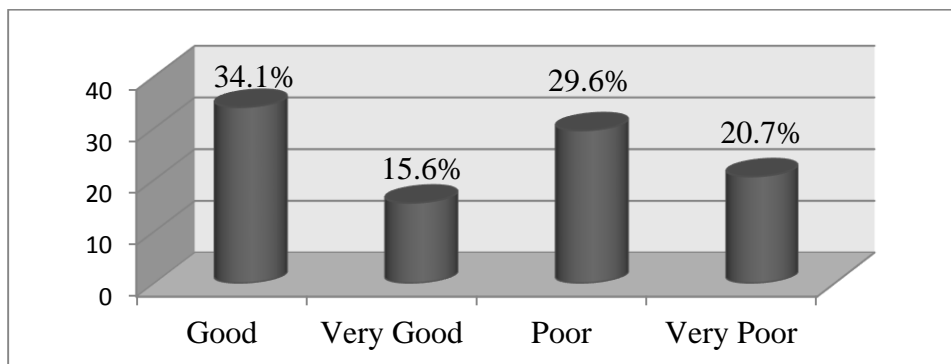


Source: Field Data, 2016

#### 4.14.3.2 Decision Understanding

Some (49.7%) of the participants claimed that the overall understanding of staff when relying on records to make decisions for the units was good and very good respectively. Contrarily, an encouraging number (50.3%) stated that the overall understanding of staff when relying on records to make decisions for the units was poor and very poor respectively. This shows that staff in the hospital lacked the understanding of records they created and the kind of decisions that are made. This is shown in Figure 4.12.

**Figure 4.12 Decision Understanding**



Source: Field Data, 2016

#### 4.14.4 Decision Timeliness

Most (90.1%) of the respondents claimed that the information needed by units to take decisions was always available while a handful (9.9%) of the participants declared that the information needed by units was not always available.

A larger number (94.7%) of the respondents stated that the kind of records or information required to make decisions were current. On the other hand, a few (5.3%) indicated that the information needed to make decisions were not readily available.

An encouraging number (87.4%) of the respondents opined that the final decisions met the needs of the units and the hospital at large. Surprisingly, 15.4% of the participants said that the final decisions failed to meet the needs of the units and the hospital at large.

89.4% of the respondents rated the overall timing of decisions when relying on records to make decisions for the units were good and very good while 10.6% stated that the overall timing of decisions when relying on records to make decisions for the units were poor and very poor. This is due to the fact that records in the hospital were genuine and current. Other details are shown in Table 4.22

**Table 4.22 Decision Timeliness**

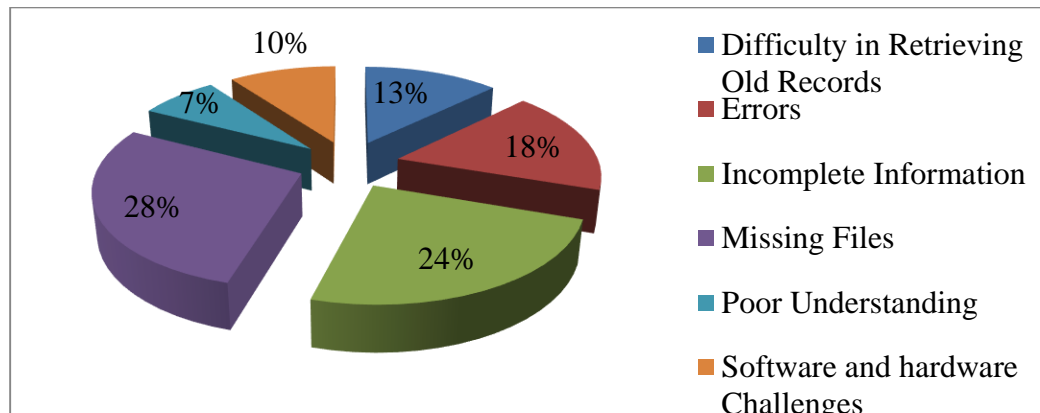
<b>Availability of Records</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Strongly Agree	53	35.1
Agree	83	55
Disagree	13	8.6
Strongly Disagree	2	1.3
Total	151	100
<b>Current of Records</b>		
Strongly Agree	58	38.4
Agree	97	56.2
Disagree	7	7.9
Strongly Disagree	1	4.6

Total	151	100
<b>Decision Meets Hospital's needs</b>		
Strongly Agree	35	23.2
Agree	97	64.2
Disagree	12	7.9
Strongly Disagree	7	4.6
Total	151	100
<b>Overall Timing of Decisions</b>		
Very Good	61	40.4
Good	74	49
Poor	13	8.6
Very Poor	3	2
Total	151	100

Source: Field Data, 2016

#### 4.15 Challenges in Making Decisions from Records

A substantial number (28%) of the respondents revealed that missing files was a challenge to staff when they wanted to rely on records to make decisions. Some (24%) of the participants stated that incomplete information affected the kind of decisions the units wanted to make. Furthermore, 18% indicated that errors in the records kept were a problem to decision makers when they planned to use records to make decisions. Moreover, 13% was of the view that relying on records to make decisions was difficult because of difficulties staff faced in retrieving inactive records. In addition, inadequate software and hardware were regarded by the respondents (10%) as a challenge if the hospital wanted to switch from a manual way of keeping records to an electronic way of keeping records. Lastly, 7% of the respondents disclosed that poor knowledge and understanding of staff affected the kind of decisions to be made. See Figure 4.13 for details.

**Figure 4.13 Challenges in Making Decisions from Records**

Source: Field Data, 2016

#### 4.16 Bio Data of Head of Records Unit and Records Unit

The head of records unit at Ashanti Bekwai Municipal Hospital has worked in the hospital for the past 42 years with job title “Deputy Chief Biostatistics Officer”. This title has been achieved not because of any professional qualification in records management but as a result of experience gained over the years. The records unit has two (2) records professionals, one with professional qualification and the other with experience gained over the years. In addition to that, eleven (11) other personnel have been trained internally by management of the hospital to assist in the management of hospital records. In all, there are thirteen (13) records officers deployed to the main records and records annex to manage the records of the hospital. The main functions of the unit are to keep, compile and collate records of the various units, generate weekly and monthly reports to administration and District Health Directorate.

Surprisingly, there is an existence of a Records Management Committee but has not been functional for some time. The head reiterates that there is an establishment of ICT unit which functions directly under the records unit. The main functions of the ICT unit have to do with servicing and maintaining the electronic records management system and also, advising records

unit and management on the need to upgrade or acquire new software for smooth running of the electronic records keeping system of the hospital.

#### **4.17 Records Management Practices, Policies and Standards**

The hospital has rolled out a Records Management Programme which is embedded in the general policy of the Hospital. The hospital complies with standards and guidelines instituted by the Ghana Health Service to ensure an effective records management. According to the head, the duration for in-patient's records pending disposal is 15years while out-patient's records pending destruction is 10years. The Ghana Health Service regulates the records management of public hospitals. Moreover, the hospital complies with the provisions stipulated in the Public Records and Archives Administration Act-1997 (Act 535) of Ghana. The hospital has a file index which tracks the movement of patient records from unit to unit within the hospital. The interviewee revealed that the general filing systems in the hospital are dates filing system, alphanumeric filing system and bar coding filing system. To the head, these media ensure easy retrieval of records and records' security. The hospital maintains central control of records disposition and there is an existence of an archive for in-active records.

The kinds of electronic records management systems put in place are an Electronic Archive, District Health Information Management System, Electronic Claims processing. The Electronic Archive is a software that is used by the hospital to create and retrieve files especially patient folders. The hospital uses District Health Information Management System to keep records on morbidity and mortality. This system allows the hospital to collate reports on morbidity and mortality cases. The hospital processes National Health Insurance Scheme (NHIS) claims

electronically. This allows the hospital to do away with carrying voluminous claim forms for reimbursement. However, the only challenge with this medium is the National Health Insurance Authority (NHIA) refusing to reimburse claims that contain errors.

#### **4.18 Involvement of Records Unit and Management in System Design**

There is collaboration between the records unit, IT specialist, management and system designers in the designing of records keeping systems and records keeping programmes for the hospital. The interviewee disclosed that the acquisition of the Electronic Archive Software in the year 2005 was as a result of his directives. The head further revealed that the electronic records system being used at the hospital was designed by a software developer in collaboration with the records unit, IT specialist and the management of the hospital. The interviewee hinted that the adoption of the Electronic Archives Software at the records unit has reduced the patient waiting time over the past years.

With respect to the roles management play in managing records of the hospital, the head disclosed that management always makes sure that resources such as personnel, finances and equipment needed by the records unit are provided.

#### **4.19 Challenges and Recommendations**

The head of records unit pointed out that the unit is plagued by challenges such as: inadequate storage location (filing space); inadequate records professionals, poor proximity from central records storage location to functional records unit; breakdown of computers and inadequate stationeries for day-to-day activities. The interviewee suggested that if resources are provided,

records professionals are trained regularly and computers are serviced and maintained, the hospital stand a better chance of improving its records management.

#### **4.20 Summary**

This section presented the findings according to the set objectives. The presentation was structured into demographic characteristics, awareness and knowledge of records management, records creation and capturing, records use and maintenance, disposal and destruction, staff capacity building and records management and decision making among other themes.

## **CHAPTER FIVE**

### **DISCUSSION OF FINDINGS**

#### **5.0 Introduction**

This section discusses the results of the study by situating the discussion in the context of the extant literature and research objectives to ascertain if there are contradictions or confirmations of the extant literature. The outline of the discussion follows that of the presentation of findings and is set in subsequent sub-sections.

#### **5.1 Records Management Practices, Programmes, Policies and Standards**

The extant literature reveals that for organizations to practice an efficient records management system, the organization should roll out a sound records management programme embedded in the general organizational policy in addition to compliance with records management standards and state regulations. In view of that, the study tries to examine the sorts of records management practices, programmes, policies and standards put in place for managing records at Bekwai Municipal Hospital.

It is evident from the study that the hospital has put in place a disaster management plan that protects records and staff in times of a disaster. This is true because the researcher observed that the hospital had instituted safety mechanisms such as fire extinguishers, fire detectors, smoke detectors and alarm system at vintage points within the hospital. The disaster management plan coupled with the provision of mechanisms in the hospital shows that the hospital is ready to combating future contingencies as contrasted by Akussah (2002) that most of the public offices in Ghana did not have any idea about disaster preparedness. Moreover, the hospital has instituted guidelines and procedures for creating and capturing records. Surprisingly, the hospital has not put in place guidelines and procedures for sharing information among units of the hospital. The effects of this practice are likely to result in information duplicates, incomplete information and unreliable information.

It is very difficult for a hospital to function effectively without clear policies and laid down procedures that spell out how efficient records management systems are practiced. Based on that, the study found out that the hospital has rolled out a records management programme that is embedded in the general policy of the hospital that guides the management of records. The findings further showed that the records management programme is made known to the staff of the hospital through staff workshops, orientations and notices. The implementation of a records management

programme in the hospital has ensured sound record keeping practices that support health care delivery and quality decisions. Moreover, the existence of a records management policy as it pertains in Ashanti Bekwai Municipal Hospital provides the mandate and overall authority for the creation, use and preservation of records which are vital to the effective management of records in the hospital (Mensah & Adams, 2014).

The literature revealed that for any organization to meet its objectives, the organization should be guided by standards and state regulations. In view of that, the study finds out that the hospital complies with records management standards set out by the Ghana Health Service. Moreover, it is clear that the hospital is guided by the provisions in the Public Records and Archives Administration Act-1997 (Act 535) of Ghana. The adherence to state regulations as it happens in Ashanti Bekwai Municipal Hospital is likely to strengthen records management practices in the hospital as problems such as privacy and confidentiality, disorganization, missing files and unauthorized access to documents are foreseen and curtailed (McLeod & Hare, 2006).

In addressing the objective, Ashanti Bekwai Municipal Hospital is seen to be practicing a sound records management system. This is due to the fact that the hospital has implemented a records management programme that is embedded in the overall policy of the hospital and is prepared for any emergency that might occur in the future. Also, the hospital is having a well-functioning filing system which is done electronically and access control measures have been instituted to curtail security and privacy issues. Lastly, the hospital is complying with state standards and laws in the management of records.

## **5.2 Awareness, Knowledge and Skills of Staff on Records Management**

The literature reveals that for organizations to practice an efficient records management system, the organization should have competent records professionals and staff that have knowledge and skill in the management of records. The rationale for having competent records officers and knowledgeable workforce is to minimize records keeping related problems such as incomplete information, misfiling, damaged files, duplication of records and unauthorized destruction and leakage of information. Based on that, the study tries to ascertain the awareness, knowledge and skills of staff at Ashanti Bekwai Municipal Hospital in the management of records.

From the study, it is clear that most of the hospital staff has insight into the meaning of manual, electronic and records management in general. The survey further reveals that some of the staff misunderstood the meaning of manual records, electronic records and records management in general. According to the literature, in a situation where such discrepancy occurs, then it is as a result of lack of know-how of the format in which paper and paperless records are created and maintained (IRMT, 2004). The study further reveals that majority of the hospital staff does not consider records management as part of their core mandates. This is due to the fact that the hospital staff perceives records management as a core function of the records unit. Moreover, the hospital as an entity does not provide opportunities for hospital staff to be trained. The literature suggests that for an efficient management of hospital records to exist; there is the need for hospitals to create records management's awareness for staff and also, employ staff that have the requisite knowledge and skill in the management of records throughout its life cycle (Mensah, 2011).

However, the lack of training programmes coupled with the fact that the workers are reluctant to regard records management as part of their responsibilities at the hospital has affected their understanding of how records are created, used, maintained, preserved and destroyed. Also, the hospital's records are managed by two trained records officers. However, the staff in charge of the

records unit does not have any professional qualification in records management but has acquired experience on the job over the years. The other records officer has professional qualification in records management. This revelation is consistent with the studies of Abioye (2007), Adams (2010) and Mensah (2011) that there are a great number of records management practitioners but with few records management qualifications.

### **5.3 Records Officers involvement in Records Management Systems**

The literature reveals that for an organization to adopt and practice an efficient records management system, the engagements of records officers are vital to the successful implementation of the system. This shows that the design of a records management system requires a shared purposive activity between system designers, management and records officers. Based on that, the study tries to inquire into the role of records officers in designing records management systems at Bekwai Municipal Hospital.

The study establishes that there is collaboration between records officers (Biostatistics Officer, Health Information Officer), IT specialist, management and system designers in the designing of records management systems for the hospital. The electronic records management system (Electronic Archive Software) being used at the hospital for managing electronic records was designed by a software developer in consultation with records officers and IT specialist of the hospital. The study finds out that the implementation of the electronic records system has been successful because the contributions and suggestions from the records officers were captured at the design stage to suit the nature of records keeping in the hospital. This disclosure buttresses the literature that for records management system be fully implemented in organizations; the managers

of records need to be engaged in the design stage to avoid rejection of such systems (Kemoni et al., 2007). The findings reveal that records officers at Ashanti Bekwai Municipal Hospital are involved whenever the hospital contracts system designers to design a records management system for the hospital.

#### **5.4 Records Management and Decision Making**

The literature reveals that for an organization to make a sound decision making (decision accuracy, decision understanding, decision timeliness, and decision commitment), the organization should practice an effective records management system (staff capacity, compliance with state legislations, disaster management plan, and security of records among others). In view of that, the study tries to examine the sorts of records management systems being practiced at Bekwai Municipal Hospital and how it improves its decision making.

The findings from the study establish that the adoption of electronic records management system in Ashanti Bekwai Municipal Hospital has reduced errors associated with manual records and this improves the accuracy of decisions of the hospital. This is in line with the literature that the adoption of an electronic records management system has an impact on increasing the accuracy of decisions that organizations make (Darwish et al., 2014). This shows that the records management system practiced in the hospital improves the accuracy of decisions at Ashanti Bekwai Municipal Hospital.

The findings from the study show that staff of Bekwai Municipal Hospital does not understand the importance of the records they create and maintain in their respective units. The study establishes that apart from the thirteen (13) records officers, the other staff in the hospital has not acquired

any skill or knowledge in records management. The consequence of poor staff knowledge results in misfiling, incomplete information, damage of files and duplication of records. This revelation is as a result of the hospital not organizing training programmes on managing records for hospital staff as well as the hospital staff not recognizing the act of keeping records as part of their responsibilities. This shows that the records management system practiced in the hospital does not permit staff to be trained and understand decisions that are made from records at Ashanti Bekwai Municipal Hospital.

It is clear from the study that the hospital keeps up-to-date records that expedite decision making. This makes the records management system of the hospital to speed up its decision making. This is due to the fact that the hospital has adopted electronic records management system and also, instituted an effective electronic filing system. These ensure easy retrieval of information for decision making and also, eliminate issues of misfiling, missing files and incomplete information that hinder the quickness in making decisions. In effect, records officers are able to retrieve the kind of information they need from the system to make quick assessment and decision. The findings from the study have shown that the records management system of the hospital speed up the kind of decisions that are made in Ashanti Bekwai Municipal Hospital.

Finally, the outcome of the study establishes that the kind of records management system put in place at Ashanti Bekwai Municipal Hospital improves decision commitment. The practices such as a disaster management plan, access controls and security measures, effective filing system and a records management programme instituted by the hospital show that the kind of records management system put in place support decision making at Ashanti Bekwai Municipal Hospital. This is in line with the literature that the practice of effective filing system, security and access

controls measures, disaster preparedness and records management programme increase the rate at which organizations and employees are willing to support decisions (Darwish et al., 2014).

In addressing the objective, the findings revealed that the kind of records management system being practiced at Ashanti Bekwai Municipal hospital improves decision timeliness, decision accuracy, and decision commitment. Unfortunately, the same system does not improve staff understanding of decisions.

### **5.5 Challenges in Managing Records and Making Decisions**

The literature reveals that issues of missing files, misfiling, inadequate storage location (filing space) and poor staff knowledge are the major problems that affect many organizations in their quest to managing records effectively and making decisions.

The study tries to find out the problems associated with managing records and making decisions at Bekwai Municipal Hospital. The study establishes that the hospital has been plagued by records management challenges such as missing files, misfiling, inadequate storage location (filing space) and poor staff knowledge among others. The issue of missing files and misfiling can be setbacks for the hospital if the staff wants to retrieve files to commence daily activities or make decisions. This goes in line with the literature that for records management systems to improve decisions, issues such as missing files, misfiling, inadequate storage location, and poor staff knowledge need to be addressed adequately (Ge & Helfert, 2006). This shows that the hospital is affected by its decision making processes.

## **5.6 Summary**

This section interpreted the findings in accordance with the objectives of the study and the extant literature. The study established that the hospital does not organize training programmes for the hospital staff and this has affected their willingness to recognize records management as part of their responsibilities. However, the findings revealed that the hospital has rolled out a records management programme, policies and guidelines that guide the staff in the management of records. Misfiling and missing files dominate the challenges the hospital is encountering and lastly, the kind of records management practices being practiced at the hospital influence decision accuracy, decision commitment and decision timeliness. Unfortunately, the system being practiced by the hospital does not provide opportunities for staff to acquire knowledge on records management to be able to improve decision understanding.

## **CHAPTER SIX**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **6.0 Introduction**

This chapter summarizes the findings of the study, draws conclusions from the entire study and makes recommendations to address records management inefficiencies in organizations such as public hospitals. Moreover, the challenges the researcher encountered in the form of limitations have been considered.

#### **6.1 Summary of findings**

The study is summarized based on the specific objectives of the study. The aim of the study is to inquire into the role of records management practices in improving decision making at Ashanti Bekwai Municipal Hospital. In view of that, the summary is categorized into two (2) parts. The

first part deals with the specific objectives which provide a direction to the entire study. The second section looks at various themes which address the specific objectives of the study.

The specific objectives of the study include the following:

- i. Examine the practices, policies and programmes put in place to manage records at Ashanti Bekwai Municipal Hospital.
- ii. Assess the level of awareness, knowledge and skills of healthcare providers in managing records at Ashanti Bekwai Municipal Hospital.
- iii. Ascertain the role of records officers in designing records management systems at Ashanti Bekwai Municipal Hospital.
- iv. Examine the effect of proper records management on decision making at Ashanti Bekwai Municipal Hospital.
- v. Identify problems associated with managing records at Bekwai Municipal Hospital.

The study uses various themes to address the sub-objectives of the study. The themes within which the summary is presented include: participation in system design; records creation and capturing; records disposal and destruction; records storage, archival and preservation; laws and regulations; policies and standards; records management programmes and practices; staff capacity building; records security and access controls; disaster management plan; awareness and knowledge of records management; and records management and decision making.

### **6.1.1 Records Management Practices, Programmes, Policies and Standards**

The hospital creates and maintains records both manually and electronically. It is evident that the hospital has instituted guidelines and procedures for creating and preserving records. Unfortunately, the hospital has not put in place guidelines and procedures for sharing information among units. The hospital has rolled out a records management programme which is embedded in the general policy of the hospital that guides the management of records. The hospital uses avenues such as staff workshops, orientations and notices to create staff's awareness on the existence of a records management programme. The records management programme specifies the recordkeeping responsibilities for records officers in the Hospital. The hospital has put in place a disaster management plan that protects records and staff in times of disaster. The safety mechanisms are fire extinguishers, fire detectors, smoke detectors, locking cabinets and alarm system put at vintage points within the hospital to provide warning signs and also, curb the occurrence of any emergency.

The records unit uses Electronic Archive software to create, locate and retrieve patients' folders. In addition, the hospital uses DHIMS to record and generate reports on morbidity and mortality cases. These reports are used by management and District Health Directorate to make clinical and administrative decisions. Also, the hospital uses accounting softwares to prepare financial statements and store's inventory. The hospital uses both manual filing system and an electronic filing system. The kinds of manual filing systems used by most of the units are dates filing and alphanumeric filing techniques. With the manual filing system, the hospital uses file index and drawer labels as retrieval tools. On the other hand, the electronic filing system is mainly used by the records unit to create, locate and retrieve patients' folders. The electronic filing system uses a bar coding to create and retrieve patient folders.

The hospital has put in place security measures such as CCTV cameras and alarm systems to protect manual records. On the other hand, measures such as passwords and encryptions are used to protect electronic records at the hospital. The hospital has issued guidelines on access rights which indicates who is required to have access to hospital records. In most instances, records staff and management are authorized to access hospital records. The hospital has separated active records from non-active records. This has led to the creation of an archival center for keeping non-active records of the hospital.

The hospital is guided by some provisions stipulated in the Public Records and Archives Administration Act-1997 (Act 535) of Ghana. The Ghana Health Service regulates the management of records in public hospitals. The hospital complies with the records retention and disposal schedules instituted by Ghana Health Service. The duration of in-patient's records pending disposal is 15years whilst out-patient's records pending destruction is 10years. The hospital uses queries and internal demotions to sanction any staff that deliberately or accidentally destroys records.

### **6.1.2 Awareness, Knowledge and Skills of Staff on Records Management**

It is clear from the study that some of the hospital staff still do not understand the meaning of manual records, electronic records and records management in general. Moreover, there is not enough awareness on the importance of keeping records at the hospital. This is due to the fact that majority of the hospital staff does not consider records management as part of their core mandates. This perception has had detrimental effect on their understanding of how records are to be managed in the hospital.

Unfortunately, the hospital does not organize training programmes on records management practices to equip the staff in the management of records throughout its life cycle (creation, use, maintenance, storage, archival and destruction). Finally, the hospital's records are managed by one trained personnel who has professional qualification in records management. However, the head of the records unit does not have any professional qualification in records management but has acquired knowledge on records management as a result of remaining on the job over the years. Moreover, the hospital has trained additional eleven (11) staff to manage the records of the hospital.

### **6.1.3 Records Officers involvement in Records Management Systems**

The study establishes that there are involvements of records officers, IT specialist, management and system designers in the designing of records management systems for the hospital. For instance, the electronic records management system being used at the hospital to manage electronic records was designed by a software developer in consultations with management, records officers and IT specialist of the hospital. The study finds out that the implementation of the electronic records system has been successful because the contributions and suggestions from the records officers were captured at the design stage to suit the nature of records keeping in the hospital.

### **6.1.4 Records Management and Decision Making**

The study establishes that the adoption of electronic records management systems such as E-Archive, DHIMS, Human Resource Management Systems and Accounting softwares coupled with compliance with standards, electronic filing system and existence of a records management programme at Ashanti Bekwai Municipal Hospital have improved the accuracy of clinical and administrative decisions, timeliness of clinical and administrative decisions and decision commitment of staff towards the implementation of clinical and administrative decisions. Unfortunately, the lack of records management training programmes for hospital staff have affected the understanding of staff when it comes to interpreting and making meaning out of the kinds of records they create and maintain.

#### **6.1.5 Challenges in Managing Records and Making Decisions**

It is evident from the study that the hospital is plagued by records management challenges such as missing files, misfiling, inadequate storage location, inadequate records professionals and poor staff knowledge. The issue of missing files and misfiling make it difficult for the hospital staff to retrieve files to commence daily activities or make decisions. Moreover, the inadequate storage area (filing space) of the hospital has necessitated the hospital to keep some records especially patient folders on the floor. All these problems affect the units that practice manual records keeping in the hospital. Lastly, limited number of hard ware has affected how electronic records are kept and backed-up in the hospital.

#### **6.2 Contributions of the Study**

The findings from the study have implications for researchers in the area of records management; organizations that create and maintain records; and theories that underpin records management in organizations.

### **6.2.1 Implications for Theory**

One of the contributions of this study is the use of the pre-natal phase of the Hybrid Records Life Cycle Model. The pre-natal phase helps to understand the participation of records professionals in the system design. The findings from the study reveal that records professionals are involved in the designing of records management systems of the hospital. The engagement of the records professionals in the system design has ensured a successful implementation and practice of the records management system of the hospital. This was due to the fact that at the system design stage, the organizational culture and nature of records keeping at the hospital was captured. This means that public organizations should engage records professionals in the designing of records management systems as the involvements of records professionals are crucial to the successful implementation of records management systems.

### **6.2.2 Implications for Policy**

The findings from the study reveal that the hospital has developed a policy that guides the management of records. The implementation of a records management policy in the hospital has led to a successful management of records in the hospital. On the other hand, the hospital's records unit is headed by someone who does not have any professional qualification in the

management of records but has acquired knowledge in records management as a result of on the job training over the last three decades. In view of that, the provisions in the Public Records and Archives Administration Act, 1997 (Act) 535 of Ghana should be amended to compel public organizations to employ records professionals who have professional qualifications in records management. Also, the Act 535 should be amended to compel public organizations to move from manual forms of keeping records to an integrated electronic records management system (automation). This is due to the fact that automation of records keeping in public organizations is likely to eliminate missing files, misfiling, limited filing space and damaged files associated with paper records.

### **6.2.3 Implications for Research**

The findings from the study reveal that units that create and keep records manually face records keeping challenges such as missing files, misfiling and damaged files. Moreover, the hospital has not put in place guidelines and procedures for sharing information among units and this has contributed to duplication of information. For an organization to eliminate these challenges, an integrated electronic records management system (automation) is seen to be an option. This is because the movement from paper records to paperless records (automation) within an organization is likely to eliminate missing files, misfiling, damaged files and duplication of records.

### 6.3 Recommendations

The findings from the study revealed that Ashanti Bekwai Municipal Hospital has instituted a records management programme, disaster management plan, security and access control measures, electronic filing system, complies with standards and engages records officers in designing records management system. In spite of these practices, the hospital is still confronted with inadequate records professionals, shortage of records filing space, poor staff knowledge, missing files, damaged files, misfiling and inadequate hardware for the electronic system. In view of that, the study makes the following suggestions to help improve the state of records management at Ashanti Bekwai Municipal Hospital and other public hospitals.

- **Training of Records Professionals and Building Staff Capacity:** records management is a field that needs to be run by experienced and competent professionals who know what is to be done and understand their roles and responsibilities. Therefore, the management of Bekwai Municipal Hospital should organize regular training programmes, workshops and seminars on the management of records. Staff should be sensitized and made to understand the importance of creating and managing records and also, see it as part of their responsibilities. This recommendation is necessary because the findings from the study revealed that staff lacked the knowledge and skills in managing records of the hospital.
- **Adoption of an integrated Electronic Records Keeping System (Automation):** the management of the hospital should adopt an integrated electronic records keeping system to minimize records keeping challenges posed by manual records keeping. With electronic records keeping system, issues of misfiling, missing files, duplication of records and damaged files are eliminated. This suggestion comes as a result of the

hospital being plagued by records keeping challenges such as misfiling, missing files, errors and damaged files. However, the adoption of a comprehensive electronic records keeping system alone is not the best practice but the integration among units to share information within the hospital is vital as it helps to avoid duplication of information. This recommendation is necessary because the hospital uses file index to monitor the movement of records from one unit to the other and this often creates issues of missing files and damaged files.

- Transition of Records from Manual to Electronic Records: the hospital should devise means that show how records transits from paper based to electronic based records. This recommendation is necessary because the hospital manages both paper and paperless records. A well devised means is likely to eliminate the issue of missing files and damaged records associated with manual records. The study discovered that the staff that creates manual records is not the same staff that feeds such data unto the electronic records system in the hospital.
- Adequate Storage Area (filing space): the management of Ashanti Bekwai Municipal Hospital should make an effort to enlarge the storage area of records. This recommendation is essential because the researcher observed that the filing space of records was fully packed leaving some records being kept on the floor. The keeping of records on floors is likely to cause damage to such files and this problem affects management in their clinical and administrative decisions.

#### **6.4 Suggestions for future Research**

The study investigated the role of records management practices in improving decision making at Ashanti Bekwai Municipal Hospital. The findings from the study revealed that the adoption of both manual and electronic records keeping and creates problems of missing files, misfiling, duplication of information, damage of files and poor staff knowledge. Moreover, the absence of guidelines and procedures for sharing information among units in the hospital create problems of missing files, misfiling, duplication of information and damaged files which could be a subject of further research by records management researchers.

The study recommends the need to repeat the same study in both private and public healthcare facilities. That is a comparative study should be conducted to establish the role of records keeping practices in improving clinical and administrative decisions between public and private healthcare institutions to make an informed assessment. The study makes this suggestion in the sense that the study was conducted in a public hospital; hence, the findings from the study cannot be used to reflect the state of records management systems in private hospitals. The effect of such a study is that the best practices in one sector may compel the other sector to forgo its bad practices and adopts the good practices. In the end, healthcare facilities benefit from efficient records keeping which improves its service delivery and decision making.

Finally, the study recommends the need to conduct a study to establish the role of an integrated electronic records keeping system (automation) in improving decision in healthcare institutions. The study makes this recommendation because Ashanti Bekwai Hospital that was used as a study area practices both manual and electronic records keeping; hence, the findings from the study cannot be used to ascertain the effect of an integrated electronic records keeping system on improving decision making. If future researchers embark on such a study, the problems of medical errors, missing files, misfiling and damaged files associated with managing records manually will

be eliminated. Also, the problem of long patient waiting time would be reduced; service delivery and decision making would be fast-tracked.

## **6.5 Limitations**

The study was drawn from Ashanti Bekwai Municipal Hospital in the Ashanti Region of Ghana. This hospital is a public hospital and hence, limited the extent to which the findings could be generalized to reflect the inefficiencies of records keeping practices in all public hospitals as well as private hospitals.

## **6.6 Conclusion**

The purpose of this study was to inquire into the role of records management practices in improving decision making at Ashanti Bekwai Municipal Hospital. The literature revealed that effective management of records has an influence on both clinical and administrative decisions. On the other hand, ineffective management of records distorts clinical and administrative decisions. These inefficiencies informed the study to adopt the Hybrid Records Life Cycle Model which functions effectively in both paper and paperless environment. This led to the development of a conceptual framework that showed the link between records management (design stage, creation and capturing, use, maintenance, disposal or preservation), good practices (staff capacity, disaster management, and security measures), compliance (policies and standards, laws and regulations) and decision making where decision accuracy, timelines, understanding and

commitment. The framework used necessitated the need for a mixed method approach where questionnaires and interview guide were used to elicit information from staff of Ashanti Bekwai Municipal Hospital.

The findings from the study showed that the hospital has a records management programme that outlines how records are created, used, maintained, preserved and disposed of. The records management programme of the hospital captures security measures, safety measures and disaster management plans that address the management of records at the hospital. Furthermore, the hospital is guided by guidelines and procedural manuals designed by Ghana Health Service in the management of records in public hospitals. Last but not least, the kind of records keeping practice adopted by the hospital has an influence on decision accuracy, decision timeliness and decision commitment. However, poor staff knowledge, inadequate records professionals, missing files, damaged files, inadequate filing space and inadequate hardware among other challenges affect managing records at Ashanti Bekwai Municipal Hospital.

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**UNIVERSITY OF GHANA**  
**DEPARTMENT OF PUBLIC ADMINISTRATION AND HEALTH**  
**SERVICES MANAGEMENT**

**SURVEY QUESTIONNAIRE FOR HOSPITAL STAFFS**

My name is Amo Justice, a post graduate student (Pursuing MPhil in Health Services Management) from the University of Ghana Business School who is researching on the topic *“The Role of Records Management Practices in Improving Decision Making in Public Hospitals: A Case Study of Ashanti Bekwai Municipal Hospital”*. I wish to assure you that this is an academic study and all information obtained shall strictly be used for academic purposes. You are also assured of absolute anonymity and confidentiality. There is no right or wrong answer.

**SECTION A: DEMOGRAPHIC CHARACTERISTICS**

1. How old are you? .....
2. Gender: 1. Male [ ] 2. Female [ ]
3. Educational Level: 1. No Education [ ] 2. Primary [ ] 3. Secondary [ ]  
4. Vocational [ ] 5. Technical [ ] 6. Tertiary [ ] 7. Professional [ ]
4. Which Unit of the Hospital are you? 1. Records [ ] 2. OPD [ ] 3. Stores [ ]  
4. Public Health [ ] 5. Administration [ ] 6. Pharmacy [ ] 7. Laboratory [ ]  
8. General Wards [ ] 9. Accounts [ ] 10. ENT [ ] 11. Maternity [ ] 12. Surgical  
Ward [ ] 13. Theatre [ ] 14. X Ray [ ] 15. Psychiatric [ ] 16. Accident &  
Emergency [ ]
5. How long have you been working in this Hospital? 1. Less than 1 year [ ]  
2. 1-5years [ ] 3. 6-10years [ ] 4. 11-15years [ ] 5. Above 15 years [ ]

6. What is your rank in this Hospital? 1. Senior Staff [ ] 2. Junior Staff [ ] 3. Daily rated [ ] 4. Temporal [ ] 5. Casual [ ]

**SECTION B: AWARENESS AND KNOWLEDGE OF RECORDS MANAGEMENT**

7. What do you think is the meaning of a Manual Record? (Please tick only one)

1. Information created and maintained on Computer Systems for business transaction	
2. Information created and maintained in Papers for business transaction	

8. What is your understanding of Electronic Records? (Please tick only one)

1. Information created and maintained in Papers for business transactions	
2. Information created and maintained on Computer Systems for business transactions	

9. What is your understanding of Records Management? (Please tick only one)

1. Information created, captured, received, maintained, used, disposed or preserved	
2. Information created and published in books, journals and magazines	

10. Do you consider Records Management as part of your responsibilities? 1. Yes [ ]  
2. No [ ]

11. If yes, what role do you play in Records Management?

1. Daily update of the Electronic Record System	
2. In charge of the security of the Electronic Record System	
3. Ensure that the physical location of records is secured	
4. Create, file and retrieve folders/files	

**SECTION C: RECORDS KEEPING CONTINUUM**

**RECORDS CREATION AND CAPTURING**

12. Which records do you create in the course of your work? 1. Medical [ ] 2. Human Resource [ ] 3. Stores Inventory [ ] 4. Finance [ ] 5. Asset [ ]

13. Has the Hospital issued guidelines and procedures on the creation and capturing of records? 1. Yes [ ] 2. No [ ]
14. Has the Hospital issued guidelines and procedures for sharing information between units to avoid keeping unnecessary duplicates? 1. Yes [ ] 2. No [ ]
15. Does the filing system of the hospital support accurate capturing and easy retrieval of records? 1. Yes [ ] 2. No [ ]
16. Does the filing system of the hospital provide security and access control for records? 1. Yes [ ] 2. No [ ]

How will you rate the filing system of the hospital in terms of the following? Please rating starts from Very Effective (1), Effective (2), Ineffective (3) and Very Ineffective (4)

Filing Criteria	1.Very Effective	2. Effective	3.Ineffective	4.Very Ineffective
17. Simple				
18. Functional				

#### RECORDS USE AND MAINTENANCE

19. Do you keep records on daily activities performed? 1. Yes [ ] 2. No [ ]
20. How are records maintained in your Unit? 1. Manual Format [ ] 2. Electronic Format [ ] 3. Both Manual and Electronic Formats [ ]
21. Which of the following methods do you use for retrieving records/files in your Unit? 1. Drawer labels [ ] 2. File Indexes [ ] 3. Automated Retrieval System [ ]
22. In your estimation, how many minutes does it take to retrieve a record at the time of request? 1. 1-10mins [ ] 2. 11-20mins [ ] 3. 21-30mins [ ] 4. Above 30mins [ ]
23. What challenges do you encounter when retrieving a record/file upon request for operational activities? 1. Misfiling [ ] 2. Missing File [ ] 3. High Records Demand [ ] 4. Shortage of Staffs [ ] 5. Damage of Files [ ]
24. How do you rate the state of Records Management in the Hospital? 1. Very Good [ ] 2. Good [ ] 3. Poor [ ] 4. Very Poor [ ]
25. What justification(s) do you give for your above rating? .....

## DISPOSAL AND DESTRUCTION

26. Has the Hospital established records retention and disposal schedules for all its records?  
1. Yes [ ] 2. No [ ]
27. Has the hospital put in place guidelines and procedures for the physical destruction of expired records to avoid inadvertent destruction and leakage of sensitive information? 1. Yes [ ] 2. No [ ]
28. What sanction is meted out to staffs that accidentally or deliberately destroy records in the Hospital? 1. Query [ ] 2. Internal Fines [ ] 3. Internal Demotion [ ] 4. Others (if any) .....

## STORAGE, ARCHIVAL AND PRESERVATION

29. Does the Hospital have adequate storage location for its records? 1. Yes [ ] 2. No [ ]
30. Which storage media do you use for keeping records? 1. Folders [ ] 2. Compact Disks [ ] 3. Micro Film [ ] 4. Hard Drive [ ] 5. Registers [ ]
31. Is your Unit's/hospital's records storage location secured against unauthorized access? 1. Yes [ ] 2. No [ ]
32. Is your Unit's/hospital's records storage location conducive for its records and retention periods? 1. Yes [ ] 2. No [ ]
33. Has your Unit/hospital separated active records from inactive records? 1. Yes [ ] 2. No [ ]
34. How does your Unit deal with its inactive records? 1. Archived [ ] 2. Destroyed [ ] 3. Transfer [ ]

## SECTION D: COMPLIANCES

### LEGAL AND REGULATORY FRAMEWORK

35. Are you aware of the Public Records and Archives Administration Act, 1997 (Act 535)?

1. Yes [ ] 2. No [ ]

36. If yes, are you aware of the penalties for non-compliance enshrined in the Public Records and Archives Administration Act, 1997 (Act 535)? 1. Yes [ ] 2. No [ ]

37. Has the Hospital issued guidelines and principles which are in conformity with Ghana's regulations governing Public Records? 1. Yes [ ] 2. No [ ]

38. What punitive action do you face when you violate issues concerning illegal access, non-adherence to privacy and security issues? 1. Query [ ] 2. Internal Fines [ ]

3. Internal Demotion [ ] 4. Others (if any) .....

## RECORDS MANAGEMENT PROGRAMMES AND PRACTICES

39. Does the Hospital have a Records Management Programme? 1. Yes [ ] 2. No [ ]

40. How are staffs made aware of the existence of the Records Management Programme?

1. Circulars [ ] 2. Notices [ ] 3. Staff Workshop [ ] 4. Orientation [ ]

41. Do you understand the Records Management Programme of the Hospital? 1. Yes [ ]

2. No [ ]

42. Is the current Records' Management Programme consistent with the records keeping practices of your Unit? 1. Yes [ ] 2. No [ ]

43. Does the Records Management Programme specify and assign the recordkeeping responsibilities for all positions in the Hospital? 1. Yes [ ] 2. No [ ]

## SECTION E: GOOD PRACTICES

### STAFF CAPACITY BUILDING

44. Does your Unit have Records Professionals that manage its records? 1. Yes [ ] 2. No [ ]

45. Have you had any training/workshop/refresher courses in records management principles, procedures and practices? 1. Yes [ ] 2. No [ ]

46. If yes, what kind of training did you receive? 1. In-House Training by Internal Staff [ ]

2. In-House Training by Private Trainer [ ] 3. External Institution [ ]

47. Does the Hospital organize training programmes/refresher courses on Hospital Records Management to Hospital staffs? 1. Yes [ ] 2. No [ ]

#### SECURITY AND ACCESS CONTROLS

48. What security mechanism has the Unit (Hospital) put in place to ensure the safety and security of records? 1. Security Personnel [ ] 2. Cameras [ ] 3. CCTV [ ]  
4. Alarm System [ ] 5. Electronic Security Systems [ ]
49. Has the Hospital issued guidelines on access rights and security of records? 1. Yes [ ]  
2. No [ ]
50. Who have been authorized to access Hospital Records? 1. Management [ ] 2. Heads of Units [ ] 3. Records Professionals [ ] 4. Staffs [ ]

#### DISASTER MANAGEMENT PLAN

51. Does the Hospital have Disaster Management Plan that protects records in all formats?  
1. Yes [ ] 2. No [ ]
52. If yes, has the Hospital issued guidelines spelling out how to manage records in times of disaster? 1. Yes [ ] 2. No [ ]
53. Which of the following equipment do you have in your Unit? (Tick all that applicable)  
1. Locking Cabinets [ ] 2. Fire Detectors [ ] 3. Fire Extinguishers [ ] 4. Smoke Detectors [ ] 5. Others (if any) .....
54. What equipment does your Unit use to provide back-up for Electronic Records? 1. Hard Drive [ ] 2. Magnetic Tape [ ] 3. Optical Disk [ ] 4. Flash Memory [ ] 5. Pen Drive [ ]
55. How often do you back-up the Electronic Records stored in the Electronic System?  
1. Daily [ ] 2. Weekly [ ] 3. Monthly [ ] 4. Quarterly [ ] 5. Above Quarterly [ ]

**SECTION F: CHALLENGES AND RECOMMENDATIONS**

56. What challenges do you face in the management of records in the Unit/Hospital?

- 1. Shortage of Filing Space [ ]
- 2. Misfiling and Missing Files [ ]
- 3. Damage of Records [ ]
- 4. Shortage of Records Staffs [ ]
- 5. Poor Staff Knowledge [ ]
- 6. Inadequate Management Support [ ]
- 7. Security Issues [ ]
- 8. Poor Condition of Storage Location [ ]
- 9. Lack of Hardware & Software [ ]

57. What do you suggest to help improve the state of records management in the hospital?

- 1. Adoption of an integrated Electronic Records Management System [ ]
- 2. More Training for Records Staff [ ]
- 3. Conducive Storage Location [ ]
- 4. Adequate Records Staff [ ]
- 5. Enlarge Storage Location [ ]
- 6. Address Security Issues [ ]

**SECTION G: RECORDS MANAGEMENT AND DECISION MAKING**

This section looks at the role of records management practices in improving decision making in respective units. Emphasis is laid on the kind of records created and maintained and its influences on the kind of decision respective units take. Please this section is Unit specific. Please tick only one under each question. *Strongly Agree/Very Good (1), Agree/Good (2), Disagree/Poor (3) and Strongly Disagree/Very Poor (4)*

<b>DECISION COMMITMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
58. Records generate disagreements over the kind of decisions to be taken by Units.				
59. Staffs are willing to support decisions based on records generated by Units.				
60. How will you rate the overall commitment of staffs when relying on records to make decisions for the Unit?				
<b>DECISION ACCURACY</b>				
61. Records are relied upon for making decisions in Units.				
62. Errors in records affect the accuracy of decisions taking by Units.				
63. How will you assess the overall accuracy of decisions when relying on records to make decisions for the Unit?				
<b>DECISION UNDERSTANDING</b>				
64. The Staffs of the Unit understand the essence of records generated.				
65. How will you assess staffs’ overall understanding when relying on records to make decisions for the Unit?				

<b>DECISION TIMELINESS</b>				
66. Information needed by the Unit to take decisions is always available.				
67. The information required for decision making is current.				
68. The final decisions meet the needs of the Unit and the hospital at large.				
69. How will you rate the overall timing of decisions when relying on records to make decisions for the Unit?				

**SECTION H: IMPROVING DECISION MAKING**

70. What challenges are encountered when relying on records to take decisions? .....

.....  
 .....

Thank You for Your Contribution

**UNIVERSITY OF GHANA**

**DEPARTMENT OF PUBLIC ADMINISTRATION AND HEALTH SERVICES  
MANAGEMENT**

**INTERVIEW GUIDE FOR HEAD OF RECORDS UNIT**

My name is Amo Justice, a post graduate student (Pursuing MPhil in Health Services Management) from the University of Ghana Business School who is researching on the topic *“The Role of Records Management Practices in Improving Decision Making in Public Hospitals: A Case Study of Ashanti Bekwai Municipal Hospital”*. I wish to assure you that this is an academic study and all information obtained shall strictly be used for academic purposes. You are also assured of absolute anonymity and confidentiality.

1. How long have you been working in Bekwai Municipal Hospital?
2. What is your current job title?
3. What professional qualification do you have in the area of Records Management?
4. How many Records Professionals do you have in the Hospital?
5. What are the functions of the records department?
6. What are the functions of the records management committee in the hospital if any?
7. What kind of software is used in managing Electronic Records in the Hospital?
8. What function does the ICT department play in managing records of the hospital if any?
9. What Tracking System does the Hospital use to track the movement of patient records (folders)?
10. Does the Hospital maintain central control over records disposal?
11. Does the hospital have an archive?
12. What is the duration for Paper Records and Electronic Records before disposition?
13. What general filing system does the hospital use?
14. Is Records Management Programme included in the general policy of the Hospital if any?
15. What Records Keeping Standards has the Hospital adopted?
16. What regulatory framework regulates recordkeeping in the health sector?

17. What role does management play in the management of records of the hospital?
18. What is your role in the formulation and implementation of records management programmes, policies and software acquisition?
19. What are some of the challenges the records department face in the management of records?
20. What recommendation do you give to ensure effective records management in the hospital?