

Health Records Management Practices, Employee Motivation and Service Delivery of Health Records Professionals in Selected Hospitals, Federal Capital Territory, Abuja

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Certification

This is to certify that Lydia, Zarmai ADAMU with matriculation number LCU /PG /002313 carried out this research work titled “Health Records Management Practices, Employee Motivation and Service Delivery of Health Records Professionals in Selected Hospitals, Federal Capital Territory, Abuja” in the Department of Information Management, Faculty of Communication and Information Sciences, Lead City University, Ibadan, Nigeria for the award of Master Degree (M.Sc) in Health Information Management and that this has not been previously submitted.

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Dedication

Firstly, this research work is dedicated to God Almighty.

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Acknowledgement

This research work was conducted in Lead City University, Ibadan, Oyo State and all of the data for analysis were collected at selected hospital where the data were collected.

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Abstract

This study investigate health records management practices, employee motivation and service delivery of health records professionals in selected Hospitals, Federal Capital Territory, Abuja. Servqual, Herzberg's Motivation and Healthqual Theories were used. Descriptive research design was adopted and well-structured questionnaire was used to elicit from the respondents. Simple random sampling and stratified sampling techniques were used to select a total 210 respondents from the selected hospitals in FCT, Abuja. Data were analysed using descriptive and inferential statistics at 0.05 level of significance. The finding of this study revealed that the level of service delivery of health records professionals in selected hospitals, FCT, Abuja was high. Also, health records management practices among health records professionals in selected hospitals, FCT, Abuja was good. Moreover, the level of employee motivation among health records professionals in selected hospitals, FCT, Abuja was low. Additionally, health records management practices had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja. Besides, employee motivation had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja. Health records management practices and employee motivation had significant influence on services delivered of health records professionals. The authority in charge of health at the FCT, Abuja should therefore, ensure that health records professionals are properly motivated.

Keywords: Health records management practices, Employee motivation and Service delivery.

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Chapter One

Introduction

1.1 Background to the Study

Service delivery is the overall name for every activity performed to render quick and satisfying service toward the people and also, responding in the direction of citizens, and resolving the community's problems. It is aimed at meeting societal needs, right demands, or expectations. Service can be delivered by individuals, organizations, or governments. Examples of services delivered by the government include, but are not limited to, health/medical, water, routes, education, and social services. It is a consensus amongst scholars that public service delivery is critical to ensuring the national well-being and stimulation of economic development.¹ This is because on daily basis governments carry out several regulated and unregulated activities to provide citizens with services and at the same time guarantee that these services are provided in accordance with the rule of law².

Service delivery of high quality is an important pursuit for organizations or service providers that seek to create and provide value to their customers^{3,4}. Through quality service delivery, organizations can achieve increased customer satisfaction, loyalty, and therefore long-term profitability⁵. In order to provide high levels of service, and therefore create value for their customers, service providers need to plan and ensure the successful implementation of the actual plan⁶. Therefore, good planning and effective implementation of the developed service delivery plans are key factors for service delivery. The healthcare service delivery of a nation depends on how the hospitals are able to provide good and affordable healthcare to the people^{7,8,9}. Healthcare service

delivery refers to the provision and improvement in healthcare patients receive from clinicians who are the consultants, doctors and nurses.

Nigeria healthcare delivery is generally considered poor because of inadequate provision of good and affordable healthcare to the people^{10,11}. Wuse and Asokoro District Hospitals Federal Capital Territory (F.C.T), Abuja which is the locale of this study cannot also be ruled out of these challenges. There are many factors that might be responsible for this poor healthcare service delivery, such as poor medical infrastructure, clinicians' low productivity, inadequate medical supplies; poor confidentiality and privacy inefficient medical processes, lack of quality time with patients, poor coordination and integration of hospital care for the patients¹². In addition, there is the problem of brain drain and this has brought about a shortage of competent medical manpower. According to the World Health Statistics report, it is estimated that there are four doctors for every 10,000 inhabitants in Nigeria^{13,14}. This is an indicator that the country has poor healthcare service delivery to the population with regard to the doctor-patient ratio.

Strengthening healthcare service delivery's effectiveness requires improvement in the delivery structure in Nigeria, which presently does not support the healthcare system adequately. The healthcare service delivery system faces huge infrastructure inadequacy and underfunding by the government. Evidence from public expenditure review and national health account suggests that states in Nigeria spend on average less than 5% of their total annual budgetary allocation on healthcare service delivery¹⁵. This has resulted in healthcare givers not meeting national healthcare service delivery needs. Improving the health status of the entire population should be the priority of the government strategic

plan whereby a cost-effective health system is in place, coupled with reliable and equitable access to healthcare by the citizenry irrespective of their locations.

Better healthcare service delivery always begins with better at whatever level of care, efficient and successful healthcare service delivery remains a segment of any sustainable healthcare service delivery, and this is significant to the accomplishment of healthcare-related Millennium Development Goals (MDGs) as stipulated by the World Health Organization (WHO)¹⁶. To this end, service delivery is central in deciding a populace's healthcare status, alongside different variables, for example, social determinants of wellbeing. Although the association and the concentration of healthcare service delivery differ from one nation to another, any well-working health administration system should encompass qualities, extensive, open, ceaseless, individuals concentrated, organized, responsible and efficient.

The above-mentioned approach suggests the key components of health administration in which the essential contact level more often than not with regards to a nearby health services system- goes about as a driver for the healthcare services benefit conveyance system overall. This is because government hospitals and health departments can only take appropriate action and make correct decisions if they have sufficient information at their fingertips. Hence, the need for proper health records management practices which support efficiency and effectiveness in healthcare service delivery in a variety of ways. These could include, documentation of patients' history, biography, diagnosis, treatment given, surgeries, the general services provided to the patient, and who is responsible for carrying out the services. There is a symbiotic relationship between medical practitioners and health records management professions. The professional life of a medical

practitioner depends on the availability of information either for self-appraisal or for future¹⁷.

A significant amount of data is generated from patients' medical records, treatments, and billings¹⁸. The data are stored, retrieved, and managed differently by the various agencies and physicians (stakeholders) within the sector¹⁹. These stakeholders are duty-bound to act in accordance with their roles, affiliations, and associations with the professional bodies and health facilities that hold the right to the data. The use and management of patients' data are unique because of the confidentiality, security, and private nature of the health environment²⁰.

Motivational packages are generally designed to encourage providers to furnish specific services, the productivity, and quality of service, and allow for effective management. In other words, motivation could cause someone to act and it is the discretion of the person to decide if they are going to be motivated or not. It is clear that a good recognition of Health Records Management Practices, as well as good motivating factors, can improve, transform and enhance the service delivered by personnel in terms of their relationship with the patients, hospital workflows, information generation, accessibility, and utilization of health records^{21,22,23}. thereby enhancing patients' correct identification and adequate treatment, because the ultimate goal of any health care institution like a teaching hospital is to provide and deliver improved health service to the patients and other people who need the service²⁴.

It has been observed that most federal tertiary hospitals in Nigeria do not give adequate recognition to health records management practices. Also, the health records management professionals who are in charge of these have not been well motivated like other

health professionals in the hospital settings in terms of promotion, salary increase, training, job security, and other benefits. These may probably contribute to the poor service delivery of health records management professionals presently experienced in the country. The motivation of health workers including the health records management professionals faces a hierarchy of motivation or disincentives generated by the work they do, the way they are paid, and the organization and system context in which they work²⁵. Therefore, it is on the above premise that the researcher investigated the health records management practices, employee motivation and service delivery of health records professionals in selected Hospitals, Federal Capital Territory, Abuja.

1.2 Statement of the Problem

This study investigated health records management practices, employee motivation and service delivery of health records professionals in selected Hospitals, Federal Capital Territory (F.C.T), Abuja. Service delivery of Health Records Management Professionals has great importance in health care of service delivery, healthcare service planners depend solely on data/information from health records for planning at each level of healthcare service delivery. There has been consistently poor health records service delivery in North-Central Nigeria both in the public and private hospitals noticeable more in public hospitals especially in the Federal Capital Territory, Abuja. There has been a noticeable result to poor service delivery observed in some of the hospitals and this manifested in form of delay in retrieval of patients' health records.

Meanwhile, Health records management professionals faces some challenges such as inadequate training of staffs, shortage of staff, poor management of existing staff, job insecurity, non-promotion of staff as at when due, lack of salary increment, poor benefits

of any kind, low level recognition of health records management practices and looking down upon the health records management professionals²⁶. Poor health records service delivery had also been associated with federal tertiary hospitals in North-Central Nigeria. The level of health records management practices and employee motivation among the health records professionals in the hospital might also be contributing factors to this phenomenon. Also, the extent to which the management of tertiary hospitals pays attention to health records management practices and employee motivation in relation to service delivery of health records management professionals is not clear. It is in the light of this that the study seeks to investigate health records management practices, employee motivation and service delivery of health records professionals in selected hospitals, Federal Capital Territory (F.C.T), Abuja.

1.3 Aim and Objectives of the Study

The aim of this study is to investigate health records management practices, employee motivation and service delivery of health records professionals in in selected hospitals, Federal Capital Territory, Abuja. The objectives are to:

- i. identify the level of service delivery of health records professionals in selected hospitals, FCT, Abuja
- ii. examine the health records management practices of health records professionals in selected hospitals, FCT, Abuja?
- iii. identify the level of employee motivation among health records professionals in selected hospitals FCT, Abuja?
- iv. examine the influence of health records management practices on services delivered of health records professionals in selected hospitals, FCT, Abuja.

- v. determine the influence of employee motivation on services delivered of health records professionals in selected hospitals, FCT, Abuja.
- vi. examine the combined influence of health records management practices and employee motivation on services delivered of health records professionals in selected hospitals, FCT, Abuja.

1.4 Research Questions

The following research questions were answered:

1. What is the level of service delivery of health records professionals in selected hospitals, FCT, Abuja?
2. What are the health records management practices among health records professionals in selected hospitals, FCT, Abuja?
3. What is the level of employee motivation among health records professionals in selected hospitals, FCT, Abuja?

1.5 Hypotheses

The following hypotheses were tested at 0.05 level of significance.

H₀₁: There will be no significant influence of health records management practices on services delivered of health records professionals in selected hospitals, FCT, Abuja.

H₀₂: There will be no significant influence of employee motivation on services delivered of health records professionals in selected hospitals, FCT, Abuja.

H₀₃: There will be no significant combined influence of health records management practices and employee motivation on services delivered of health records professionals in selected hospitals, FCT, Abuja.

1.6 Significance of the Study

The findings of this study on health records management practices, employee motivation, and service delivery of health records professionals in in selected hospitals FCT, Abuja will be of importance to health information management professionals in terms of determining their level of service delivery and improving it if needed. The results of this study would empower health information managers to maximize their potential and increase their productivity in medical institutions.

The findings of this study would inform the policymakers of the need to make policies that would improve service delivery and open their management ideology into the need for better motivation of staff and practices that best encourage better service delivery within the walls of the medical institution. Finally, the recommendations from this study, if adopted would have a positive reflection on patients who are at the center of medical care by making them enjoy better healthcare services and grow confidence in their healthcare givers.

1.7 Scope of the Study

The study investigated health records management practices, employee motivation and service delivery of health records professionals in selected Hospitals, Federal Capital Territory, Abuja. This study would be limited to selected hospitals. The independent variable which is the health record management practices would be anchor by the healthcare professional, while employees' motivation which is an independent variable which would be anchored by the healthcare practitioners since they are directly linked to the service rendering, meanwhile, service delivery is dependent variable which would be

anchore by both the healthcare professionals and facility users in selected hospitals, Federal Capital Territory, Abuja.

1.8 Operational Definition of Terms

Employee Motivation: this is the level of commitment, energy and innovation that a company's staff hold during the working day.

Health record professionals: health record held under the responsibility of one healthcare provider and maintained by one or several healthcare professionals. healthcare professionals are also known as health record officers. Health record officers are responsible for managing these patient health records. They provide efficient health records service to patients, medical and nursing staff. They organize, update and store records in either paper-based documents or electronic records. Health records officers make sure patient appointments and in-patient admissions are administered and processed accurately. They also make sure patients' health records remain confidential and are safely stored.

Health Service Delivery – ability to offer health services appropriately and on time in hospitals. That is, the provision of intangible experience that meets the intended benefits of the user.

Health Records / Medical Records – documents containing information entered over time by health care professional recording observations and administration of drugs and therapies.

Health Records Management – it is the planning controlling organizing and other management activities related to the creation, maintenance, use and disposition of

medical records to achieve adequate and proper documentation of the health care organizations policy and transaction.

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Chapter Two

Literature Review

This chapter review related literature from various parts of the world pertaining health records management practices, employee motivation and service delivery of health records professionals under the following headings and subheadings;

2.1 Conceptual Review

2.1.1 Health records management practices

2.1.2 Conceptual of employee motivation

2.1.3 Conceptual of services delivery

2.2 Theoretical Review

2.2.1 SERVQUAL model

2.2.2 Herzberg's Motivation Theory

2.2.3 Healthqual Theory

2.3 Review of Empirical Review

2.3.1 Health records management practices and service delivery

2.3.2 Employee motivation and service delivery

2.4 Conceptual Model

2.4 Summary of Reviewed literature

2.1 Conceptual Review

2.1.1 Health Records Management Practices

Records is the Information created, received, and preserved as evidence and information by an organization or individual, in fulfillment of legal responsibilities or in the transaction of business²⁷. A record is any piece of information that has been recorded, regardless of how it was done, this includes correspondence, memoranda, books, plans, maps, drawings, diagrams, pictorial or graphic works, photographs, films, microfilms, sound recordings, videotapes, and any other documentary material, regardless of its physical form or characteristics. Additionally, it states that any information that can be created by a machine and that is subject to regulations is any record that can be created from a machine-readable record that is under the control of an institution using computer hardware and software or any other information storage tools and technical know-how typically employed by the institution.

In order to guarantee that patients receive high-quality healthcare services, it is essential that records are created, documented, used, maintained, retained, and disposed of. A record is any information that has been made, acquired, and kept as proof by a person or organization in order to comply with legal responsibilities or conduct business, regardless of the medium or physical qualities²⁸. Maintaining accurate health records is crucial to enhancing the delivery of healthcare in less developed nations.²⁹ To guarantee the delivery of high-quality healthcare services, efficient health record administration is essential. Hospitals all across the world manage the same kinds of records, despite the fact that the procedures used to manage the records vary greatly. This occurs as a result of the relevant authorities' lack of well-standardized procedures. The construction of usable databases, simple budgeting for government and management, accurate and

prompt reporting, simple use and outbreak response are all made possible by standardizing record management procedures.

More specifically, the medical record is the only source of information for a variety of purposes since it is the only history of accomplishment, the only way to gauge the effort put forth by the medical and nursing personnel, and the only record of the patient's progress. Some of these possibilities include, but are not limited to, using it as a benchmark for gauging the standard and continuity of care³⁰.

A record is any piece of information that has been documented or saved, regardless of whether it is on paper, electronically, or in another format³¹. Documents, books, drawings, photos, maps, plans, emails, faxes, magnetic or optical discs, memoranda, meeting minutes, audio or video files, spreadsheets, databases, samples, and objects are a few examples of records. Information in business systems, rules, and websites are all records. Records are any physical information or data in any physical format or media that an organization creates or receives during the course of official business and keeps as proof of policies, decisions, procedures, functions, activities, and transactions³².

Records management, is the systematic and regular control of all records throughout their existence³³. For the government to realize and achieve its goals, including the rule of law, accountability, management of state resources, protection of citizens' rights, and advancement of international relations, Significance of good records management practices³⁴.

Patients receive better healthcare services when healthcare organizations utilize effective and efficient health records management practices³⁵. Effective health records management practices and the provision of high-quality medical care in healthcare

facilities are directly correlated, claim³⁶. Health records management procedures are concerned with statutory and extra-statutory duties like classification, filing, security, confidentiality, staffing, and organization of a number of activities that improve the protection of traditional paper-based and digital health/medical data necessary for delivering high-quality healthcare.

However, the focus of this study will be on service delivery, personnel motivation, and health record management practices. A record is any information that has been made, acquired, and kept as proof by a person or organization in order to comply with legal responsibilities or conduct business, regardless of the medium or physical qualities³⁷. Documentation is the process of making new records to fill in gaps in historical records of the organization or specific transactions or to offer context for ones that already exist³⁸. Establishment of records and documentation serve as an unbreakable pair for correctness, authenticity, and uniformity in determining important facts without variation³⁹. The first stage or phase of the records life cycle is records production and documenting, which can be carried out manually, electronically, or through a hybrid approach depending on the policy and approved processes outlined in the organization's mission. Health information management professionals can decide on the classification type, numbering system, and filing system to use for easy storage and retrieval of pertinent records for or by authorized persons at the appropriate time and place with the aid of effective and efficient records creation and documentation policies⁴⁰. Record management requires accountability, security, integrity, and thoroughness⁴¹. Hence, the practice of managing crucial papers for an institution in a thorough and complete cycle is referred to as record management.

Identification, classification, prioritization, storage, security, archiving, preservation, retrieval, tracking, and destruction of documents are all part of the process. The management of health records also includes evaluation, retention, and disposal, which eliminates temporary records that are no longer required by healthcare organizations⁴².

Effective medical care depends on qualified physicians and nurses as well as top-notch facilities and tools. Medical professionals may not provide the optimal care or may actually misdiagnose a problem without accurate, complete, current, and readily available medical records, which can have detrimental effects⁴³.

With the accurate and prompt retrieval of patient health records, a good health information system can improve the quality of care for patients⁴⁴. Furthermore, it guarantees the confidentiality, accuracy, and sufficient security of patient health information. A full patient's health record includes patient case notes, x-ray and laboratory results, pathological specimens and preparations, patients' indexes and registers, pharmacy and drug records, as well as nursing and ward records^{45,46,47}.

In order to give high-quality medical services both inside and outside of medical facilities, accurate record-keeping and drafting are encouraged. Every organization's use and maintenance of its records is the second phase of its records life cycle. The record's contents may be utilized, retrieved, filed, copied, printed, conserved and preserved, released, or traded in accordance with the authorized operating procedure.

The production, documentation, use, and upkeep of accurate records in the proper formats and locations encourages records retention and enhances the delivery of fair, efficient, and dependable continuous health and related services throughout the continuum of health system levels and across the various categories of health facilities⁴⁸.

Records are retained for a certain period of time in compliance with operational, legal, and regulatory requirements. Without a records retention schedule, any institution or organization demonstrates a serious flaw in the government's disposal infrastructure, which could result in the delivery of inferior healthcare services and a high rate of morbidity and mortality⁴⁹. Records are assessed to determine their retention value using a records disposal schedule during the fourth stage of the records life cycle, which is known as records disposal⁵⁰.

Records management refers to the full range of duties that an organization should carry out to properly maintain its records⁵¹. Determining records management policy, assigning responsibilities, establishing and announcing processes and norms, and building, implementing, and administering recordkeeping systems are among the main activities.

In addition, Records management is "the field of management responsible for the effective and systematic control of the creation, receipt, maintenance, use, and disposition of records, including the processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records. Records management is the specialized area of management in charge of efficiently and systematically controlling the creation, receipt, upkeep, use, and disposal of records⁵².

This includes processes for capturing and maintaining records that serve as evidence and information about business transactions and activities. Records management (RM), regardless of media, is the supervision and administration of digital or paper documents⁵³.

The processes involved in records management include their production, receiving, upkeep, usage, and disposal. A record is information that describes a commercial transaction in this context. Contracts, memoranda, paper files, electronic files, reports,

emails, films, instant message logs, and database records are all examples of documentation. Physical boxes can be used to store paper records either on-site or at a storage facility. Digital documents can be kept on local or cloud storage media.

Basic Healthcare Records

Records managed in hospitals include patient case notes, x-rays, pathology specimens and preparations, patient indexes and registers, pharmacy and prescription records, nursing and ward records, and patient indexes and registers. Forms used for specific purposes make up the various parts of the medical record, one of the essential tools that hospitals need in order to fulfill their distinct missions and visions is health records⁵⁴. The following fundamental forms are part of the inpatient medical record⁵⁵.

The front sheet, also known as the identification and summary sheet, contains the patient's name, the attending physician's signature, the final diagnosis, and the disease and operation codes.

The patient must sign the consent for treatment form on the back of the front sheet when they are admitted.

Letters and other correspondence regarding the patient that have been received, such as requests for information, referral letters, etc.

A discharge summary, if the hospital or health authority mandates one;

Entrance notes that include the patient's family medical history, past medical history, current symptoms, physical examination findings, a preliminary diagnosis (the condition that led to the patient's visit or transportation to the hospital), and suggested tests and care;

Clinical progress notes, prepared by the attending physician and other medical personnel, document the patient's daily therapy and response to that treatment;

Nurses' progress notes detailing daily nursing care, including charts for blood pressure, temperature, pulse, and respiration;

Operation report if any activities are carried out;

Pathology reports, such as those from haematology, histology, microbiology, etc.;

Additional notes from medical professionals, such as physiotherapy, X-ray, social workers, etc;

Specific nursing forms for the surveillance of brain traumas, etc.

Orders for treatment and prescription forms listing daily medications prescribed and given with the signatures of the doctor prescribing the treatment and the nurse providing it.

Categories of medical records can be quantified⁵⁶.

Clinical notes and other medical records (which includes report from pathological, radiological and other special departments, x-rays, electro cardiographic and electroencephalograph records)

Blood transfusion records, part b., Consent documents of various kinds, temperature graphs every four hours

He further divided medical records into the following three groups:

Main records are the documents that will make up the case folder's permanent components. They are the primary records that are consulted when a patient is receiving treatment in a hospital and those that contain important findings on the other two classes, such as inpatient notes, discharge summaries, operation notes, etc.

In secondary records, anomalous features are noted on the history sheet and other records similarly transmit information to the hospital doctor that he should interpret and record in the case history. These records are useful at specific periods but are not diagnostic reports.

Temporary records: These are records that are neither long-term, legally binding nor medically significant, such as TPRs, blood pressure charts, fluid balance charts, etc.

Ideally, the hospital records manager will be in charge of all hospital records, but in practice, records like X-rays and pathology preparations may be kept up to date locally by technicians.⁵⁷

It should be emphasized that various types of records developed to assist diagnosis and treatment are maintained at the departmental level and are not always the direct responsibility of a single hospital records manager or medical records administrator.

While it is ideal for the hospital records manager to be in charge of all hospital records, in reality, certain records, such as X-rays and pathology preparations, may be handled locally by technicians. The following medical records can be kept:

Patient Casenotes

The most extensive and intricate series of records needed in a hospital are patient casenotes. When a patient interacts with a medical staff member, a casenote is generated or written. Moreover, notes can be made to document interactions with nurses, physiotherapists, and other healthcare professionals. Patient histories, the results of diagnostic tests, charts for blood pressure, temperature, and other measurements, as well as information on surgeries and other forms of treatment, are all included in casenotes.

Most hospitals save the notes about each patient in a single file with the patient's name and other identifying information. Further documentation pertaining to the patient's

condition including referral letters from clinics or primary care physicians may also be found in the file.

The material will accumulate over time to create the patient's full medical history. The continuity of patient care depends on the idea of keeping just one file for each unique patient.

In addition to notes made when people are admitted as in-patients to hospital wards, notes should also be made when people visit as out-patients. Specialized outpatient clinics may keep detailed records of each patient. All of these documents must be retained in the same patient's file. General clinics, accident and emergency departments, and other departments may produce fewer notes or none at all in some hospitals.

Local conditions will have an impact on the records made in outpatient departments, but in general, clinic visits result in less notes being made on each patient than ward admissions.

X-rays

Large-format photographic records called X-ray films are created at the request of a practitioner for use in diagnosis. Although they are a part of the patient's case history, their size prevents them from being stored in the casenote files. X-rays are typically submitted separately using a special identification code associated with the patient's name.

A printed form can be used to request X-rays, and it is customary to use the same form for a written report based on the analysis of the X-ray. The casenote file should contain this form or a copy of it.

Pathological Specimens and Preparations

A patient's case history also includes samples obtained from them (such as plasma, serum, body fluids, swabs, moist tissue samples, or whole blood samples), as well as the preparations made from them for pathological examination and diagnosis. Similar to X-rays, the format of specimens and preparations prevents their storage with the casenotes. Typically, specimens and preparations are stored on shelves or in boxes with labels. Once more, a combined request and report form is typically used, and a copy of it is placed in the patient's file.

Patient Indexes and Registers

The names of the patients of the hospital should be kept in one or more indexes, which may be kept electronically or in the conventional card index format. The term "master patient index" refers to a single central index that houses information on all of its patients. The location details for X-rays and other diagnostic documents may be included in this index, which also acts as a finding help for the patient casenotes. The index serves as a record in and of itself, making the casenotes and other relevant papers accessible. Local indexes may also be kept in each department in some hospitals.

The patient casenotes can be found using indexes. Other chronological records of patients may also be kept, either centrally or in particular departments, in addition to the indexes. Any specialty department will probably keep a day book or register where details about each patient visited or request received are documented. The hospital may also keep track of patient admissions, discharges, births, and deaths using chronological registers.

Pharmacy and Drug Records

Drug administration records, pharmacy stock records, ordering and dispensing data, requests for pharmaceuticals from wards and departments, and prescriptions for specific

patients are only a few of the records created by the prescription and supply of drugs. All medicine purchases and distributions should be documented. Cross-referencing and standard management are crucial to ensure that paperwork can be found readily because records about medications are frequently kept by both the pharmacy and the hospital.

In order to ensure proper and appropriate administration of these medications, information regarding harmful or "restricted" substances is frequently kept in special detail in the hospital pharmacy as well as in individual wards and departments. There will be legal obligations in many nations for the production and preservation of acceptable pharmaceutical records.

Central Administrative Records

The primary record of the hospital's business is comprised of the minutes and papers of the major committees and, if any, the governing body. Insofar as the hospital's daily operations require his or her guidance, the hospital administrator's files and communications will record both the application of policy and those actions as well.

Hospitals must maintain records for their finances, staff, facilities, lodging, stores, and other services, albeit these records will be similar to those kept by non-medical businesses of comparable size. In addition to these data, annual and statistical reports that provide summaries of hospital activity will likely be published. Other important hospital documents include duty officer logs and legal case files. When hospital staff is not on duty throughout the day, unexpected incidents may still happen. Duty officers' records may be utilized to document these events. Further courses in this study program go into greater detail about the maintenance of administrative records.

Administrative Records in Clinical Departments

A hospital's organizational structure and the degree to which individual departments (or groups of departments under a single director) are autonomous of the hospital's central authority will determine the types of records that clinical and paraclinical departments keep.

The records of the departmental head will become more significant if clinical policy is decided at the departmental level. The final policy documents will be kept at the centre if the head reports solely to a medical director or hospital administrator. All department heads and senior medical professionals will likely keep their own records on administrative and professional matters, nevertheless, regardless of the arrangement.

Nursing and Ward Records

The chief nurse's office will produce the same kinds of documents as any other executive or administrative office, including correspondence, reports, meeting minutes, staff records, and so forth. Any regulations and guidelines provided for the nursing staff or patients may be expected to be kept on file by the chief nurse. While unlikely to be large records, these are nonetheless significant documents.

Records may be created in greater volume in the wards. In addition to the hospital's primary database of admissions and discharges, individual wards are permitted to keep their own admission registers. When patients are admitted, property and clothes books may be used to keep track of any items taken into custody and to record their return to the patient or his or her representative upon discharge or death. In addition to keeping records of nursing care for their own and their colleagues' use, nurses may be compelled to record their activities in a book that is normally stored on the ward for manager inspection. Drug records should be kept in each ward, as mentioned above.

Educational Records

Medical and nursing schools' offices, boards, and committees will create their own records, such as minutes, letters, reports, and so forth. The standard array of documents related to finances, employees, estates, and housing will likewise be produced by autonomous schools.

Roles of Medical Records

The backdrop for treating patients appropriately and releasing healthcare staff from their duties is provided by healthcare records. Health record management aims to guarantee the confidentiality, reliability, authenticity, and quality of data in both paper-based and electronic systems. Regular documentation by physicians, nurses, and other staff members is evidence of proper care coordination, planning, and monitoring. Individual steps were described using initial health records. Also, a medical record contains details on the patient's current and previous ailments, as well as the treatments given to them.

The key purposes of medical records are:

To record the patient's sickness and its treatment;

To facilitate communication between attending physicians and other medical personnel caring for the patient;

For the patient's ongoing care; for the gathering of health statistics; for the study of certain diseases and their treatments.

Moreover, specified other functions of medical records that pertain to both the patient and the mentioned things.

Patient Management and Services - to identify and treat illnesses, as well as to record the patient's medical care services.

Financial Reimbursement - to support patients' and hospitals' insurance claims and to guarantee reimbursement under federal and state health programs.

Management Planning - to aid in the planning of services and resource allocation by administrative and medical staff.

Utilization Review and Quality Assurance - to assess the standard, sufficiency, and suitability of healthcare services.

Research: To contribute information to the growth of medical knowledge. By comparing the efficacy and efficiency of various treatments and drugs, the record enables medical researchers to develop novel treatment approaches.

Legal Affairs - to offer information to aid in defending the patient's, doctor's, and facility's legal interests.

Education - To give real-world case studies for health professionals' education.

Accreditation - to offer the true information required for accreditation and licensing.

The function of establishing reliable, usable, and accountable records and information in changing business settings is to⁵⁸.

Guarantee that records and information that are meaningful, accurate, reliable, and usable are always available for government business needs.

Maintain and safeguard the data and documents required to support both immediate and long-term business results.

Minimizes records and information volumes, preventing unnecessary physical and digital storage and management costs

Actively protects and manages the records and information that continue to be valuable to government operations and the community, for example NSW.

Enables the reliable sharing of pertinent records and information.

Automates governance, sharing, and continuity processes.

Suleiman (2010) asserted the uses of medical records but categorized them as follows:

To hospital:

It is employed to schedule hospital services.

It is used to instruct other professionals, such as doctors, students, nurses, and students of health information management.

It serves as a form of legal defence for hospitals.

To assess the quality of healthcare delivery

It is used for research - It is used to provide data to a third party (payee employer)

To the patients

It is used to plan the patient's healthcare - It is used to identify the patient, it is applied to patients' ongoing care, it serves as a model for the treatment of other patients, It offers the patients legal protection, it serves as evidence in insurance claims, it is used as evidence in workers compensation claims to show that a patient was hospitalized at their place of employment.

To the doctors

it serves as a reminder for doctors to keep track of the people they have treated, Physicians utilized I to impart knowledge to medical students, it is used to demonstrate the level of professional experience, it serves as legal defence, it is used to treat other

patients and for the production of certificates (birth, discharge, and death), it is used for patient treatment claims - It is utilized for professional communication, we cannot live without records since they are a very important source of knowledge for human endeavour with the following⁵⁹.

Space savings:

The most obvious advantage of a records management program is the saved space. An organization can drastically minimize the amount of space taken up by records by setting retention schedules and systematically eliminating data that have served their purpose for retention.

Reduced expenditures for filing equipment:

Appropriate disposition of records can greatly reduce the need for filing cabinets, file folders, electronic storage media, etc.

Increased Efficiency in Retrieval of Information:

Information retrieval is made more effective by improving the management of paper records systems and by implementing non-paper systems, like electronic document imaging and micrographics, cost-effectively and efficiently. The reduction of misfiles and lost records, which can lead to expensive searches to locate needed records, is an additional benefit of improving filing systems.

Compliance with legal retention requirements and the establishment of administrative, fiscal, and historical retention requirements:

The hallmark of a strong records management program is the development of retention requirements based upon an examination of the documents' legal, fiscal, administrative, and historical requirements and values. In the absence of such regulations, many

businesses either destroy data that should be maintained or retain everything, so accepting a legal risk or undertaking needless operating costs.

Protection of vital records:

A company can lessen its susceptibility by involving records management in the identification of crucial records and the creation of a thoroughly thought-out disaster recovery strategy. An company can lose millions of dollars and risk its capacity to function, endangering its very survival, if crucial data are lost or destroyed.

Control over creation of new records:

The cost of creating records accounts for a sizable portion of the cost of information. Management of records, forms, and reports can assist cut down on the production of duplicates and pointless reports while also increasing the efficiency of those reports and documents that do need to be produced.

Identification of historical records:

The identification and preservation of historical records depend heavily on records managers. They are frequently in charge of keeping records with archival value safe and making them accessible. Procedures for identifying and guaranteeing the care of Florida's documentary history should be included in records management plans.

Records management is crucial since it helps a company to:

Make decisions based on evidence; Comply with operational, legal, and regulatory requirements; Display transparency and accountability; Increase operational effectiveness; and Keep up with collective memory or organization

Qualifications of Record Officers in Hospitals

According to Huffman (1972), a record manager must have completed high school and have medical and surgical secretarial experience. Patient records must be stored securely and confidentially. The management of medical records requires employees who have been trained in management techniques as well as medical record administration competence. A record manager is someone who is in charge of the efficient and appropriate management of an organization's records. Records management is the process of keeping an organization's records. Also, the health records department gets ready to store any outdated records. Employers typically need strong Technology, literacy, and numeracy abilities. They can request GCSEs or credentials that are comparable. An associate degree from a recognized program in health information technology is typically required for entry-level jobs as a medical records clerk or health information technician. Understanding the information in the records and learning the necessary handling and guiding techniques are both necessary⁶⁰.

Record Management Strategies

There are three main approaches/schemes for organizing/filing records:

Subject Base Approach: The creation of a classification system for the documents based on subject matter is part of a subject-based approach to organizing and filing. Subject-based filing systems are effective for case files that can be easily organized by a single person, such as appeal or disciplinary files, or by a single organization. The plan also performs admirably for subjects based on research data. Although the method is not advised for other kinds of documents, it should be noted that developing a thorough

subject-based organizing/filing scheme is a time-consuming procedure both to produce and to maintain.

Organization Based Approach: A structure for the scheme that reflects the organizational structure of the organization is necessary for an organization-based approach. The main benefit of this system is that it groups related business issues into discrete record series (Glossary.htm), which, when viewed collectively, can quickly explain the operations and organizational structure. The primary drawback of the system is that the organizational structure of the institution is by no means static and is constantly prone to change for both internal and external reasons. Another drawback is that as people who recall the previous organizational structure from which the scheme emerged slowly and gradually depart the organization, it gets harder and harder to find knowledge.

Function-Based Approach: The records are given a clear business context by a function-based approach. It accomplishes this by using a hierarchical division based on the activities, transactions, and business functions that the organization performs. The data required to create a function-based scheme will already be present if an information map (informap.htm) has already been created. The functional approach is more reliable than the subject-based approach and more long-lasting than the organization-based approach. It is true that organizational structures change less frequently than business functions. The preparation of both the subject-based and organization-based models will still receive guidance, despite the fact that the general recommendation is for organizing/filing schemes based on the functional model.

Responsibility and Accountability: To establish a framework of responsibility and accountability for maintaining and using records All Trust members must understand the need of taking ownership and accountability for the creation, modification, management, storage, and access to all Trust records. Hence, having a distinct line of managerial accountability for all documents produced by the Trust is a key goal. This is a requirement for a records management strategy that is well-coordinated.

Record Quality: In order to facilitate audits, fulfill the Trust's obligations, and safeguard its legal and other rights, it is important to create and maintain records that are sufficient, consistent, and required for statutory, legal, and business requirements. In order for records to be clearly credible and authoritative as sources of evidence, they should provide evidence of their validity and authenticity.

Management: Records creation, retention, appraisal, and disposal processes must be systematic, orderly, and consistent throughout their life cycle. To achieve this, record-keeping systems must be simple to use, transparent, and effective in terms of cutting down on staff time and maximizing the use of storage space.

Security: To offer systems that keep records' integrity, security, and confidentiality up to par during storage and use Records must be stored safely to safeguard the privacy and veracity of their information and to serve as additional proof of their accuracy in the event of a legal challenge.

Access: Access is a crucial component of any records management strategy because it facilitates compliance with the Access to Health Records, Data Protection, and Freedom of Information Acts for employees and others who have a legal right of access to Trust

records. Records can be quickly and effectively accessed to release the knowledge and information they hold.

Audit: to evaluate and compare the records management strategy's execution against predetermined standards. The Records Management Steering Group and internal audit will both keep an eye on how well the records management program is performing.

Training: All personnel involved in records management should get instruction and advice on their moral and legal obligations as well as on effective business practices. Employees at all levels are involved in effective records management. Staff members can understand and apply policies with the help of training and direction, which also makes it easier to establish sound record-keeping procedures. All employees have access to effective training through the NHS Connecting for Health IG Training Tool⁶¹.

Also, there are a variety of ways to arrange, keep, or file records, including alphabetical, subject-based, numeric, and geographic techniques; nevertheless, the alphabetic filing system Lenexa is the most widely used one. Yet, the methods for keeping alphabetical records may differ from one company to the next and even amongst departments within the same organization. Depending on the kinds of data they produce, business transactions, user categories, and organizational goals and objectives, this might be the case. This is not consistent with the way that records are currently structured, which is by following an appropriate pattern⁶². The methods or techniques used to organize the records are as follows:

Records Capture: All records should be entered into and kept in a recognizable and appropriate recordkeeping system, regardless of their format or the technical context in which they are gathered, created, or generated. A record's inclusion in a recordkeeping

system serves to link it to other records and to provide a connection between it, its author, and the business context in which it was created. The recorded data must be comprehensive and contain all of the content, structure, and contextual information required to prove a business transaction or official activity. An organizational process that created a record, as well as any related records, should be understandable in the context of that record.

Examples

A company may create policies for its employees on record-keeping. Examples of records that should be made and kept include the following:

Correspondence (including letters, memoranda, e-mails, and forms) with external parties that are directly related to the organization's functions and activities;

Minutes and other records of meetings, consultations, and deliberations that are relevant to the formulation of policies and procedures or business transactions.

Registration: When a record is entered into the recordkeeping system, it is registered, serving as proof that it has been made or entered. In a paper-based system, a record that is captured into a file is registered by entering contextual information including the record's kind (for example, a note), date of capture, and name(s) of the record's originator(s) and addressee(s) on the file.

Records Classification: Records should be systematically organized in accordance with records classification schemes, which are plans for the logical arrangement of records according to one or more of the following: business functions, activities, and contents of the records. Records classification schemes (also known as file plans) are plans for logical arrangement of records according to one or more of the following: business

functions, activities, and contents of the records. A records classification scheme often consists of a symbol-based coding system that expresses the logical relationships between the data (e.g., alphabetically, numerically, or alpha-numerically). A records classification scheme should be flexible enough to accommodate adjustments like the inclusion of new records series or groups.

Example

001 Administration 005 Accommodation 010 A Fictitious, Hierarchical Records Classification Scheme

Records classification schemes should be approved and evaluated by a senior staff member in the company due to their crucial function in records management and in consideration of the following principles:

Business records should be kept apart from administrative records, and the system should be systematic, logical, consistent, and scalable to allow for accurate and thorough documentation of policies, procedures, and decisions for the effective execution of the organization's functions, activities, and transactions.

Whether the scheme makes it easy to use and the file titles are clear and distinctive (avoid using "general" or "miscellaneous") to facilitate accurate record-keeping and quick retrieval of records; vi. Whether the scheme makes it easy to separate important records for protection and establish records retention and disposal schedules to satisfy retention requirements stipulated by law (such as the Personal Data (Privacy) Ordinance) and to separate records which are not required to be kept for a certain amount of time (e.g. routine correspondence).

Records Storage: Records need to be kept in a way that makes it easy for users to access them while also protecting them from unauthorized access, use, disclosure, removal, degradation, loss, or destruction. An organization should establish policies for the storage of documents, especially sensitive or confidential documents. Organizations should be aware that paper deteriorates quickly in environments with high humidity and temperature for records that are in paper form. In addition, mold growth on paper can endanger the workers' health.

Access: An organization should make sure that authorized users have timely access to records for business purposes. Contrarily, records should be categorized in accordance with their level of sensitivity at a specific period in order to adequately protect sensitive information. A company should also establish policies for the handling, processing, and transmission of confidential information.

Tracking: In a recordkeeping system, tracking the movement and usage of records is necessary to:

Identify actions that still need to be taken;

Make records retrievable;

Prevent records from being lost or missing;

Monitor usage for recordkeeping system security and maintenance (e.g., record growth; record disposal); and

Determine the operational origin of specific records in cases where the recordkeeping systems have been combined or transferred.

An organization should choose the kind of data that must be kept in order to track records and implement methods for tracking the whereabouts and movement of records.

Also, the way the medical records are organized on the nursing unit differs from how permanent filing is done. The forms that are used the most frequently while in the hospital are arranged in the chart holder from the present date back to the entrance date. The status of the patient and the care provided between visits are of primary concern to the doctor when the patient is in the hospital. On the nursing unit, the medical record forms are organized in accordance with hospital preferences. A typical configuration would be:

Physicians' order - Graphic order - Nurses' notes

Challenges of Medical Records Management

It has been determined that the biggest problem with manual records is that there is not enough room for the growing amount of health records⁶³. Similar to other management tasks, creating, maintaining, and conserving medical records for future use present obstacles. Paper documents can be damaged in many different ways. The following are highlighted⁶⁴:

An old document may weaken and occasionally the paper becomes so fragile that breaks;

The colour may change and it may yellow;

Dust and filth may be on the surface;

The document may have been harmed by a variety of insects;

Fungi may be present or may have harmed the paper in the past;

The document may have been soiled in various ways, such as water stains, fungus stains, oil stains, ink stains, or simply dirt stains;

Water may have affected the paper at some point, making it limp in addition to staining; if the paper is in contact with water for an extended period of time, it may become soggy; The sizing materials may have degraded, making the paper loose or mushy; If the paper is stored folded, it may weaken or break at the creases; and The document may not be whole and certain parts may be missing.

Choosing what to remove, allocating consistent access credentials, maintaining thorough audit trails, and scaling up classification are the issues of record management⁶⁵. The issues that record in every business face—not just those who work in healthcare facilities—are as follows⁶⁶:

- Accessibility of Records - Adherence to Retention Schedules - Audit Preparation

2.1.2 Concept of Employee Motivation

Employee motivation is a management strategy used to motivate staff members to work more effectively by giving them reasons to meet unmet needs for the organization⁶⁷. Employee motivation is the emotional practice that stimulates, directs, and determines positive behaviour in the workplace⁶⁸.

Employee motivation is the power that propels, compel, or energizes workers to act in a constructive manner⁶⁹. In addition, intrinsic motivation, which is the internal drive or compelling force that motivates workers, and environmental factors, which are frequently referred to as extrinsic drive. Intrinsic motivation as coming from a person's own internal sources⁷⁰. This is the drive that results from feeling personally fulfilled after completing a task⁷¹. The satisfaction that results from circumstances outside of an employee is known as extrinsic motivation.

Several elements that fall under the categories of intrinsic and extrinsic factors have an impact on employee motivation⁷². Employee motivation is typically influenced by an organization's environment, culture, equitable comparisons, and incentive structures⁷³. The combination of intrinsic and extrinsic motivational elements produces employee motivation, the following factors are listed as motivators⁷⁴: opportunities for career advancement, autonomy and control over how one carries out their work, training opportunities, wages, leadership philosophies, and relationships between managers and staff. This suggests that management could make use of a range of intrinsic and extrinsic factors to establish and maintain an environment that encourages workers to go above and beyond.

Employee motivation refers to an individual's reaction to different work-related variables that inspire and guide a consistent positive attitude and positive behaviour. The structures that determine employee motivation include leadership or management, job satisfaction, corporate culture, career advancement and development, physical work environment, and work groups and teams.

The issue with today's reward systems and employee job satisfaction is that it affects every business. Every business needs to hire competent human resources, arrange its operations to meet organizational objectives, and reach higher levels of success. Without competent teamwork, effective business is difficult to envisage, and without a strong incentive and motivation system, effective business is impossible. The creation and implementation of strategies and policies with the aim of compensating individuals fairly and consistently in line with organizational values are referred to as reward systems. In

order to assist the company in implementing it, it also focuses on the design, implementation, maintenance, and communication of reward processes⁷⁵.

There are many different intrinsic rewards available that boost employees' job-related productivity and overall job happiness. Some of these benefits include participation in decision-making processes, employment autonomy, task importance, and acknowledgment. These benefits include producing a highly satisfied workforce. The enhancement of an organization's overall performance is facilitated by the development of a supportive and cooperative workplace culture and the formulation of an effective compensation package for personnel.

The dynamic of the business environment in the twenty-first century, where demand patterns are quickly changing, competition is increasing, and customers are demanding more in less time, necessitates that organizations create strategies designed around their internal and external customers. This trend has an impact on the numerous rewards programs utilized by various firms, especially given that conventional wisdom connects employee productivity and motivation. Policies for enhancing employee performance have recently become one of the priorities of diverse company management⁷⁶.

This is substantially supported by a variety of papers and literature that claim a company has lost a big amount of money as a result of poor employee performance. Poor employee performance costs EU and US businesses \$136 billion annually, with an increase trend predicted unless significant improvements are done⁷⁷.

The importance of employee performance is reflected in the cost of performance management services that firms expend; between 2011 and 2017, these costs ranged from about \$40 billion to \$60 billion annually. The problem is increasingly widespread and

concerning since workers in emerging and developing economies are less productive than workers in industrialized economies. According to authors, employees in developed economies tend to be more productive than those in underdeveloped nations, in part because of the reward system that is present in such an economy in addition to the prevalent.

Motivation refers to any factor that influences, maintains, or reflects a person's goal-directed conduct⁷⁸. It alludes to the motivation that prompts someone to act in a certain way. An individual behaves in a certain way because of an inner drive. In another work, James and Stoner⁸ noted that motivation is those 'psychological characteristics of human that contributes to an individual's level of commitments to the organizational goals and objectives. When we consider the impact of employee motivation on performance, this term becomes even more crucial. Motivation is a factor that causes someone to exert effort in order to complete a specific activity, a person's motivation determines their level of enthusiasm for particular behavioural patterns and is based on their goals, needs, and desires⁷⁹. Motivation may also be described as the mental process that determines, both immediately and over time, the type of activities a person will perform in response to a given stimulus.

An employee's motivation could be viewed as the psychological cause that leads to the manifestation or expression of the dynamics of irritation, fixation, rage, retreat, teamwork, and exhilaration by or within that employee⁸⁰. This is crucial in the service delivery sector as clients have high expectations and demand a high level of service from the organization despite the system's many limitations.

In the literature, it is asserted that a person's motivation is typically tied to the motivating aspects in their environment, which are frequently incentives and reward systems. An individual's incentive system may be influenced by others, themselves, or accomplishment targets or goals. Once more, such a collection of incentives and rewards is divided into monetary and non-monetary categories. It is significant to emphasize that while motivation is vital for enhancing individual and organizational performance, it is not the only factor that affects organizational success. Other elements that affect performance include abilities, information, sentiments, and other restraints that are frequently out of the employee's control⁸¹. While it is common knowledge that "motivated workers are productive workers," it is crucial to understand that having a highly motivated workforce is one important aspect leading to employee productivity. This is due to the dynamically complex business environment that a company must operate in⁸².

The goal of motivation is to foster an environment where individuals are eager to work and have a sense of duty, loyalty, and discipline, as a result, understanding motivational principles is essential. Motivation as "a set of energetic forces that originate both within and beyond an individual's existence and that shape the form, direction, intensity, and length of work-related behaviour"⁸³. In line with this perspective, employee motivation as the catalyst that urges workers to carry out a series of tasks that ultimately result in the accomplishment of particular goals⁸⁴. Also, "motivation impacts the arousal, direction, and maintenance of actions relevant to the work situation; it is a stimulant desire and willingness to work in one's movement". Organizations should pay close attention to employee motivation because it is a noteworthy factor that has a direct impact on

workers' "willingness to work" and job satisfaction. Such perspectives on motivation, sometimes known as motivations, place a major emphasis on what prompts a person to complete a particular job.

Despite that, a number of earlier research defined work motivation by connecting it to organizational objectives. For instance, various attempts to characterize employee motivation. "Employee motivation benefits organizations by creating a competitive advantage over the competitors by inspiring individuals to work towards a certain goal", it is described as the "attribute that propels us to do or not to do something; a drive that defines conduct, purpose, and direction," in prior studies⁸⁵. Employee motivation is also defined as the propensity to perform in a particular way in order to achieve a particular goal.

If employees are provided the incentives to perform more effectively in accordance with their needs, it may also encourage them to put in additional effort for the organization's benefit. Also, employee motivation is a "psychological process that energizes and maintains human activity in relation to work, task, or project"⁸⁶. Employee motivation is the effort made by employees to achieve organizational goals; it is the effort they are willing to do granted that their needs are met at the same time⁸⁷. It is the sentiment, effort, vigour, and motivation a worker employs to achieve personal and/or organizational goals. Employees will be encouraged to put forth more effort at work if their own needs, interests, and aspirations are taken into consideration.

Motivation refers to the internal forces that determine how hard a person works and how persistent they are in completing organizational responsibilities⁸⁸. As a result, the

aforementioned points of view connect employee motivation to organizational objectives and business competitiveness.

The chances of being promoted to a better position, having a larger pay, and having greater benefits at the workplace are all examples of advancement as a motivator. Understanding each employee's needs and helping them to become pleased drivers is a strategy to motivate employees since not all employees have the same desire for progress, although growth motivation is one of the factors that contributes to employee retention, it is somewhat comparable to advancement motivation⁸⁹.

The concept, however, is more expansive and encompasses more than just job advancement or greater pay and perks. Excellent workers are eager, passionate, focused, and most importantly, ambitious. They are constantly searching for better possibilities to develop, increase their knowledge, pick up new skills, expand their network, and challenge themselves in various roles. A key strategy for raising motivation levels is to provide and encourage employees' personal growth.

Employee motivation is also affected by the task itself. It is a known reality that an employee may adore his or her position, be content with the compensation, and have positive interactions with coworkers, but nevertheless find the work itself to be entirely dull and monotonous. A contented employee may stay, but if you want to motivate your staff, provide them fascinating tasks that they can get involved in. This entails creating strong work cultures, fostering innovation and creative thinking, and primarily avoiding harmful, unequal, and ineffective work conditions.

Finally, it is crucial for an employee to be acknowledged for their efforts, regardless of the position they hold or the type of work they do. Give a worker praise and express your

gratitude if they have been working hard on a project or are even just willing to assist their fellow employees. It is clear that the goal goes beyond simple praise. An employee will feel accomplished and fulfilled if their efforts are acknowledged, and they will continue to perform at a high level.

It is important to keep in mind, though, that different employees may respond differently to praise, since some may become more productive at work after receiving it, while others may do the exact opposite. Working closely with employees will enable you to understand how they will respond to praise, allowing you to express it in a way that is appropriate for them⁹⁰. The employee engagement company TINYpulse also conducted a poll in 2014 titled "The Seven Key Trends Impacting Today's Workplace" with the participation of over 200 000 employees from more than 500 firms⁹¹. The purpose of the poll was to learn what inspires people to perform well and go above and beyond for the company.

Health workers, particularly those in health records administration, are motivated or demoralized in a hierarchy based on the task they do, how they are compensated, and the organization and system setting in which they work⁹². Motivational packages are typically created to motivate service providers to offer particular services, increase productivity and service quality, and enable effective management⁹³.

Every successful firm is supported by a loyal workforce, and loyalty is the result of employee motivation and job satisfaction. Employees are driven toward company goals by energy. Without commitment, the company would be unable to produce performance. The business must have competitive personnel policies and procedures in order to get a competitive advantage⁹⁴. He went on to say that one crucial stimulus that affects how

people behave is motivation. Because no two people have the same attitude or behaviour, organizations must develop policies that will satisfy the group as a whole rather than just an individual. An organization should be able to recognize and assess the internal motivation that employees experience as a result of their jobs well done, and then supplement it with external motivation⁹⁵.

Understanding full well that motivated people are a benefit to an organization and directly correlated to the success of an organization. Employee motivation is therefore elusive, challenging to gauge, and very challenging to manage, but if managed properly, it is very simple to facilitate. It all comes down to focus, fervor, and persistence. Employee motivation is the enthusiasm, energy level, commitment, and amount of creativity that an employee brings to the organization on a daily basis. There are two sorts of motivation, intrinsic and extrinsic. As a result, a business has to know for sure that its personnel are not clones but rather unique individuals with unique features. Overall, motivated employees make sure that the workplace is positive, that coworkers are content and feel safe there, that clients are content, and that they consistently outperform their counterparts in terms of productivity. As a result, motivation is crucial in ensuring that employees stay engaged and give their all to the organization. Additionally, high levels of motivation result in lower levels of staff turnover⁹⁶.

Based on the aforementioned, the manager influences people's behaviour in the preferred direction to enable him to accomplish the organizational goals. A person must have both the ability and the will to work in order to perform any job. In order to transform this capacity for labour into a desire to work, motivation is crucial. The skill and willingness

to work are prerequisites for executing any job⁹⁷. Work capacity is useless without willingness. So, it's important to inspire someone to perform their duties. Ability and willingness are both necessary for performance, which in turn depends on motivation.

Several studies have found that employee motivation improves an organization's performance and production⁹⁸. As a result, motivation becomes the most crucial component of any organizational structure and helps to foster an environment where workers may perform at their best. Every corporation depends on a variety of elements for its success, but its people are by far the biggest influence. Any manager's responsibility in a company is to use their staff to accomplish goals, thus that means they must be able to inspire them. Employee motivation is a crucial component of any workplace; without it, there would be no job satisfaction, which will lower productivity. Different organizations and workers require various approaches to employee motivation. Research in this area and observations show that motivated workers are more productive and innovative⁹⁹.

Hence, in this way, we have two primary polls: on the one hand, goals or especially organizational goals stand essentially behind the motivation that is discovered in individuals. Motivation is basically about the inner triggers that employees have to reach a given goal. Considering these two main extremes, a significant theoretical chasm can be identified, and a surprising question emerges: Is employee motivation primarily driven by the end goals that they are striving to achieve, or does it also depend on the internal triggers that employees possess? In other words, how are the ends and the motives related? Three factors define an employee's efforts: the direction of the effort (deciding between several options in order to achieve goals), the strength of the effort (the zeal with which

employees pursue the selected option), and the persistency of the effort (maintaining behaviour)¹⁰⁰. The inner and extrinsic elements that affect employee motivation are the two most crucial parts of this concept when addressing it. The internal forces that employees have within them that motivate them to work hard and complete a task well are known as intrinsic or internal factors that affect employees' motivation. Extrinsic motivation, on the other hand, is described as "workers who are externally driven by a materialistic reward (typically financially) such as income, promotion, appreciation, or avoidance of any undesirable consequences"¹⁰¹. Extrinsic motivation comes from outside sources, but internal motivation comes from within the employees (such as employers). Factors for employee motivation including "wages and benefits, employee recognition, job satisfaction and job security, training and development, and salary and benefits"¹⁰².

"Employee motivation fluctuates from person to person and is affected by many motivating elements"¹⁰³. This is because each employee has a distinct personality and character, everyone comes from a different cultural background, and there are generational differences among employees within the same firm. As a result, it is essential for companies to be able to encourage employees with diverse backgrounds and traits to work harder. Employees that are content with their jobs are highly driven, devoted to their employers, and passionate about making a positive difference in how well those employers operate. Many factors affect employee performance, but technology development and globalization dominate because they are giving credit for intellectual abilities instead of physical labour.

Businesses work hard to develop ways to inspire their staff. In order to learn what can spur employees to work more, numerous studies have been conducted in this manner.

Nonetheless, a lot of businesses use incentives to spur on their workers. Companies established organizational awards to encourage employees to perform more and meet additional company strategic goals. There are two types of incentives: monetary and non-monetary. Surprisingly, "prior psychological study studies imply that non-monetary incentives impose larger impacts on employee motivation, " Non-monetary benefits also aid in reducing any stress that workers may experience at work, and at the same time, they may boost workers' confidence, which could directly impact the success and competitiveness of the organizations where they work. On the other side, as employees place a greater emphasis on personal financial advantages, "monetary benefits typically diminish teamwork effectiveness"¹⁰⁴. Yet, he went on to say that prior studies had demonstrated that not all monetary awards might positively impact employee engagement. Amazingly, even when two employees work for the same organization, one non-cash gift may be able to motivate one while failing to motivate the other. This is because each employee has a preferred type of motivation. Due to their past success, some employees may feel more self-assured if they receive a promotion or additional tasks at work, while others may become demotivated and feel overworked because a promotion entails higher responsibility and accountability.

A conceptual framework that connects the ideas of motivation and health professional is necessary in order to scientifically study the phenomenon of motivation and its impacts on service delivery. Whether intrinsic or extrinsic, motivation influences service delivery and is influenced by things like pay, perks, promotion, responsibility, advancement opportunities, nature of the work, acknowledgement of completed tasks, working

environment, and relationships with superiors and peers. The conceptual framework gives the study's focus on particular variables a foundation.

According to the explanation above, motivation could be intrinsic and extrinsic—the drive behind an endeavour to meet needs—can emerge from inside or from an outside factor. The need theorists concentrate on the issue of what specifically motivates people and what causes, sustains, and regulates goal-directed behaviour, whereas the process theorists also place a strong emphasis on the process of motivation and the significance of rewards. Discussions were held regarding performance and its influences. Employee motivation is influenced by a variety of elements, including pay, benefits, responsibility, progression opportunities, nature of the task, and relationships with superiors and peers.

There are several different kinds of motivation. There is typically a couple of contrasts. Extrinsic and intrinsic motivation, positive and negative motivation, and economic and non-economic motivation are a few examples. Understanding these ideas and how they operate in the workplace is essential and crucial for efficiently and effectively implementing the workforce's motivation in company. People are driven toward rewards and away from suffering by nature. These findings suggest two strategies for inspiring staff¹⁰⁵. Positive motives specifically include credit and appreciation. It implies that when workers do something, the company will show its appreciation by rewarding them.

Employees would be rewarded for their efforts, whether the reward is near or far in the future. On the other hand, staff members would choose to avoid penalty over negative incentive. This aspect stands in stark contrast to those that are beneficial and give employees respect. For instance, people exercise to avoid being overweight. That is a

detrimental motive. The sickness must be avoided by people. Positive motivations at work include bonuses, prizes for the month or year's best employee, and trips, but negative motives include getting fired or having your pay cut.

Extrinsic and intrinsic motives are two ideas that are widely used. Extrinsic variables are those that are tied to the outside world, and intrinsic elements are those that are related to the sense of accomplishment¹⁰⁶. These two explanations are dissimilar. To make these examples more transparent, they can be described. In contrast, occasionally rewards can be intangible, such as praise or recognition in regard to intrinsic motivations. For instance, people prefer to earn tangible rewards like bonuses, paychecks, or salaries.

Also, people experience joy after achieving success in their careers. They are able to improve themselves and learn new abilities, which is another illustration. These elements support their sense of wellbeing and self-worth. Last but not least, there is a distinction between economic and noneconomic reasons. When it comes to economic factors, wage rates, bonuses, and profit-sharing are undoubtedly related to money. Contrarily, non-economic motivators are linked to praise, status, and pride, as well as the quality of one's work-life balance. It is clear from the description above that there are many different sorts of motives in the workplace. Being able to apply these ideas to human resource management successfully depends on having a solid understanding of them.

All industries acknowledge that encouraging employees has a variety of advantages. There is no exception in the hotel sector. Recruitment Expert asserts that business success, especially in the hospitality sector, depends on encouraging people. A highly productive team that is motivated can contribute to the company's ideals. Additionally, this aids in

boosting productivity, reducing attrition, and enhancing overall business success¹⁰⁷. Also, the company gives us the opportunity to benefit from a lot of advantages because of employee motivation. These include enhancing performance levels, altering uncaring attitudes, lowering staff turnover, and maintaining a positive business image¹⁰⁸. Employees with high levels of motivation are regarded as the most dependable and valuable resources for a company. Motivated workers produce their best work, increasing effectiveness and efficiency while reducing waste and expense. The advantages of motivation in an organization also include learning and discipline.

In particular, motivation fosters curiosity and an openness to learning. Moreover, motivation positively influences self-discipline. When they are 17 years old, committed workers discipline motivated workers¹⁰⁹. People think that if they are motivated at work, they can advance in their careers. Employee commitment and self-discipline result from this. In addition, according to the article, only 13% of workers are actively involved in their jobs¹¹⁰. The success of the company or organization is impacted by acknowledging the significance of employee motivation. Employee motivation is important for a number of reasons. Improved employee satisfaction and the provision of excellent services are additional advantages beyond those already mentioned. An increase in employee satisfaction might result in favourable business growth. Moreover, incentive encourages workers to accomplish their objectives¹¹¹. When they accomplish their goals, they will feel like they deserve more. They would then try to work after that. It unquestionably aids in the growth of the business or organization. Those employed in the hospitality sector, in particular, frequently have direct contact with clients.

Actually, highly motivated staff members can provide the best service and ensure that visitors are content while travelling. The organizational structure of a company might reveal its brand. The organizational chart, as it is often known, shows how management and employees are related to one another. By positioning managing departments or individuals above their subordinates, it illustrates the hierarchy¹¹². Also, it makes clear who works at every level of a corporation¹¹³. When everyone is aware of what they should focus on, operations run more efficiently. Departments in particular are able to identify what they must complete for their tasks and who will be accountable. The result is increased productivity at work as well as time and energy savings.

The advantages of creating a strong organizational structure are numerous. The flow of information helps to improve communication. When problems arise, employees know right away to whom to report them. Also, it indicates that the reporting linkages are clear. The employees are aware of their duties and their accountability. Also, it makes it simpler for the management team to oversee and coordinate the work of lower organizational levels. Also, the organizational structure helps the company put the right individuals in the proper jobs. It allows for the suggestion of weak points in the current state of the company. The company can then start looking for answers right away¹¹⁴. Having clearly defined roles for employees is made possible by a good organizational structure¹¹⁵. Also, by outlining the formal reporting connections that control the company's workflow, it provides guidance to all personnel. The organizational structure of the business facilitates the addition of new positions and provides a flexible and ready mechanism for staff

expansion¹¹⁶. Employees might benefit from seeing their development and clear goal for the company. Their motivation at work is subsequently stimulated.

In contrast to other industries, there are many different kinds of employment contracts, including trainee, zero-hours contracts, outsourcing, permanent casual, and permanent. They have distinct advantages under various contracts. Managers can better encourage employees by understanding each component of these contracts. A worker who has been recruited for a role without a set duration is referred to as a permanent employee¹¹⁷. Personnel with a 6-month contract are known as permanent casuals. Permanent casual workers typically take the place of permanent workers who are on maternity leave. Moreover, outsourcing is the commercial practice of contracting a third party from outside a company to carry out tasks and produce commodities that were previously completed in-house by the company's staff and employees¹¹⁸.

People with zero-hour employment contracts are those who are called to work as needed by the company while having no formal employment agreements. Last but not least, a trainee is a person who is being taught how to perform a specific task. Different perks apply to different work contracts. A permanent employee specifically has complete rights and receives all business perks, but a permanent casual employee does not¹¹⁹. Without a doubt, neither the daily casual nor the trainee have any internal benefits. As a result, managers are unable to encourage all types of employees using a set strategy. They all have different desires. The management team can identify solutions for managing the human capital in the firm by taking into account what they value in their work.

2.1.3 Concept of Services Delivery

A service is defined as a transaction between two parties in which one party renders a non-tangible good or service that does not result in the party holding any property; services are processes rather than tangible goods. An interaction between the person delivering the service and the customer is a service, which is an intangible economic activity or process¹²⁰. Service is a process of interaction between a consumer and a service provider in which personnel of a company are always the sellers and stand in for the service being provided. A client does not obtain a service. Instead, the client takes part in the service delivery process or activity¹²¹. This distinguishes a service from a product since clients are there during the production of a service as opposed to a client is not present during the production of a product. A service is created and used concurrently once it is sold¹²².

A service is unique since it is frequently provided by staff members for various clients; as a result, it is not always the same performance. As there is never a steady supply of a service, it is always difficult to provide continuous service quality. Also, a service cannot be given in a manner that is consistent with the initial plans, advertisements, and promises. The delivery of services is not standardized. As a result, it varies amongst clients and customers. The ability of a worker to replicate or outperform the service that has been promised, planned, and advertised is what is prioritized.

As a result, service quality is defined as a type of mindset that exhibits a thorough, long-term evaluation of the services received¹²³. It is described as a mismatch between a company's service performance and what customers are accustomed to receiving. This results in a discrepancy between consumers' assessments of the service performance and their normative expectations for service.

Service quality is conceptually defined as a customer's assessment of the quality or superiority of a service received¹²⁴. Thus, customer views of the service contact process are crucial to measuring service quality¹²⁵. The superiority of the contact experience is assessed by the client in terms of service quality. Service attributes or dimensions that are demonstrated in the ability to meet explicit and inferred needs are considered to be of high quality¹²⁶.

Three factors, or dimensions, make up service quality: image, functionality, and technical (Palmer 2011). When assessing the quality of a service, technical quality is thought to be crucial since it affects how well clients are treated throughout interactions¹²⁷. The service's method of delivery falls under functional quality, and the image component is constructed from the technical and functional components¹²⁸. According to some studies, a service's quality can be measured by its interactions, results, and physical surroundings¹²⁹.

While interaction quality involves evaluating the procedures involved, outcome quality is an evaluation focused on the results¹³⁰. The setting or location where the service is being provided affects the physical environment's quality.

Customer satisfaction is significantly influenced by service quality, which is a consumer's impression of a service component. Yet, consumers employ crucial factors such as dependability, assurance, responsiveness, tangibles, and empathy to assess a service's quality.

Health Records Management Practices and Service Delivery

To increase patients' satisfaction, it has been determined that having a solid health records system is essential¹³¹. Recently, the majority of hospital records have been

digitalized or totally converted to an electronic system, which has enhanced patient satisfaction with the care given¹³². Fast service delivery, accurate data storage and retrieval, as well as a general decrease in patient waiting times are all effects of using an electronic health records system^{133,134}. But everyone involved in patient care must play a part in providing holistic health services. The importance of the hospital's health information management staff's additional tasks in creating an adequate health information system cannot be overstated. After all, their primary training prepares them to close this gap^{135,136,137}.

Patient case notes, x-ray and laboratory reports, pathological specimens and preparations, patients' indexes and registers, pharmacy and drug records, as well as nursing and ward records are all components of a complete patient's health record¹³⁸. Furthermore, it is entirely natural that hospital health record systems vary depending on the location, maybe as a result of environmental and other circumstances that may favour some hospitals over others. To improve patients' happiness, a hospital health records system should be maintained¹³⁹. Also, effective health record systems can be utilized in court to defend the hospital, patients, and their families' rights¹⁴⁰.

Similar research have hinted at the importance of effective health record systems for raising patient satisfaction with care^{141,142}. These authors studied a framework to integrate medical records management into the provision of healthcare services in the Limpopo region of South Africa after highlighting the risk of inadequate health record keeping in inpatient care. It was discovered that inadequate record-keeping has been identified as one of the factors contributing to the poor delivery of healthcare in South Africa.

The term "service delivery" refers to all actions taken to provide timely, satisfying service to the public as well as to recognize, respond to, and address problems of the public or of citizens¹⁴³. The term "service delivery" can apply to any service that must be provided by a provider to its customers or clients in order to satisfy their needs, proper requests, or expectations.

Service can be provided by an individual, an organization, or the government. Government services include, but are not limited to, those related to health/medical, water, transportation, education, and social services. Scholars generally agree that providing public services is essential to ensuring the welfare of the country and promoting economic growth. This is due to the fact that governments regularly engage in a variety of regulated and unregulated activities to provide citizens with services while also ensuring that these services are provided in line with the rule of law¹⁴⁴. Delivering high-quality services is a priority for businesses or service providers who want to add value for their clients¹⁴⁵. Organizations can boost consumer happiness and loyalty, which will lead to increased long-term profitability¹⁴⁶.

Service providers need to plan their service delivery and make sure that the actual plan is successfully implemented in order to give high levels of service and, consequently, create value for their clients¹⁴⁷. As a result, excellent planning and execution of the created service delivery plans are crucial for service delivery.

Furthermore, constant development of service delivery technique adds to the optimization of service delivery and strengthens the organization's standards of service. The provision of and strategies for making health care services accessible to a population are known as health care service delivery. A country's ability to supply quality healthcare services to its

citizens depends on how well its hospitals are able to do so. The supply and enhancement of healthcare services to patients by clinicians, including consultants, doctors, and nurses, is referred to as healthcare service delivery¹⁴⁸. Nigeria's healthcare system is widely regarded as being ineffective due to the lack of access to high-quality, cheap healthcare for the populace¹⁴⁹. Furthermore, the location of this study, North-Central Nigeria, cannot also be ruled out. Numerous factors, including inadequate medical infrastructure, underproductive clinicians, insufficient medical supplies, poor confidentiality and privacy, ineffective medical procedures, a lack of quality time spent with patients, and ineffective coordination and integration of hospital care for the patients, could be to blame for the poor delivery of healthcare services. There is also the issue of brain drain, which has resulted in a shortage of qualified medical personnel. According to the WHO's 2011 report on global health statistics, Nigeria has four doctors for every 10,000 people. Given the doctor-to-patient ratio, this is a sign that the nation provides subpar healthcare to its citizens.

To increase the effectiveness of healthcare service delivery, Nigeria's current healthcare service delivery system, which does not effectively support healthcare service delivery, must be improved¹⁵⁰. The government's underfunding and vast infrastructure deficiencies threaten the delivery of healthcare services. Nigeria devote on average less than 5% of their entire yearly budgetary allotment to the provision of healthcare services¹⁵¹. As a result, healthcare providers are unable to meet the demand for national healthcare service delivery. The goal of the government's strategic plan should be to improve the health of the entire population while ensuring that all citizens have dependable, equitable access to

healthcare regardless of where they live and that a cost-effective healthcare system is in place.

In Nigeria, there are three different levels of healthcare: elementary, secondary, and tertiary. The Local Government owns and controls Primary Health Care, which is tasked with delivering human services in situations involving, among others, the treatment of malaria, fever, colds, and nutrition problems.

They are especially useful for health education and lesser medical conditions. They also deal with issues related to pregnancy, new-born children, and mothers. The primary health facilities, or type I offices, are at the lowest rank of the hierarchy. They are neighbourhood clinics where less skilled paramedic assistance like nurses and midwives work. Every local government should have a minimum of one such clinic. State-owned hospitals that are larger with more resources and medical personnel are classified as Type II hospitals, sometimes known as secondary health care levels. Category III hospitals are comprehensive hospitals that provide tertiary level healthcare services. They may be owned by state or federal governments, and they house consultants, researchers, and physicians who get referrals from both primary and secondary health care levels. The Nigerian population's access to healthcare is provided by the private sector, which is another important participant. The three tiers of healthcare service delivery also address family planning and immunization as additional medical issues¹⁵². The primary emphasis of medical care is on human services, which also includes record-keeping, case disclosure, and patient referral to higher levels. Within the system, the substance of health focus, maternity home/center, and dispensaries are known as essential medical services focuses. Focus on essential human services pertains to possible general healing facilities in

circumstances of confusion. According to the Medical and Dental Council of Nigeria (MDCN), key human service providers must also undertake tasks including health education, diagnosis, and treatment of fundamental illnesses utilizing the appropriate technology, system, and basic drug list¹⁵³. In addition to drug administration and avoidance, auxiliary healthcare focuses also include the administration of minimally complex care. The secondary and tertiary hospitals are mentioned in relation to the more complicated cases. Comprehensive healthcare centres and general clinical facilities are examples of optional type healthcare facilities.

Normally, general hospitals set up and provide emergency medical services, a diagnosis unit with x-ray and scan equipment, as well as other pathology services.¹⁵⁴ Being a layer of hospitals at this time requires specific appropriate benchmarks and a certain level of system infrastructure. In order to provide medical, surgical, pediatric, and obstetric care, any general hospital must have at least three specialists, as per the norm or requirement set forth by the Medical and Dental Council of Nigeria. Also, the general hospital has all of the primary healthcare necessities on site so it can act as a secondary level of healthcare services. In order to be so qualified, it actually needs to provide simple surgical administrations and be backed by in-patient facilities that can accommodate at least 30 patients.

A hospital or medical facility that offers clinical instruction and training to aspiring and working healthcare professionals is known as a teaching hospital. Throughout their time in medical school, and particularly during their clerkship (internship) years, medical students are closely involved with teaching hospitals that are frequently associated with medical schools.

Teaching hospitals further provide graduate medical education (GME)/physician residency programs, in which recent medical school graduates work under an attending (supervising) physician to help in care coordinating. Several teaching hospitals also function as research institutions in addition to providing medical education to medical students and physician residents.

Effective and successful healthcare service delivery remains a component of any sustainable healthcare service delivery, and this is important to the achievement of healthcare-related Millennium Development Goals (MDG) as set forth by the World Health Organization. Better healthcare service delivery always begins with better at whatever level of care¹⁵⁵. In determining a population's healthcare status, service delivery plays a key role along with other factors including socioeconomic determinants of wellbeing.

Although the association and concentration of healthcare service delivery vary from country to country, any effective health system would include attributes like extensiveness, openness, and continuity, as well as people who are concentrated, organized, responsible, and efficient. This method offers the main elements of health administration, where the primary point of contact—often with respect to a local health services system—acts as a catalyst for the system of healthcare services benefit delivery as a whole.

This is so that government hospitals and health departments may only act appropriately and decide correctly if they have access to enough information. As a result, good health records management methods contribute in a number of ways to the efficiency and effectiveness of healthcare service delivery. They might comprise records of the patient's

history, biography, diagnosis, therapy, and operation as well as the general services offered to the patient and the people in charge of delivering such services.

Medical professionals and those who handle health records have a symbiotic connection. A medical professional's career depends on having access to information, either for self-evaluation or for future advancement. With effective and efficient health records management, a great deal is contributed to the preservation of the dignity and reputation of medicine in connection to medical practice. As evidence of the application of scientific knowledge of medicine and its related disciplines to the provision of healthcare services, the health records management profession preserves information on the process of supervision and control of medical practice among physicians and dental practitioners, as well as the identification of specific items on medical or dental services.

The work they do, how they are compensated, and the organization and system setting in which they work all have an impact on the motivation of health workers, particularly the professionals who manage health data. Motivational packages are typically created to motivate service providers to offer particular services, increase productivity and service quality, and enable effective management¹⁵⁶. There are numerous definitions for the notions, but it's crucial to concentrate on those that have to do with the workplace. Managers can decide what to do to motivate their staff by clearly understanding what drives them. The term motive serves as the definition's starting point.

According to the 2004 edition of Webster's dictionary, a motivation is something that prompts behaviour. As a result, the act of giving someone a reason to act is what is meant by the definition of motivation. In other words, someone may behave as a result of motivation, and it is up to the individual whether or not they want to be motivated.

Williams, a writer for psychology today, defines motivation in terms of the workplace as the "predisposition to behave in a purposeful manner to meet specific, unmet needs and the will to attain personal organization goals". A person feels motivated to fulfill both his own personal ambitions and the objectives of the business. An employee is more likely to have the organization's commitment and identify with the organization the more driven he is. This will connect him (the employee) with the company and address some of his unmet requirements.

There is evidence of low employee motivation in nations with varying levels of development. Due to the limited supply of healthcare workers in developing countries and the tight resource restrictions they face, which are frequently made worse by skilled worker migration and the prevalence of AIDS, the number of health workers is correlated with the level of development¹⁵⁷.

Lack of patient courtesy, tardiness, absenteeism, poor process quality, such as failing to conduct adequate patient examinations, and delayed patient treatment are just a few examples of how motivational challenges at work may express themselves. However, the effectiveness of the health sector and, consequently, health results, heavily depend on employee motivation¹⁵⁸.

Due to the high labour requirements of the health care industry, worker commitment to their jobs directly influences the quality of services provided, as well as efficiency and equity. Since worker service delivery is reliant on and constrained by resource availability and worker competencies, their mere existence does not guarantee desired worker service delivery. The provision of services by workers is also dependent on their willingness to show up for work on a regular basis, put in hard work, be adaptable, and

complete the essential duties¹⁵⁹. These circumstances for a more efficient workforce service delivery are created by increased motivation paired with appropriate management techniques and oversight. Health facility managers and policy makers must comprehend the links between their current policies and worker motivation and acknowledge the significance of work motivation in achieving organizational and sector goals¹⁶⁰. The top management of a business must create a connection with its personnel that will suit the constantly changing needs of both sides if it is to fulfill its commitments to shareholders, employees, and society. The organization requires employees, at a minimum, to reliably do the tasks allocated to them, to meet the standards set forth for them, and to abide by the norms created to govern the workplace.

Employees are frequently expected by management to exercise initiative, manage their own time, keep up their skill development, and adapt to changing business demands. Employees anticipate their employer to give at the very least fair wages, secure working conditions, and fair treatment¹⁶¹. In the past, reward and recognition programs were nebulous and frequently administered in response to a manager's assessment of an employee's great performance in the absence of employee participation in its establishment. In most cases, there were no predetermined criteria by which outstanding performance could be judged, and it may have meant anything from having a positive attitude to helping out another department or always being on time. This is not the case in modern corporate settings since firms recognize the significant benefits of linking rewards and recognition to their company goals¹⁶².

The federal tertiary hospitals in North Central Nigeria cannot dissociate themselves from the idea of incentive because they are corporate enterprises. Clearly, the strong and

conflicting expectations placed on hospitals are having an impact on how well health information management professionals provide healthcare to their patients. Poor staff attitudes, indiscipline, and intermittent shortages of material resources, as well as the hospital's poor infrastructure, low salaries, insufficient health records management staff, and poor service conditions for health information management professionals all clearly reflect low levels of commitment and a lack of professionalism¹⁶³. They have a significant negative impact on employees' productivity. In order to normalize the situation and find ways to motivate their employees, especially the health records management professionals in the face of these challenges to optimize their performance, serious minded corporate entities must now take strategic steps based on very elaborate strategic plans (short term, medium term, and long term).

In comparison to American and European nations, where health records management practices are more widely accepted and health records management professionals are highly motivated and treated like other health professionals, Nigeria's health care sector has not attained a noticeably high degree of efficiency and effectiveness in providing healthcare. The department of health records management is where hospital patients go first and last for assistance. The department works to maintain the hospital's reputation as the first department to connect with and welcome visitors (patients). Since they are the guardians of the health records, a crucial document that contains the patient's basic demographic information and facilitates good health care services while ensuring smooth continuity of health care services to patients, the Health Records Management Professionals make significant contributions to the hospital's health care delivery process

that cannot be disregarded. Moreover, clinical data documentation related to the course of therapy and results for all patient groups is included in health records.

Description of the Issue While healthcare service planners primarily rely on data/information from health records for planning at each level of healthcare service delivery, the service delivery of health records management professionals is extremely important. In North-Central Nigeria, both public and private hospitals consistently provide poor health records service delivery, but it is more pronounced in the former. In some hospitals, there has been a noticeable decline in the quality of the services provided to patients. This has been seen in the retrieval of patients' medical records taking longer than expected, a lack of consideration from hospital staff toward patients, the use of tattered patient files due to a lack of resources, and inadequate waiting areas for patients before they are seen¹⁶⁴.

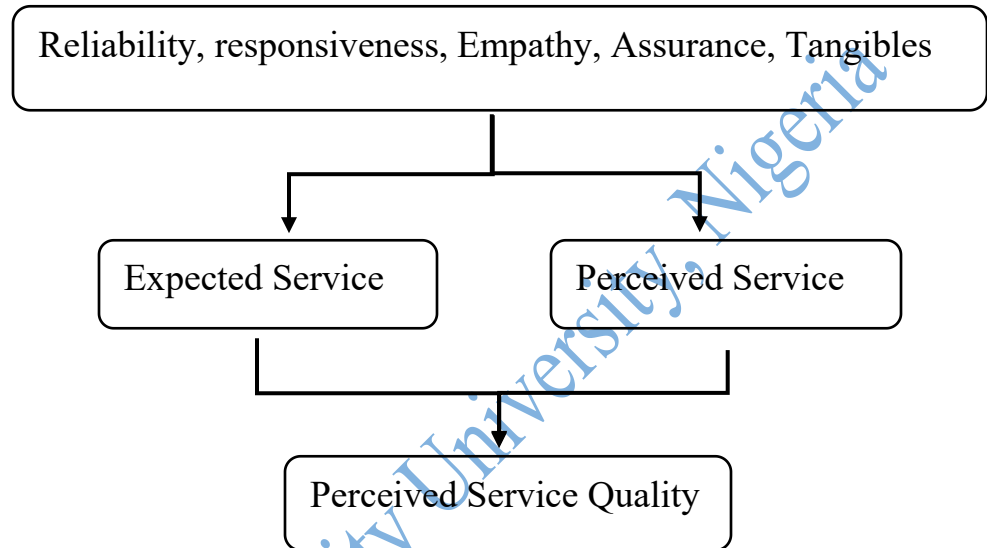
2.3 Theoretical Review

Herzberg's two-factor theory and SERVQUAL model, which are briefly described here, are the two theories that support motivation and service quality.

2.3.1 SERVQUAL Model

The SERVQUAL model is frequently quoted and employed; it is thought of as a general scale for evaluating service quality by the group of Parasuraman in 1985. They named five (5) dimensions, which are: Empathy, Responsiveness, Reliability, Assurance, and Tangibility. Several studies have utilized the SERVQUAL scale in both private and public hospitals to measure the quality-of-service delivery in both healthcare and other service sectors. As an illustration, consider the following fields: education¹⁶⁵; healthcare^{166,167,168,169,170,171}; airline¹⁷².

The quality of services in various service sectors are measured using this measurement scale, but it left out some crucial factors, including admission, information accessibility, clinical procedures, quality of outcomes, food, discharge and billing processes, social responsibility follow-up, and image¹⁷³.



SERVQUAL Model. Source: Parasuraman et al. (1985)

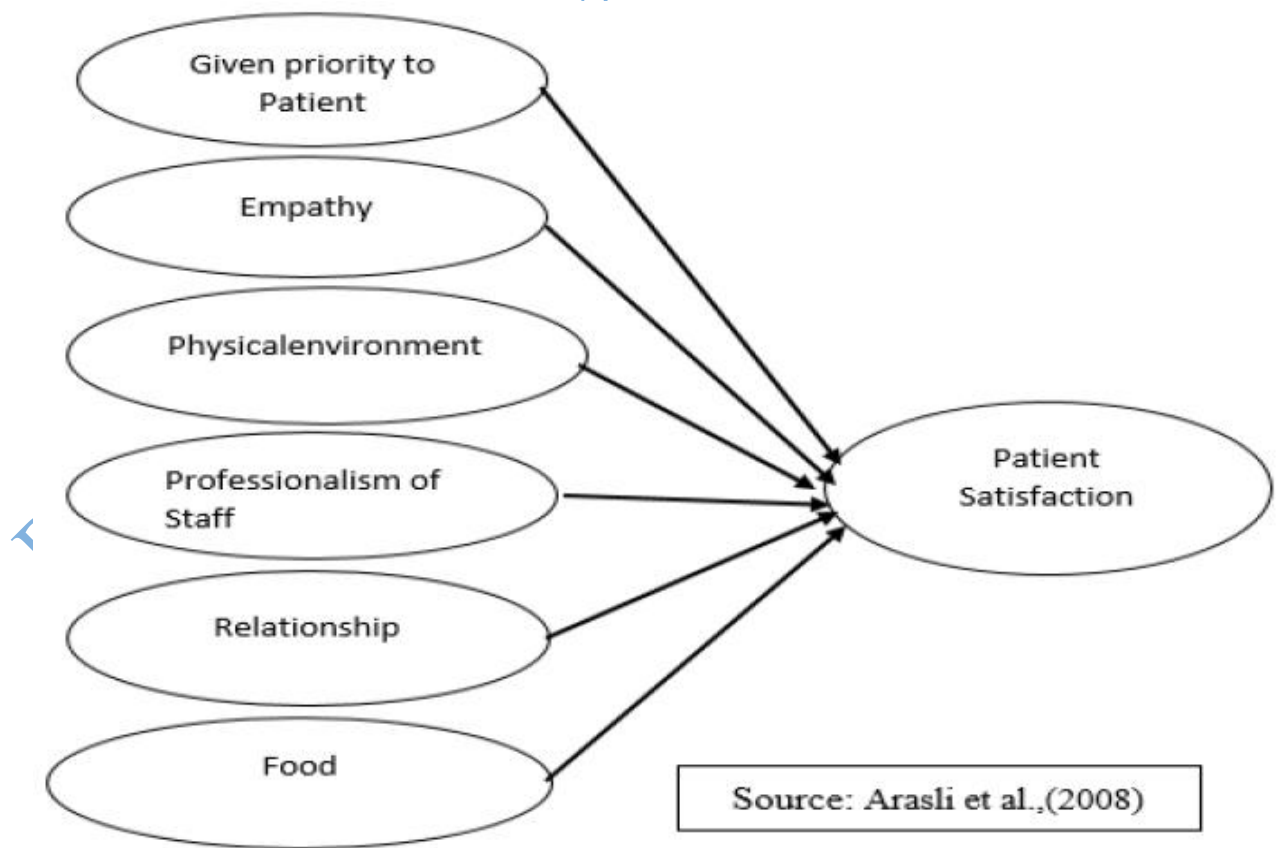
Modified SERVQUAL Model

Because of these restrictions, several studies updated the SERVQUAL and included the dimensions they thought were lacking, particularly in hospitals. A private clinic's patients' service perceptions and expectations were measured using the PRIVHEALTHQUAL scale, which was created and modified from SERVQUAL. The extended scale includes seven (7) elements of healthcare quality service, including equitable treatment, dependability or fairness, image or tangibleness, core medical services or skills, responsiveness, empathy or assurance, and core medical services or skills. Equipment and Records, Information Distribution¹⁷⁴. The study recommended that managers not ignore patient expectations because there is evidence to imply that patient expectations always

determine the quality of the service and diagnostic evaluation. Nonetheless, it is essential to comprehend projected expectations in order to prevent service gaps and achieve better resource allocation. Moreover, SERVQUAL is not a universal indicator of service quality across industries.

PRIVHEALTHQUAL scale. Source: Ramsaran-Fowdar, (2008)

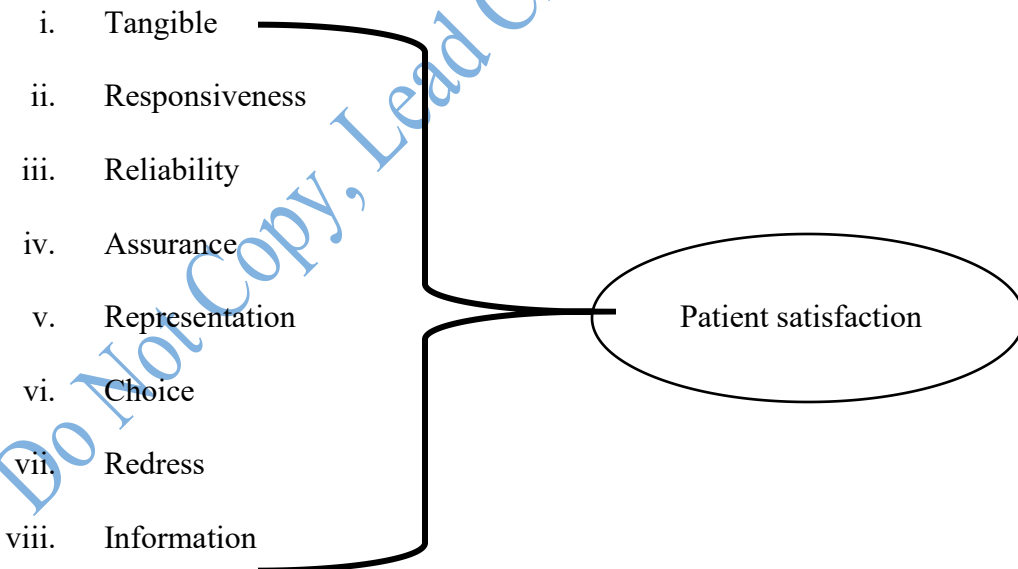
In order to compare the quality of healthcare services provided by the government and the private sector in Northern Cyprus, the SERVQUAL measuring methodology was modified¹⁷⁵. In this study, six (6) aspects of service quality were identified, with patient requirements, empathy, staff competency, relationships, the physical environment of hospitals, and food receiving priority.



Modified SERVQUAL. Source: Arasli et al., (2008)

In order to measure the quality of hospital services, five additional dimensions from their conceptual model were identified and added to the SERVQUAL scale. These additional dimensions are: tangibility, assurance, responsiveness, empathy, reliability, representation, choice, redress, information, and access. The study improved our knowledge of how patients judge the calibre of facilities¹⁷⁶.

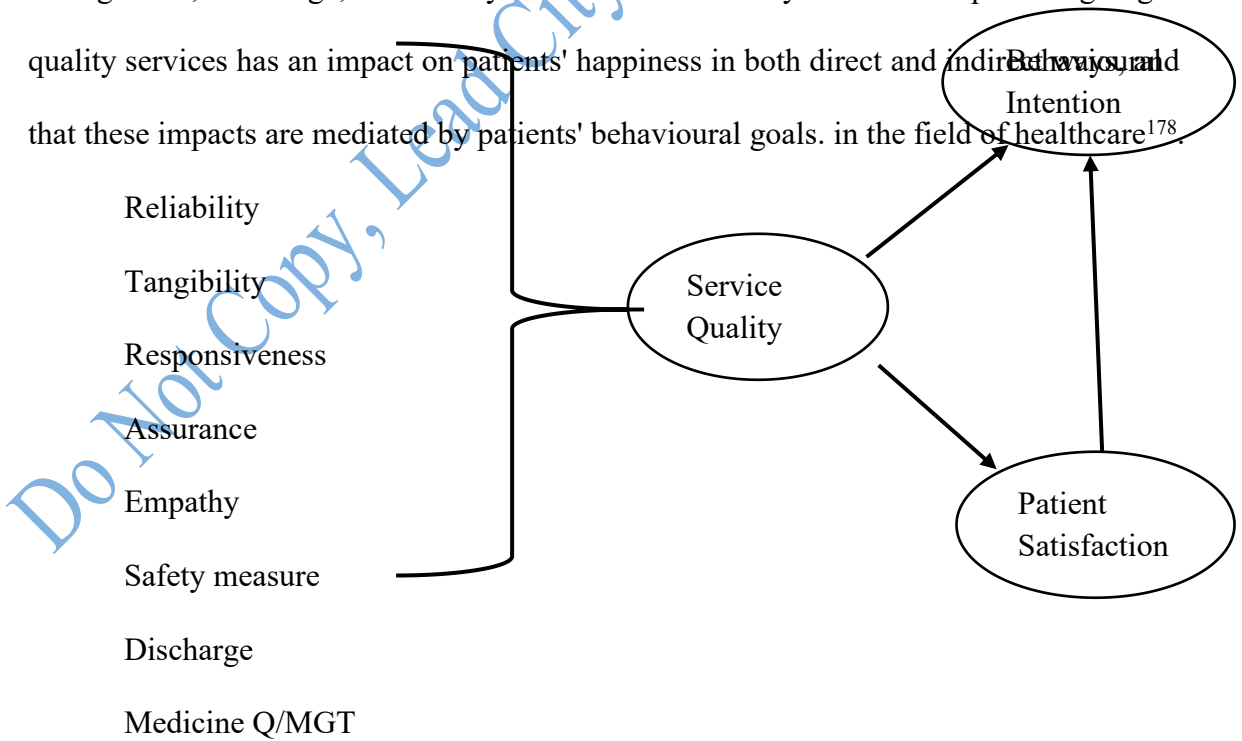
Modified SERVQUAL



Modified SERVQUAL Source: Rashid & Jusoff, (2009)

To quantify patient views of service quality in Japanese hospitals, the SERVQUAL scale was further developed¹⁷⁷. The functional quality is represented by the SERVQUAL elements. Appropriateness of therapy, adequate and routine diagnostic testing, and doctor services are all examples of technical quality. The study found that functional and technical quality are both components of healthcare service quality. In contrast, the study also identified three (3) important factors, including staff behaviour, physical appearance, and technical quality, that affect the quality of healthcare services. Examining service quality, patient satisfaction as a result, and behavioural goals in the healthcare sector from an Indian perspective.

Eight hospitals service quality dimensions were discovered by this study, including assurance, reliability, tangibleness, responsiveness, empathy, medicine quality management, discharge, and safety measures. The study found that providing high-quality services has an impact on patients' happiness in both direct and indirect ways, and that these impacts are mediated by patients' behavioural goals. in the field of healthcare¹⁷⁸.



Modified SERVQUAL model. Source: Murti et al., (2013)

The preference between public and private hospitals, on the other hand, was predicted¹⁷⁹. using a logistic regression model that was based on information gaps between patient expectations and healthcare service quality. The study included seven (7) SERVQUAL scale dimensions, including affordability and accessibility, in addition to the five (5) existing dimensions.

2.3.2 Herzberg's two-factor theory

By categorizing these components into two groups—intrinsic variables and extrinsic variables—two-factor Herzberg's theory (1959) differentiates significant factors that could motivate employees to enjoy their work¹⁸⁰. Intrinsic motivation is an internal drive that results from factors related to doing one's job, whereas extrinsic motivation is an external drive resulting from reasons unrelated to the work itself¹⁸¹. Intrinsic motivational factors include challenging work, opportunities for career growth and advancement, and autonomy and responsibility when performing work, whereas extrinsic motivational factors include, among others, compensation and relationships with coworkers and supervisors^{182,183}.

Both intrinsic and external variables must exist for employees to be motivated¹⁸⁴. Integrating extrinsic and intrinsic components in the compensation and reward system is a key strategy for boosting employee engagement¹⁸⁵. According to the research that served as the basis for this article, municipal employees may be motivated when offered intrinsic incentives like fulfilling work and room for career advancement. Employees may not get demotivated if extrinsic elements like effective leadership, a healthy organizational culture, a decent physical working environment, and positive and

supportive work groups and teams are available. Presence of both intrinsic and extrinsic variables produces contented and motivated workers who are dedicated to remaining and helping the firm achieve its goals by rendering high-quality services.

Another well-known strategy, usually referred to as motivator-hygiene, was presented by Herzberg in 1968. According to this idea, human motivation and work satisfaction are influenced by two distinct sets of elements, namely hygiene and motivators or satisfiers. The nature of the work itself, the opportunity for growth, responsibility, advancement, recognition, and status are just a few examples of the factors Herzberg (1968) found to be associated with job satisfaction (motivation factors), which are those factors related to one's job content that are necessary to maintain a reasonable level of motivation among employees. Dissatisfaction is linked to a whole other set of elements, known as hygiene or maintenance issues. When hygiene variables like positive relationships with peers and supervisors, good pay and working conditions, job security, and others are lacking, for example, inadequate monthly salaries for employees may result in job discontent¹⁸⁶. A hefty pay, meanwhile, wouldn't guarantee employment contentment. Herzberg's (1968) research contested Taylorism's basic tenet that job satisfaction was unidimensional, ranging from satisfaction to discontent along a continuum. Herzberg (1968) discovered that motivation was only two-dimensional.

The two-factor theory is the name given to Herzberg's (1968) theory. Furthermore, if accurate, the hygiene criteria had no negative effects on satisfaction or employee motivation. Yet when they weren't accurate, they generated discontent and had a negative effect. As a result, managers should search for the motivators. Job satisfaction is attained and motivation is high when management gives employees motivators like

acknowledgment, acceptance, and responsibility. If these elements are off, work satisfaction and hence motivation will suffer. The hypothesis does not take into account individual characteristics, such as specific personality qualities, which might alter people's differential reactions to motivating or hygienic elements. It concurs that Maslow's hierarchy of needs theory has been expanded by Herzberg's motivation-hygiene theory and that it is more directly applicable to the workplace. According to Herzberg's theory, attention must be paid to both the motivational elements and the hygienic components if management is to create good motivation.

2.3.3 Records Life Cycle Theory

The life cycle of a record is one of the fundamental ideas in records management. The theory was first presented by Gill in 1989 and highlights that records flow through logical stages from creation to usage to storage to retention in active files to transfer to inactive files to storage to disposal¹⁸⁷. In the 1980s, the life cycle theory was first developed in the United States of America¹⁸⁸. It was broken down into three stages: creation, maintenance and use, and dispose. The hypothesis was developed and created in response to the organizations' constant record-keeping growth. The life cycle theory was viewed as extremely relevant in providing a framework for determining the distinct components, or roles, of records management since it claimed that records have a clearly defined life

from birth to death¹⁸⁹. This theory was selected and employed in this study because local government agencies continue to produce and maintain paper-based records, which the records life-cycle theory is well suited to managing. Additionally, the hypothesis contended that proper record administration is sparked by staff record management training.

Every record has a shelf life. The lifespan could be four months or everlasting. The amount of time that a record must be preserved for legal, administrative, fiscal, and historical purposes determines its life span. A record must be maintained after it has been established. A record's legal retention is the period of time for which it must be kept. The records' ultimate disposition determines whether they are saved or destroyed. Public officials are required by law to make sure that the records they are in charge of are always available, comprehensible, and usable. Records management will be more efficiently and economically managed if the records lifecycle idea is understood and put into practice. There are four primary stages in the life cycle:

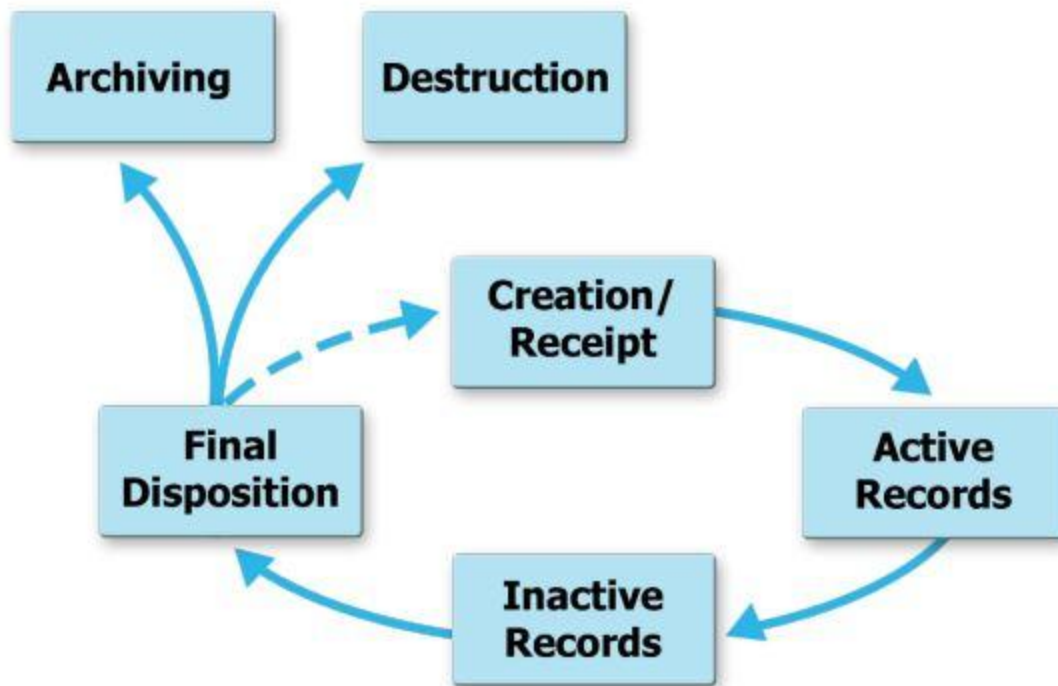
The first phase is when you create or receive a record. You should be thinking about how this record needs to be identified, stored, and managed throughout its lifecycle. For example, if it's permanent, how will you protect and preserve that record indefinitely.

The second stage occurs when you use a record frequently enough to need to keep it in a location that is simple to find and use. Often, this occurs when a paper record is kept in a file cabinet near your desk, an electronic record is kept in an easily accessible file location, or an electronic record is deemed active within a huge database system.

A record enters the inactive phase when you stop often referring to it and no longer require immediate access to it. The record must be kept even if you never use it again

because of legal, administrative, or other requirements. The records should now be removed from their active storage environment and kept in a secure records storage facility, an inactive record filing system for electronic documents, or a database system that indicates their inactive status. The State Records Center offers State Agencies low-cost, secure inactive paper record storage, and many agencies depend on features like email archiving to distinguish their inactive from active electronic data.

Disposal is the last phase of the records lifecycle. The majority of the time, this entails physically destroying the record or, in the case of electronic records, removing it from the electronic information system and its backups. The document would be transferred into archival storage, nevertheless, if it had a permanent retention duration. This could entail transferring the record legally to an archive or putting it in storage that will guarantee its safety and preservation. For instance, some counties provide an archival facility where county offices can dispose of their permanent documents. In the case of state agencies, this involves transferring their permanently important papers to the State Archives.



The lifespan is built on the premise that certain records hold their value longer than others and that value changes often throughout time. A record with a perpetual retention, for instance, keeps its worth forever; nevertheless, a record with a six-year retention completely loses its value after six years. The majority of governments and organizations continue to produce and use a lot of paper records. For the organization, knowing when those data enter or leave a certain phase of their life cycle can have a substantial positive financial and productivity impact. For instance, you should store inactive documents in inexpensive cardboard records storage cartons in less expensive warehouse space rather than expensive filing cabinets in expensive office space. How you preserve permanent inactive records will depend on how valuable they are. A priceless 19th-century historical document or any other permanent record that is no longer in use would be stored in an acid-free container in a climate-controlled fireproof vault, not a record that will be destroyed after six years. Several records management procedures are used at various stages of the

records lifecycle. Many of the important tasks that need to be accomplished during each stage of the lifespan are listed in the chart below. The chart's activities are arranged vertically from the simpler to the more complex. The development or improvement of a records management program will be aided by this.

Creation	Active Use	Inactive Storage	Disposition and Archiving
You create only the records you need to support business functions and prove compliance with <u>laws</u> , <u>regulations</u> , and audits	Filing systems are developed, documented, and adhered to for both paper and electronic records	Inactive records are separated from active records and stored in a safe, secure records <u>storage area or records center</u> .	Policies and procedures are in place to ensure the systematic and routine disposition of all records, regardless of format, in accordance with <u>retention schedules</u> . <u>Routine disposition is essential for compliance with Public Officers Law</u> .
New York State Archives guidelines, federal or state “recordkeeping requirements” and other professional standards are used in records creation to ensure that records meet the needs of the organization and are easier to manage throughout their entire life span.	Paper records are filed with appropriate filing supplies and filed in appropriate filing equipment. Records maintained in electronic systems are actively managed in accordance with existing internal controls and information technology management practices.	Inactive paper records are stored in standard size boxes on 18-gauge <u>steel shelving</u> . Inactive electronic records are easily identified and segregated from active records.	Destruction of non-permanent records is authorized and documented with the use of <u>records destruction authorization forms</u> , to ensure defensible destruction of records. Records with permanent value (archival records) are transferred to archival custody, such as transfer to the State Archives for state government agencies.
Official or “record copy” of records are designated by policy	A subject matter list is created in compliance with the Freedom of Information Law (FOIL)	Security rules and standards are in place and followed for all records, including inactive electronic records	Security procedures are in place for the public use of archival records.
The creation of unofficial copies is limited by policy and reinforced with training and guidance to staff	Office retention schedules are developed that identify how long a record is active and should be retained in the office.	Electronic records are systemically backed up and backups stored offsite	Legal holds are placed on the destruction of records during litigation

The capacity to support technology solutions is considered before implementation	Records classifications and taxonomies are developed for recordkeeping.	Cloud computing vendors are carefully researched using the criteria set forth in State Archives Advisory, <u>Using a Data Storage Vendor</u> before signing a service contract	Use of archival records is promoted through a public outreach program
Records retention requirements are considered before any technology implementation	Records can be easily located and delivered to the appropriate parties during the discovery phase of a lawsuit.	The final version of electronic records is saved in a non-proprietary format (such as <u>PDF-A</u>) and a migration plan is in place to ensure the long-term maintenance of inactive electronic records	Indexes and finding aides exist to promote easy access to archival records
Business requirements are identified through <u>needs assessments</u> and an understanding of recordkeeping requirements. Electronic systems are designed to create and keep records based on recordkeeping requirements.	Records management policies are applied to all devices including tablets, phones, and flash drives that are used to access, use or store records	Environmental controls and <u>fire suppression systems</u> exist in storage areas.	Dedicated research areas are available to the public
Records born digital are managed digitally throughout their lifecycle including information needed to identify and control the record (metadata).	Retention and other records management principles are applied to all electronic messaging including <u>e-mail</u> , voice mail, and instant messages (texts).	Climate controlled vaults are used for the storage of the most valuable records. Inactive electronic records are easily identifiable and maintained in formats that can	The oldest and most valuable archival records are reformatted to promote public use and protect the original documents from damage or theft
		be migrated to new hardware and software environments.	
<u>Archival records</u> are identified at the point of creation	<u>A social media policy</u> exists and is followed.	<u>A disaster prevention and recovery plan</u> for records is in place	The oldest and most valuable archival records are appropriately stored and protected from damage, modification or loss.

The following criteria must be met for a records management program to be successful in managing all records over their entire life cycle:

Records management became official after a records management statute (local governments) or policy was adopted (state agencies). Local governments and state agencies can use example local ordinances or policy statements that are available from the State Archives.

A Records Management Officer designated at the proper organizational level. Sample job descriptions and necessary requirements for a records management officer are available from the State Archives.

A Records Advisory Council with at least yearly meetings. It is the responsibility of the entire organization to maintain records. Any corporation can benefit from the help of a records advisory board to create a program that is efficient, minimizes redundant recordkeeping, and satisfies all business functions.

A records management program with enough personnel and resources. Legally, it is the duty of public entities to establish, preserve, and make records accessible. Most importantly, effective recordkeeping reduces costs and increases productivity in the public sector. All staff are periodically taught in records management rules and practices.

Adequate staffing is crucial to achieving these benefits, especially for large and complex businesses. The State Archives provides a thorough, no-cost training and technical support program.

2.3 Review of Empirical Studies

In an effort to investigate the impact of health records management practices on the provision of high-quality healthcare services in public health facilities in Rivers State, Nigeria, numbers of studies were published looking into employee motivation and service delivery with the specific goal of identifying the most common health records management practices in public health facilities in Rivers State, Nigeria¹⁹⁰. The study used a survey research design, with 715 healthcare professionals and 199 patients as the study population from eight public health facilities in seven local government areas across three senatorial districts in Rivers State, Nigeria.

The study's sample size was 463 healthcare professionals and 186 patients, and it used multistage sampling techniques. It was found that the study is significant in that it provides insight into the factors that influence health care provider satisfaction. The study came to the conclusion that standard health records management procedures must be used in all healthcare facilities and locations if high-quality health care services are to be provided. Inadequate health records management, it has been shown in the study, indicates that patients have not received high-quality medical care.

The study came to the further conclusion that assurance, records use, and records production are the main indicators that reveal somewhat of the quality of healthcare supplied to patients in the different public health facilities of this study. Health records management procedures are unquestionably essential for achieving high-quality healthcare delivery. However, the government of Rivers State and its health partner organizations have not given these practices the attention they need to enable them to

significantly improve and sustain the delivery of high-quality healthcare services in public health facilities throughout Rivers State and the rest of Nigeria.

Recommendation The results of this study require a number of recommendations that are thought to be pertinent for improving the quality of health care services delivered and ensuring sustainability in the various levels of health systems. In order to fully integrate electronic health records management techniques across the many categories of her public health institutions, the Rivers State Government and her health partner agencies are advised by this study to diversify holistic approaches. The study then makes recommendations for how health facilities, health partner organizations, and the government of Rivers State should step down training to patients and caregivers through motivational speeches, jingles, flyers, as well as synchronized and synchronized message deliveries for patients' health education and awareness of the significance of health records management practices in delivering quality healthcare services.

The impact of employees' motivation on the standard of services provided to clients was examined using Tanzania Telecommunications Corporation as a case study¹⁹¹. The study's conclusions showed that there is a close connection between the company and its clients. The survey also identified a number of motivating elements for employees to deliver high-quality services, including career development and the workplace environment.

The majority of the motivating variables, such as promotions, pay raises, and teamwork, however, did not appear to drive the workforce. The study also identified a number of factors that affected employee demotivation at TTCL. Poor leadership, job insecurity, an unrealistic workload, and employees' feelings of undervaluation were among the most

often reported issues. The study advised that staff members be given training on topics relating to service quality and employee motivation. Also, the company needed to pay its staff members more to encourage them to give the public high-quality service.

“Effects of Record Management Systems in Higher Education in Christian Institutions in Roma”¹⁹². Data from 108 respondents were collected as part of the study's case study methodology, and descriptive statistics were used to evaluate the data. The study offered a thorough analysis of the creation and application of record management systems as well as a close examination of their goals, advantages, and difficulties. The study's sample of 108 Christian institutions revealed a relatively high usage of staff record management. It also discovered a sizeable level of discontent with the record management systems as a result of supervisors not being held responsible for the timely completion of their records and a lack of training for the record management process.

“Effects of Record Management Practices on Organizational Performance in Pakistan”¹⁹³. In order to analyze the data, a case study was performed along with descriptive statistics. 45 employees were surveyed in order to gather information. The study discovered that defining the complexities of performance phenomena in the informal setting receives less attention in organizations. Lack of managerial backing, problems with promotions, lack of appreciation and acknowledgment. These issues include record management's competitive instability, the complexity of the causes that surround it, and the restrictions on information sharing based on the data that is already available. Since that these issues are well-known and frequently taught, it is not possible to just blame inadequate training, a lack of intelligence, a lack of drive, or low standards among employees for a pattern of admitting issues but carrying on with the practice.

“Contribution of Working Tools on Proper Record Management in Public Sector” TANESCO, Iringa¹⁹⁴. The study employed a cross-sectional design whereby 120 employees were involved in the study and data were analyzed using content analysis. The study discovered that good working tools support effective record keeping in an organization. This is due to the business's accessibility to high-quality working tools and systems; personnel can handle records properly within an organization provided there is an efficient system in place for managing them and they are aware of it. To support the performance of work, working tools are offered; a performing working tool is created to maximize worker productivity. Yet, with good record management, working tools, expertise, and service quality are relevant in an organization.

At Ghana's Upper Denkyira West Region, records keeping procedures at medical facilities were examined¹⁹⁵. The study's goals are to determine the value of records management practices to the district's health staff, to describe the current records management practices at the district's health facilities, to evaluate how record management affects the quality of health service delivery at the various health facilities, to evaluate the capacity for electronic records management in terms of human resources at the various health facilities, and to provide recommendations. In the study, a mixed-methods technique was used. In other words, both quantitative and qualitative approaches were applied in the study. By reducing biases, the mixed technique increased the quality of the research.

The sample was taken from both the records management unit and the health staff in the five selected public health facilities that administer the records and use records for statistics on a daily basis. The study population consisted of the staff at the various

records management units and all the health professionals at the five selected public health facilities in the district. Eight healthcare professionals from each of the five healthcare facilities and four responders from each records management unit. The study used both probability and non-probability sampling techniques, and the sample size was 60. 40 members of the medical staff were chosen by stratified random sampling, and 20 members of the records management unit were chosen through a purposive sample technique.

The main research tools utilized in the study were a questionnaire and observation. Purposive sampling helps to find and involve crucial people from the general population who have higher knowledge, understanding, and information about the subject being examined. It was determined that even though health institutions need patient records to make wise decisions and deliver high-quality healthcare, they have not approached records management practices critically enough. The majority of patient health records are kept manually since there isn't enough room or staff to ensure effective record management procedures. In order to ensure quick and easy access to patient records for storage, retrieval, and security, it was advised that ICT or electronic records management practices be used.

Additionally, it was suggested that biostatisticians and professionally and competently qualified health information personnel be employed as for all healthcare facilities in order to advance records management practices. Health facilities should offer training, classes, and workshops to their records management staff so they can manage digital or electronic data professionally. The confidentiality and privacy of patient medical records must be vigorously encouraged and respected by all. The Ghanaian constitution ensures patients'

rights to full disclosure of their data and the right to complete information about their health and management.

The connection between employee motivation and service delivery¹⁹⁶. few selected towns in the Western Cape province in South Africa was used as a case study to evaluate Employee motivation and the five service quality constructs—dependability, trust, recovery factor, personal attention, and empathy—were correlated using Spearman's rho in this study. Also, it was discovered that all the constructs were significantly positively impacted by motivation. Moreover, reliability and employee motivation had a highly substantial positive association. This result demonstrates that municipal workers are more reliable the more motivated they are. Employees who are more motivated are better able to commit to their work, provide services on time, and complete tasks quickly and accurately.

Similar to this, investigation on the impact of motivation on the provision of high-quality service in the hotel sector in Ghana's Kumasi Metropolis¹⁹⁷. According to the study's findings, low morale, a lack of enthusiasm in one's work, and low productivity all contribute to poor service delivery. It was advised that management implement strategies like providing monthly or annual benefit awards, staff bonuses, additional duty allowance, payment of social security, and attractive salary schemes to their employees in order to help motivate and make the staff feel secure and lower employee turnover in the industry.

Medical records management practices in the public sector of Kwazulu-Natal, South Africa focusing on one hospital-Ngwelezana¹⁹⁸. Semi-structured questionnaires, interviews, and observations were employed in the study's quantitative and qualitative research on record handlers, record managers, and patients to gather primary data. Some

basic descriptive quantitative analytics were analyzed using Google Forms software, and qualitative narratives were also used. The study discovered that modern records management techniques aided in the provision of healthcare where patients expressed satisfaction with the service. The manual approach, according to the record handlers, was time-consuming and labor-intensive. There was a long line since only two persons were working at a time to serve a large number of patients, which made it impossible to provide good records management for enhanced health service delivery. The study advised that a file tracking system be put into place, that the records management unit be reorganized, and that ICT be integrated. As a result of ineffective and inefficient file retrieval issues, it was also established that health services were delayed. In the current analysis, misfiling and missing file cases at the Pension Department were also discovered, which slowed down the processing of pensions and resulted in poor service delivery.

Electronic records management in national development focusing on Ghana Immigration Service (GIS)¹⁹⁹. The study combined quantitative and qualitative methods, and over the course of four months, face-to-face surveys were used to gather the data. A sampling frame derived from organizational personnel records had a sample size of 101. The implementation of an open-ended questionnaire allowed the respondents to express all of their thoughts. Clarity was increased by the pre-test. Respondents were chosen using a purposeful sampling technique. Excel and the Statistical Package for Social Sciences were used for the analysis. The study discovered that GIS handled records management manually, which made it challenging to swiftly and conveniently access records. However, due to increased digitalization in the GIS environment and developed defined procedures in record management practices, records management was insufficient. In

order to increase record safety and enhance service delivery, the current study highlighted the necessity for more modern and up-to-date records management equipment. When employees are motivated at work, their commitment, engagement and involvement will be dedicated to meeting customer satisfaction by delivering high-quality services²⁰⁰.

Motivated employees are loyal, eager and capable of delivering quality services²⁰¹. When employees are motivated in an organization, they are devoted to achieving organizational objectives and strive to deliver high-quality service^{202,203}. Evidence that when employees are motivated, they deliver quality services²⁰⁴. The quality of services rendered is affected by the level of satisfaction and motivation of employees as satisfied employees have an obligation to serve consumers well²⁰⁵. Employee motivation has a significant effect on perceived service quality. Service delivery entails interaction between consumers and employees²⁰⁶. When employees are motivated, they are loyal and engaged and deliver quality services; however, when they are demotivated, the quality of services might be low. The level of employee motivation can help determine whether employees can do things correctly by the first time and be helpful to clients. This means that when employees are motivated, they are ready to help and contribute towards²⁰⁷.

Management that takes steps to ensure employees are motivated reaps the benefits of increased productivity and quality service provision²⁰⁸. Similarly, when employees are recognized, respected and appreciated, their motivation increases, resulting in increased retention and quality service delivery²⁰⁹. Furthermore, it is reported that when employees are motivated, they are likely going to reciprocate by putting extra effort and providing better services²¹⁰.

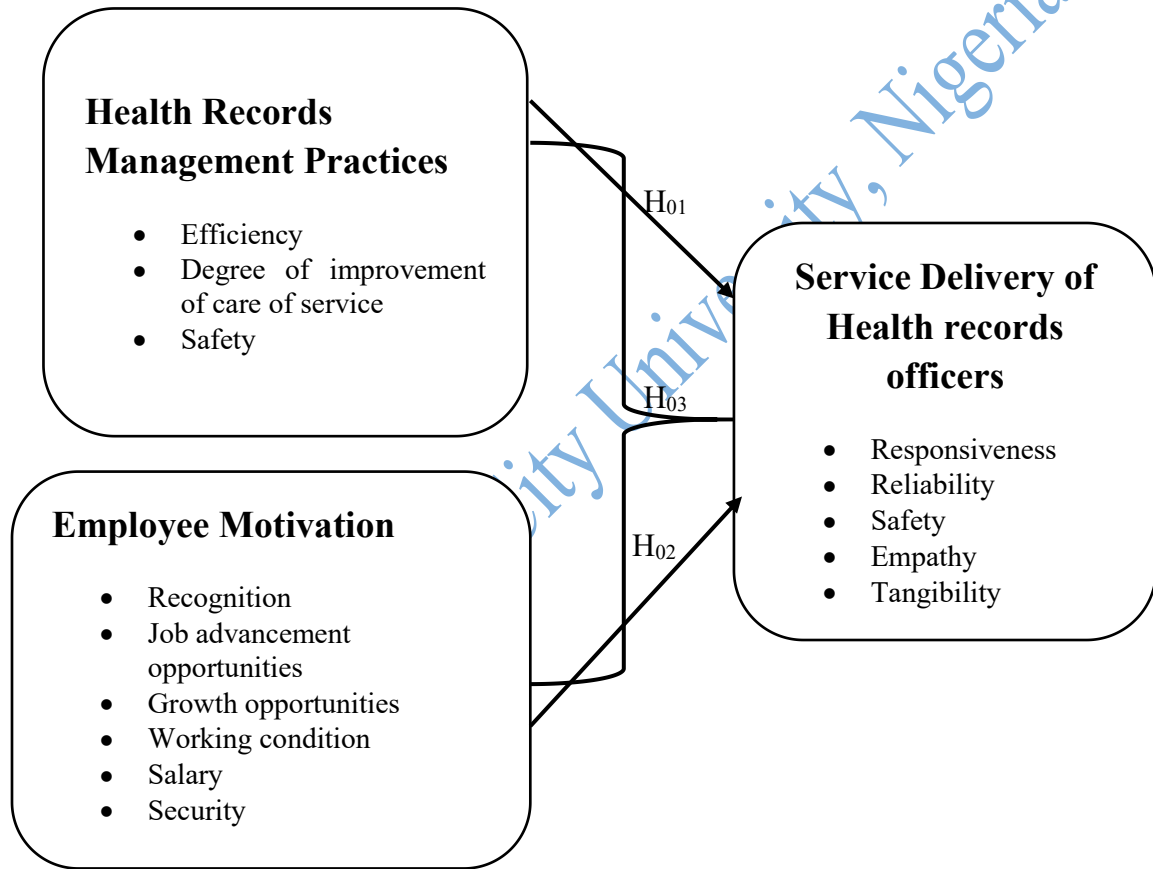
Work motivation and satisfaction amongst employees in a financial services organization in the western cape²¹¹. The objective was to find out the levels of motivation among employees in a financial services organization, the differences between female and males' motivation, If there is a correlation between factors like work content, pay, promotion, recognition, working conditions, benefits, personal, leadership, and general and factors like work motivation and job satisfaction, the impact of biographical factors like gender, marital status, age, occupational level, educational level, race, and salary level on work motivation and job satisfaction.

This study used a quantitative approach, including questionnaires, and the data was analyzed and finished, In order to deduce certain characteristics of the population from the sample findings, a statistical analysis was conducted. As a result, the statistical analyses include both descriptive and inferential statistics. The study's findings make it clear that a variety of elements, including work content, compensation, promotions, honours, recognition, leadership/supervision, working conditions, perks, and general and personal aspects, have an impact on work motivation and job satisfaction.

The findings showed that the work content is the most rewarding and motivating aspect, whereas the organizational promotion opportunities are the least satisfying and motivating aspect. It was advised that stakeholders be made aware of the significance of employee motivation, as well as the factors that can increase motivation and those that can decrease it. Another recommendation to boost employee motivation and job satisfaction was to pay close attention to pay and benefits, job security, and supervisory practice relationships with authorities. In an effort to boost morale and motivation, this

can be accomplished by implementing motivational strategies such as individual, group, and organizational motivation plans.

2.4 Conceptual Model



2.5 Summary of Gap in Literature

Lack of staff, bad management of the current workforce, job insecurity, the absence of any benefits, and a condescending attitude toward health records management specialists have all been linked to poor health records service delivery. In hospital settings, particularly in the federal tertiary hospitals in North-Central Nigeria, especially the Federal Capital Territory, Abuja. This phenomenon might also be influenced by the

hospital's health records' level of employee motivation. It is unclear how much tertiary hospital administration considers employee motivation in relation to the service delivery of health records management specialists.

With accurate and prompt retrieval of patient health records, a good health information system can improve the quality of treatment provided to patients. Additionally, it ensures the privacy, veracity, and adequate security of patient health information. Clinical coding and disease classification are also included in patient health information records, which are used by industry stakeholders for research, planning, and decision-making. In light of this, the gap in the literature is observed that employee motivation was not considered in relation to quality-of-service delivery. This study therefore seeks to investigate the contribution of health records management practices and employee motivation to service delivery to close the gap.

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Chapter Three

Methodology

The main focus of this chapter discussed the research design, the population of the study, sample size and sampling procedure, instrumentation, validity of instrument, procedure for data collection and method of analysis.

3.1 Research Design

Research design is a plan, structure and strategy of investigation to obtain answers to research questions and control variance. Additionally, a study design is the plan of action the researcher adopts for answering the research questions and it sets up the framework for study or is the blueprint of the researcher. This study will adopt a survey research design. This design is a method of collecting information by interviewing or administering a questionnaire to a sample of individuals. The purpose of descriptive research is to describe, as well as explain or validate a hypothesis or objective regarding a certain group of individuals. In this case, the research design would enable the researcher to properly

measure the status of the study variables such as record management practice, employee motivation, and service delivery among healthcare professionals.

3.2 Population of the Study

The target population for this study constituted all the individuals who work or use the facility or works in the facility environment. The study was conducted at selected hospitals FCT, Abuja. The chosen respondents are the health records professionals and patients who are health care users to carefully respond to questions on service delivery. The population of the study is made up of all the staffs of the selected hospitals and patients, health Managements staffs and patients in the hospital were used because the hospitals has established a reputable standard.

Table 3.1: Population Distribution of the Hospitals

S/N	Hospital
1	Wuse District Hospital
2	Asokoro District Hospitals
3	Maitama Hospitals
4	Nyanyan Hospitals
5	Karu Hospitals
6	Karshi Hospitals
	Total

3.3 Sample and Sampling Techniques

Simple random sampling and stratified sampling techniques were used to select a total 210 respondents from the selected hospitals in FCT, Abuja.

Table 3.2: Showing sampled respondents selected from selected Hospitals FCT, Abuja, Gwagwalada Abuja

Hospital	Total No. of selected Respondents
Wuse District Hospital	41
Asokoro District Hospitals	52
Maitama Hospitals	48
Nyanyan Hospitals	26
Karu Hospitals	23
Karshi Hospitals	20

3.4 Description of the Research Instrument

The instrument to be adopted for this study is structured questionnaire. The questionnaire is divided into four different sections as follows:

Section A: Demographic information. The section has items designed to collect the demographic data of the respondents. It has items such as Name of Institution, Age, and Gender, Work experience and academic qualification etc.

Section B: Health Records Management Practices. The section combines the record management practice, it has items such as “records use, records creation, Records documentation, Records retention, Records maintenance, Record disposal.” All of the items are measured using a 4-point Likert scale such as Very Often=VO, Often=O, Sometimes=S, Never=N

Section C: Employee motivation. The section finds out the level of employee motivation among Health Records professionals. The statements in the section were adapted from a related study. It has 10 statements such as “working culture of the organization, motivational reward system plan in the organization” etc. All of the items are measured using a 4-point Likert scale such as Vvery 4 = Satisfied, 3 = Satisfied, 2 = Dissatisfied, 1 = Very Dissatisfied.

Section D: Service delivery. This section measures the level of service delivery by Health Records Professionals. The statements in the section were adapted from a related study. It has statements such as “Level of service delivery and responsiveness by Health Records Professionals is satisfactory”, “Relationship with patients is comfortable and convenient” etc. All of the items are measured using a 4-point Likert scale such as 4 = Often, 3 = Very Often, 2 = Sometimes, 1 = Never.

3.5 Validity of the Instrument

Validity refers to the degree to which evidence and theory support the interpretation of test scores entailed by use of tests. In order to ascertain the validity of the instrument used in the study, a draft of the questionnaire was presented to the experts in the faculty of Communication and Information Science to review the instrument and its items, and also subjected to the scrutiny by my supervisor. Comments and modifications by the experts were duly considered satisfactory to the draft of the research instruments. The researcher used two weeks to complete the administration and totally completed at the third week which makes it total of three weeks for administration and collection of the research instrument.

3.6 Reliability of the Instrument

Reliability is concerned with consistency, dependability or stability of a test. The researcher measured the reliability of the questionnaire to determine its consistency in testing what they are intended to measure. The test re-test technique was used to estimate the consistency and stability of measurement from one period to another. This involved administering the same test twice to the same group of respondents who have been identified for this purpose.

This involved sampling five staffs and five patients who not part of the study. The questionnaire presented on face-to-face basis, then 7 days later, the same group of students were given the same questionnaire. The various results were compared at the end to ensure note the differences and similarity in opinion, but it was observed that the same result was obtained at every stage within a week.

3.7 Data Collection

The questionnaires were administered physically by the researchers with the help of research assistants who were trained for the purpose. The whole data collection exercise from the respondents is expected to last a combined period of three weeks

3.8 Method of Data Analysis

The various responses were collected and presented in statistical frequency table, mean and standard deviation was used to show the level of their responses to each item on the questionnaire and checklist. SPSS Software was used to analyze the questionnaires where the questionnaire and the checklist firstly coded and then finally analyzed. The research hypotheses were tested by using simple linear and multiple regression.

3.9 Ethical Consideration

For the purpose of this study, the researcher has not subjected the respondents to any risk or harm, or any form of deception. The researcher has complied with the research measures to ensure respect, dignity, and confidentiality. It is imperative that participants know that they participate on a voluntary basis in this study carried out. In collecting the data, the researcher first got an introductory letter from department of Information and Management Science of the university, this letter was presented to the respondents. A consent form been completed by the participants.

Endnotes

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Chapter Four

Results and Discussion of Findings

This chapter presents results of the analyses and discussion of findings. The results and discussion of findings are presented based on socio-demographic characteristics of the respondents, research questions and hypotheses as follow:

4.1 Demographic Data Analysis

The below are the socio-demographic characteristics of the respondents.

Table 4.1: Distribution of the Respondents by Gender

Gender	Frequency	Percent
Male	99	47.1
Female	111	52.9
Total	210	100.0

Source: Field Survey, 2023

Table 4.1 reveals that 99 (47.1%) respondents were male, while 111 (52.9%) were female.

This means that, most of the respondents were female.

Table 4.2: Distribution of the Respondents by Age

Age	Frequency	Percent
20 – 29 years	86	41.0

30 – 39 years	115	54.8
40 years and above	9	4.3
Total	210	100.0

Source: Field Survey, 2023

Table 4.2 reveals that 86 (41.0%) respondents were in the age range of 20 – 29 years, 115 (54.8%) were between 30 – 39 years, while 9 (4.3%) were 40 years and above. This means that, most of the respondents were between 30 – 39 years.

Table 4.3: Distribution of the Respondents by Level of Education

Level of Education	Frequency	Percent
Certificate	60	28.5
Diploma	132	62.9
Degree	9	4.3
Others	9	4.3
Total	210	100.0

Source: Field Survey, 2023

Table 4.3 reveals that, 60 (28.5%) respondents had certificate, 132 (62.9) obtained diploma, 9 (4.3%) possessed degree, while 9 (4.3%) had other qualifications. This means that most of the respondents had diploma.

Table 4.4: Distribution of the Respondents by Marital Status

Marital Status	Frequency	Percent
Single	42	20.0
Married	153	72.9
Others	15	7.1
Total	210	100.0

Source: Field Survey, 2023

Table 4.4 reveals that 42 (20.0%) respondents were single, 153 (72.9%) were married, while 15 (7.1%) belong to other categories. This means that most of the respondents were married.

Table 4.5: Distribution of the Respondents by Years of Working Experience

Years of Working Experience	Frequency	Percent
Less than 5 years	58	27.6
6-10 years	137	65.2
11-15 years	10	4.8
16 years and above	5	2.4
Total	210	100.0

Source: Field Survey, 2023

Table 4.5 reveals that 58 (27.6%) respondents had less than 5 years working experience, 137 (65.2%) had 6-10 years, 10 (4.8%) had 11-15 years, while 5 (2.4%) had over 16 years' experience. This means that most of the respondents had 6-10 years working experience.

4.2 Presentation of Data

4.2.1 Research Questions

The research questions below were answered:

Research Question 1: What is the level of service delivery of health records professionals in selected hospitals, FCT, Abuja?

Table 4.6: Summary of Result on the Level of Service Delivery of Health Records Professionals

S/n	Statement	VO	O	S	N	Mean	Std. Dev
I engage in the following:							
Reliability							
1	Providing services as promised	66 (31.4%)	59 (28.1%)	69 (32.9%)	16 (7.6%)	2.83	0.96
2	Dependability in handling customer services	43 (20.5%)	72 (34.3%)	82 (39.0%)	13 (6.2%)	2.69	0.87
3	Performing services right the first time	50 (23.8%)	60 (28.6%)	90 (42.9%)	10 (4.8%)	2.71	0.88
4	Maintaining error free records	50 (23.8%)	64 (23.8%)	82 (39.0%)	14 (6.7%)	2.71	0.90
Responsiveness							
5	Prompt service to customers	52 (24.8%)	66 (31.4%)	77 (36.7%)	15 (7.1%)	2.74	0.91
6	Willingness to help customers	65 (31.0%)	68 (32.4%)	65 (31.0%)	12 (5.7%)	2.89	0.92
7	Reediness to respond to customers enquires	35 (16.7%)	88 (41.9%)	73 (35.2%)	13 (6.2%)	2.69	0.82
Assurance							
8	Making customers feel safe in their transactions	46 (21.9%)	69 (32.9%)	88 (41.9%)	7 (3.3%)	2.73	0.84

9	Instill confidence in customers	46 (21.9%)	66 (31.4%)	84 (40.0%)	14 (6.7%)	2.69	0.89
10	Consistently courteous with customers	41 (19.5%)	81 (38.6%)	71 (33.8%)	17 (8.1%)	2.70	0.88
Empathy							
11	Giving customer individual attention	60 (28.6%)	69 (32.9%)	64 (30.5%)	17 (8.1%)	2.82	0.94
12	Having customers best interest at heart	62 (29.5%)	73 (34.8%)	61 (29.0%)	14 (6.7%)	2.87	0.92
13	Understands the needs of the customers	24 (11.4%)	93 (44.3%)	85 (40.5%)	8 (3.8%)	2.63	0.74
Tangibles							
14	Use modern equipment	50 (23.8%)	70 (33.3%)	82 (39.0%)	8 (3.8%)	2.77	0.86
15	Use visually appealing facilities	47 (22.4%)	67 (31.9%)	84 (40.0%)	12 (5.7%)	2.71	0.88
16	Use visually appealing materials associated with service	37 (17.6%)	78 (37.1%)	86 (41.0%)	9 (4.3%)	2.68	0.81
						Weighted mean=2.74	

Decision rule 1.00 – 1.49= very low, 1.50 – 2.49= low, 2.50 – 3.49 = high, 3.50-4.00= very high.

Key: Very Often=VO, Often=O, Sometimes=S, Never=N

Source: Field Survey Results (2023)

Table 4.6 reveals that 66 (31.4%) respondents provided services as promised very often, 59 (28.1%) often involved in that, 69 (32.9%) sometimes involved in it, while 16 (7.6%) never engaged in it. Moreover, 43 (20.5%) respondents involved in dependability in handling customer services very often, 72 (34.3%) often involved in that, 82 (39.0%) sometimes involved in it, while 13 (6.2%) never engaged in it. Furthermore, 50 (23.8%) respondents involved in performing services right the first time very often, 60 (28.1%) often involved in that, 90 (42.9%) sometimes involved in it, while 10 (4.8%) never engaged in it. Furthermore, 50 (23.8%) respondents involved in maintaining error free records very often, 64 (29.8%) often involved in that, 82 (39.0%) sometimes involved in it, while 14 (6.7%) never engaged in it.

Additionally, 52 (24.8%) respondents involved in prompt service to customers very often, 66 (31.4%) often involved in that, 77 (36.7%) sometimes involved in it, while 15 (7.1%) never engaged in it. Also, 65 (31.0%) respondents involved in willingness to help customers very often,

68 (32.4%) often involved in that, 12 (5.7%) sometimes involved in it, while 12 (5.7%) never engaged in it. Besides, 35 (16.7%) respondents involved in readiness to respond to customers enquires very often, 88 (41.9%) often involved in that, 73 (35.2%) sometimes involved in it, while 13 (6.2%) never engaged in it.

Besides, 46 (21.9%) respondents involved in making customers feel safe in their transactions very often, 69 (32.9%) often involved in that, 88 (41.9%) sometimes involved in it, while 7 (3.3%) never engaged in it. Additionally, 46 (21.9%) respondents involved in instill confidence in customers very often, 66 (31.4%) often involved in that, 84 (40.0%) sometimes involved in it, while 14 (6.7%) never engaged in it. In addition, 41 (19.5%) respondents involved in consistently courteous with customers very often, 81 (38.6%) often involved in that, 71 (33.8%) sometimes involved in it, while 17 (8.1%) never engaged in it. Moreover, 60 (28.6%) respondents involved in giving customer individual attention very often, 69 (32.9%) often involved in that, 64 (30.5%) sometimes involved in it, while 17 (8.1%) never engaged in it. Furthermore, 62 (29.5%) respondents involved in having customers best interest at heart very often, 73 (34.8%) often involved in that, 61 (29.0%) sometimes involved in it, while 14 (6.7%) never engaged in it.

Moreover, 24 (11.4%) respondents understand the needs of the customers very often, 93 (44.3%) often involved in that, 85 (40.5%) sometimes involved in it, while 8 (3.8%) never engaged in it.

Moreover, 50 (23.8%) respondents involved in using modern equipment very often, 70 (33.3%) often involved in that, 82 (39.0%) sometimes involved in it, while 8 (3.8%) never engaged in it. Furthermore, 47 (22.4%) respondents involved in using visually appealing facilities very often, 67 (31.9%) often involved in that, 84 (41.0%) sometimes involved in it, while 9 (4.3%) never

engaged in it. Also, 37 (17.6%) respondents involved in using visually appealing materials associated with service very often, 78 (37.1%) often involved in that, 86 (41.0%) sometimes involved in it, while 9 (4.3%) never engaged in it. Table 4.6 further revealed that the weighted mean was 2.74 which indicated that the score was high based on the decision rule. This means that the level of service delivery of health records professionals in selected hospitals, FCT, Abuja was high.

Research Question 2: What are the health records management practices among health records professionals in selected hospitals, FCT, Abuja?

Table 4.7: Summary of Result on Health Records Management Practices

S/n	Statement	VO	O	S	N	Mean	Std. Dev
Efficiency							
1	The medical records/files are well arranged for easy and effective retrieval in my facility	56 (26.7%)	84 (40.0%)	65 (31.0%)	5 (2.4%)	2.91	0.82
2	Records creation is done through electronic health records management and other relevant data entering tools for the purpose of efficiency	39 (18.6%)	80 (38.1%)	87 (41.4%)	4 (1.9%)	2.73	0.78
3	Records documentation is done by entering the relevant information of patients into approved registers through an effective procedure	48 (22.9%)	68 (32.4%)	91 (43.3%)	3 (1.4%)	2.77	0.82
4	Records maintenance is done by indexing a group of patients' information for easy and effective filing	48 (22.9%)	68 (32.4%)	89 (42.4%)	5 (2.4%)	2.76	0.83
5	Records retention is done by making an inventory of all inactive records.	52 (24.8%)	72 (34.3%)	79 (37.6%)	7 (3.3%)	2.80	0.85
Degree of improvements of care service							
6	Records of patients' healthcare are used for evaluation of health care service delivery in this facility for improvements of care service through regular practices	60 (28.6%)	66 (31.4%)	81 (38.6%)	3 (1.4%)	2.87	0.85
7	Patients' records are used for health care planning in this health facility for better improvements of care service through regular practices	32 (15.2%)	88 (41.9%)	85 (40.5%)	5 (2.4%)	2.70	0.75

8	Health record officers in this hospital have formal records management training to manage patients' and medical records for better improvements of care service through regular practices	40 (19.0%)	71 (33.8%)	95 (45.2%)	4 (1.9%)	2.70	0.80
9	In this facility records creation is carried out by electronically capturing patient health information using ICT tools with the aim of improving on it.	41 (19.5%)	73 (34.8%)	94 (44.8%)	2 (1.0%)	2.73	0.78
10	The health record officers in this hospital have formal records management training to manage patients' and medical records with the aim of improving on it.	41 (19.5%)	81 (38.6%)	83 (39.5%)	5 (2.4%)	2.75	0.79
11	In this facility records maintenance is always carried out through the preservation method for better improvements of care service through regular practices Safety	60 (28.6%)	71 (33.8%)	75 (35.7%)	4 (1.9%)	2.89	0.84
12	Records are put to use during an interaction between the health care providers and patients for safety reason	62 (29.5%)	78 (37.1%)	66 (31.4%)	4 (1.9%)	2.94	0.83
13	Records management policy are observed in the health records department for the purpose of protecting the safety of the patients	26 (12.4%)	95 (45.2%)	86 (41.0%)	3 (1.4%)	2.69	0.83
14	Patients' records are filled in a proper manner (alphabetically, numerically etc.) for the purpose of patients' safety	47 (22.4%)	70 (33.3%)	91 (43.3%)	2 (1.0%)	2.77	0.80
15	Retrieval of records in the registry is given speedy attention to protect the safety of the patients	44 (21.0%)	76 (36.2%)	89 (42.4%)	1 (0.5%)	2.78	0.78
						Weighted mean=2.79	

Decision rule 1.00–1.49= very poor, 1.50 –2.49=poor, 2.50 – 3.49 = good, 3.50-4.00= very good.

Key: Very Often=VO, Often=O, Sometimes=S, Never=N

Source: Field Survey Results (2023)

Table 4.7 reveals that 56 (26.7%) respondents stated that the medical records/files are well arranged for easy and effective retrieval in their facility very often, 84 (40.0%) often involved in that, 65 (31.0%) sometimes involved in it, while 5 (2.4%) never engaged in it. Moreover, 39 (18.6%) respondents stated that records creation is done through electronic health records management and other relevant data entering tools for the purpose of efficiency very often, 80 (38.1%) often involved in that, 87 (41.4%) sometimes involved in it, while 4 (1.9%) never engaged in it. Additionally, 48 (22.9%) respondents stated that records documentation is done by

entering the relevant information of patients into approved registers through an effective procedure very often, 68 (32.4%) often involved in that, 91 (43.3%) sometimes involved in it, while 3 (1.4%) never engaged in it. Likewise, 48 (22.9%) respondents stated that records maintenance is done by indexing a group of patients' information for easy and effective filing very often, 68 (32.4%) often involved in that, 89 (42.4%) sometimes involved in it, while 5 (2.4%) never engaged in it.

Likewise, 60 (28.6%) respondents stated that records of patients' healthcare are used for evaluation of health care service delivery in this facility for improvements of care service through regular practices very often, 66 (32.4%) often involved in that, 81 (38.6%) sometimes involved in it, while 3 (1.4%) never engaged in it. Equally, 32 (15.2%) respondents stated that patients' records are used for health care planning in this health facility for better improvements of care service through regular practices very often, 88 (41.9%) often involved in that, 85 (40.5%) sometimes involved in it, while 5 (2.4%) never engaged in it. Equally, 40 (19.0%) respondents stated that health record officers in this hospital have formal records management training to manage patients' and medical records for better improvements of care service through regular practices very often, 71 (33.8%) often involved in that, 95 (45.2%) sometimes involved in it, while 4 (1.9%) never engaged in it.

Correspondingly, 41 (19.5%) respondents stated that records creation is carried out by electronically capturing patient health information using ICT tools with the aim of improving on it very often, 73 (34.8%) often involved in that, 94 (44.8%) sometimes involved in it, while 2 (1.0%) never engaged in it. Similarly, 41 (19.5%) respondents stated that the health record officers in this hospital have formal records management training to manage patients' and

medical records with the aim of improving on it very often, 81 (34.6%) often involved in that, 83 (39.5%) sometimes involved in it, while 5 (2.4%) never engaged in it. Likewise, 60 (28.6%) respondents stated that records maintenance is always carried out through the preservation method for better improvements of care service through regular practices very often, 71 (33.8%) often involved in that, 75 (35.7%) sometimes involved in it, while 4 (1.9%) never engaged in it.

Equally, 62 (29.5%) respondents stated that records are put to use during an interaction between the health care providers and patients for safety reason very often, 78 (37.1%) often involved in that, 66 (31.4%) sometimes involved in it, while 4 (1.9%) never engaged in it. Also, 26 (12.4%) respondents stated that records management policy are observed in the health records department for the purpose of protecting the safety of the patients very often, 95 (45.2%) often involved in that, 86 (41.0%) sometimes involved in it, while 3 (1.4%) never engaged in it. Besides, 47 (22.4%) respondents stated that patients' records are filled in a proper manner for the purpose of patients' safety very often, 70 (33.3%) often involved in that, 91 (43.3%) sometimes involved in it, while 2 (1.0%) never engaged in it. Also, 44 (21.0%) respondents stated that retrieval of records in the registry is given speedy attention to protect the safety of the patients very often, 76 (36.2%) often involved in that, 89 (42.4%) sometimes involved in it, while 1 (0.5%) never engaged in it. Table 4.7 further revealed that the weighted mean was 2.79 which indicated that the score was good based on the decision rule. This means that the health records management practices among health records professionals in selected hospitals, FCT, Abuja was good.

Research Question 3: What is the level of employee motivation among health records professionals in selected hospitals, FCT, Abuja?

Table 4.8: Summary of Result on Level of Employee Motivation

S/n	Statement	VS	S	D	VD	Mean	Std. Dev
Motivating Factors:							
Recognition							
1	Colleagues recognizes me as a professional	3 (1.4%)	9 (4.3%)	72 (34.3%)	126 (60.0%)	1.47	0.65
2	My work are noticed and praised	6 (2.9%)	6 (2.9%)	133 (63.3%)	65 (31.0%)	1.78	0.64
3	Initiated ideas by me are noticed and praised	7 (3.3%)	17 (8.1%)	91 (43.3%)	95 (45.2%)	1.70	0.76
Job advancement opportunities							
4	There is a change in my position	9 (4.3%)	16 (7.6%)	89 (42.4%)	96 (45.7%)	1.70	0.79
5	I have steady change in my status	13 (6.2%)	11 (5.2%)	77 (36.7%)	109 (51.9%)	1.66	0.84
Growth opportunities							
6	My organisation gives opportunities to increase their skills	13 (6.2%)	11 (5.2%)	77 (36.7%)	109 (51.9%)	1.91	0.93
7	Periodic training being received in my organisation serves as a motivation for me	4 (1.9%)	22 (10.5%)	85 (40.5%)	99 (47.1%)	1.67	0.74
Hygiene Factors:							
Working Condition							
8	My organisation ensures working condition based on the available resources	5 (2.4%)	12 (5.7%)	94 (44.8%)	99 (47.1%)	1.63	0.70
9	I enjoy regularly from the favourable working condition provided by my organization	10 (4.8%)	18 (8.6%)	86 (41.0%)	96 (45.7%)	1.73	0.81
Salary							
10	My organisation offers competitive salaries to maintain high employee satisfaction	6 (2.9%)	13 (6.2%)	83 (39.5%)	108 (51.4%)	1.60	0.73
11	My organisation offers good benefits / package to maintain high employee satisfaction	4 (1.9%)	35 (16.7%)	63 (30.0%)	108 (51.4%)	1.69	0.82
Security							
12	My organisation has control over keeping the position filled	4 (1.9%)	50 (23.8%)	66 (31.4%)	90 (42.9%)	1.85	0.85
13	My organisation ensures job security with its employees	2 (1.0%)	14 (6.7%)	83 (39.5%)	111 (52.9%)	1.56	0.66
						Weighted mean=1.69	

Decision rule 1.00 – 1.49= very low, 1.50 – 2.49= low, 2.50 – 3.49 = high, 3.50-4.00= very high.

Key: Very Satisfied=VS, Satisfied=S, Dissatisfied=D, Very Dissatisfied=VD

Source: Field Survey Results (2023)

Table 4.8 reveals that 3 (1.4%) respondents were very satisfied with the fact that colleagues recognized them as professionals, 9 (4.3%) were satisfied, 72 (34.3%) were dissatisfied, while 126 (60.0%) were very dissatisfied. In addition, 3 (1.4%) respondents were very satisfied with

the fact that their works are noticed and praised, 9 (4.3%) were satisfied, 72 (34.3%) were dissatisfied, while 126 (60.0%) were very dissatisfied. Moreover, 7 (3.3%) respondents were very satisfied with the fact that initiated ideas by them are noticed and praised, 17 (8.1%) were satisfied, 91 (43.3%) were dissatisfied, while 95 (45.2%) were very dissatisfied. Moreover, 9 (4.3%) respondents were very satisfied with the fact that there is a change in their position, 16 (7.6%) were satisfied, 89 (42.4%) were dissatisfied, while 96 (45.7%) were very dissatisfied. Moreover, 13 (6.2%) respondents were very satisfied with the fact that they have steady change in their status, 11 (5.2%) were satisfied, 77 (36.7%) were dissatisfied, while 109 (51.9%) were very dissatisfied.

Furthermore, 13 (6.2%) respondents were very satisfied with the fact that their organisation give opportunities to increase their skills, 11 (5.2%) were satisfied, 77 (36.7%) were dissatisfied, while 109 (51.9%) were very dissatisfied. Additionally, 4 (1.9%) respondents were very satisfied with the fact that their periodic training being received in their organisation serves as a motivation for them , 22 (10.5%) were satisfied, 85 (40.5%) were dissatisfied, while 99 (47.1%) were very dissatisfied. Additionally, 5 (2.4%) respondents were very satisfied with the fact that their organisation ensures working condition based on the available resources, 12 (5.7%) were satisfied, 94 (44.8%) were dissatisfied, while 99 (47.1%) were very dissatisfied. Moreover, 10 (4.8%) respondents were very satisfied with the fact that they enjoy regularly from the favourable working condition provided by their organisation, 18 (8.6%) were satisfied, 86 (4.1%) were dissatisfied, while 96 (45.7%) were very dissatisfied.

Besides, 6 (2.9%) respondents were very satisfied with the fact that their organisations offer competitive salaries to maintain high employee satisfaction, 13 (6.2%) were satisfied, 83 (39.5%) were dissatisfied, while 108 (51.4%) were very dissatisfied. Also, 4 (1.9%) respondents were very satisfied with the fact that their organisations offer good benefits / package to maintain high employee satisfaction, 35 (16.7%) were satisfied, 63 (30.0%) were dissatisfied, while 108 (51.4%) were very dissatisfied. Likewise, 4 (1.9%) respondents were very satisfied with the fact that their organisation has control over keeping the position filled, 50 (23.8%) were satisfied, 66 (31.4%) were dissatisfied, while 90 (42.9%) were very dissatisfied. Likewise, 2 (1.0%) respondents were very satisfied with the fact that their organisation ensures job security with its employees, 14 (6.7%) were satisfied, 83 (39.5%) were dissatisfied, while 111 (52.9%) were very dissatisfied. Table 4.7 further revealed that the weighted mean was 1.69 which indicated that the score was low based on the decision rule. This means that the level of employee motivation among health records professionals in selected hospitals, FCT, Abuja was low.

4.2.2 Hypotheses

The following hypotheses were tested in this study

Hypothesis 1: There will be no significant influence of health records management practices on services delivered of health records professionals in selected hospitals, FCT, Abuja.

Table 4.9: Summary of Result of Influence of Health Records Management Practices on Services Delivered of Health Records Professionals

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate

1	.971 ^a	.943	.943	2.84636
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a. Predictors: (Constant), Health Records Management Practices

ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	27815.105	1	27815.105	3433.227	.000 ^b
	Residual	1685.161	208	8.102		
	Total	29500.267	209			

a. Dependent Variable: Service Delivery

b. Predictors: (Constant), Health Records Management Practices

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	-5.017	.857		-5.853	.000
	Health Records Management Practices	1.170	.020	.971	58.594	.000

a. Dependent Variable: Service Delivery

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As indicated in table 4.9, the model summary result yielded a coefficient of multiple regression of $R=0.971$ and R-square of 0.943. The result also reveals that adjusted $R^2=0.943$; indicating that about 94.1% of variance was accounted for by the independent variable. In addition, the ANOVA table revealed the linear influence of health records management practices on services delivered of health records professionals in selected hospitals, FCT, Abuja. It was revealed that health records management practices was tested on services delivered of health records professionals in selected hospitals, FCT, Abuja ($F_{(1,208)}= 3433.227, p<0.05$). The null hypothesis was therefore rejected. The table further revealed that, the unstandardised regression weight (β), the standardized error of estimate ($SE\beta$), the standardized coefficient, the t-ratio and the level at which the t-ratio was significant. As indicated in the table it was further revealed that health records management practices had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja ($\beta=0.971, t=58.594, p<0.05$).

Hypothesis 2: There will be no significant influence of employee motivation on services delivered of health records professionals in selected hospitals, FCT, Abuja.

Table 4.10: Summary of Result of Influence of Employee Motivation on Services Delivered of Health Records Professionals

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.563 ^a	.317		.314	9.84126

a. Predictors: (Constant), Employee Motivation

ANOVA^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9355.377	1	9355.377	96.596	.000 ^b
	Residual	20144.890	208	96.850		
	Total	29500.267	209			

a. Dependent Variable: Service Delivery

b. Predictors: (Constant), Employee Motivation

Coefficients^a						
Model		Unstandardized Coefficients		Standardized Coefficients		Sig.
		B	Std. Error	Beta	t	
1	(Constant)	75.258	3.265		23.048	.000
	Employee Motivation	-1.431	.146	-.563	-9.828	.000

a. Dependent Variable: Service Delivery

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As indicated in table 4.10, the model summary result yielded a coefficient of multiple regression of $R=0.563$ and R -square of 0.317 . The result also reveals that adjusted $R^2=0.341$; indicating that about 34.1% of variance was accounted for by the independent variable. In addition, the ANOVA table revealed the linear influence of employee motivation on services delivered of health records professionals in selected hospitals, FCT, Abuja. It was revealed that employee motivation was tested on services delivered of health records professionals in selected hospitals, FCT, Abuja ($F_{(1,208)}=96.596, p<0.05$). The null hypothesis was therefore rejected. The table further revealed that, the unstandardised regression weight (β), the standardized error of estimate ($SE\beta$), the standardized coefficient, the t-ratio and the level at which the t-ratio was significant. As indicated in the table it was further revealed that employee motivation had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja ($\beta=0.563, t=-9.828, p<0.05$).

Hypothesis 3: There will be no significant combined influence of health records management practices and employee motivation on services delivered of health records professionals in selected hospitals, FCT, Abuja.

Table 4.11: Summary of Result of Combined Influence of Health Records Management Practices and Employee Motivation on Services Delivered of Health Records Professionals

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	
1	.971 ^a	.943	.943	2.84303	

a. Predictors: (Constant), Employee Motivation, Health Records Management Practices

ANOVA ^a						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	27827.124	2	13913.562	1721.376	0.000 ^b
	Residual	1673.143	207	8.083		

Total 29500.267 209

a. Dependent Variable: Service Delivery

b. Predictors: (Constant), Employee Motivation, Health Records Management Practices

Model		Coefficients ^a		Beta	T	Sig.	
		Unstandardized					Standardized
		B	Std. Error				Coefficients
1	(Constant)	-7.174	1.965		-3.650	.000	
	Health Records Management Practices	1.188	.025	.986	47.805	.000	
	Employee Motivation	.064	.052	.025	1.219	.224	

a. Dependent Variable: Service Delivery

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As indicated in table 4.10, the model summary result yielded a coefficient of multiple regression of $R=0.971$ and R-square of 0.943. The result also reveals that adjusted $R^2=0.943$; indicating that about 94.3% of variance was accounted for by the independent variables. In addition, the ANOVA table revealed the linear influence of health records management practices and employee motivation on services delivered of health records professionals in selected hospitals, FCT, Abuja. It was revealed that health records management practices and employee motivation were tested on services delivered of health records professionals in selected hospitals, FCT, Abuja ($F_{(1,208)}=96.596, p<0.05$). The null hypothesis was therefore rejected. The table further revealed that, the unstandardised regression weight (β), the standardized error of estimate ($SE\beta$), the standardized coefficient, the t-ratio and the level at which the t-ratio was significant. As indicated in the table it was further revealed that health records management practices had relative significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja ($\beta=0.986, t=47.805, p<0.05$), while employee motivation ($\beta=0.052, t=1.219, p>0.05$) did not.

4.3 Discussion of Findings

The finding of this study revealed that the level of service delivery of health records professionals in selected hospitals, FCT, Abuja was high. This was evident through the responses of the respondents which showed that they provided services as promised. Also, most respondents involved in performing services right the first time very often. Furthermore, most respondents involved in maintaining error free records very often. Additionally, most respondents involved in prompt service to customers very often. Also, most respondents involved in willingness to help customers very often. Most respondents often involved in that. Besides, most respondents involved in readiness to respond to customers enquire very often, while few never engaged in it.

Besides, most respondents involved in making customers feel safe in their transactions very often, while few never engaged in it. Additionally, most respondents involved in instill confidence in customers very often, while few never engaged in it. In addition, most respondents involved in consistently courteous with customers very often, while never engaged in it. Moreover, most respondents involved in giving customer individual attention very often, while few never engaged in it.

Moreover, 24 (11.4%) respondents understand the needs of the customers very often, 93 (44.3%) often involved in that, 85 (40.5%) sometimes involved in it, while 8 (3.8%) never engaged in it. Moreover, 50 (23.8%) respondents involved in using modern equipment very often, 70 (33.3%) often involved in that, 82 (39.0%) sometimes involved in it, while 8 (3.8%) never engaged in it. Furthermore, 47 (22.4%) respondents involved in using visually appealing facilities very often,

67 (31.9%) often involved in that, 84 (41.0%) sometimes involved in it, while 9 (4.3%) never engaged in it. Also, 37 (17.6%) respondents involved in using visually appealing materials associated with service very often, 78 (37.1%) often involved in that, 86 (41.0%) sometimes involved in it, while 9 (4.3%) never engaged in it.

The finding of this study revealed that the health records management practices among health records professionals in selected hospitals, FCT, Abuja was good. These were shown through the responses of the respondents. Most respondents stated that the medical records/files are well arranged for easy and effective retrieval in their facility very often, while few never engaged in it. Moreover, Most respondents stated that records creation is done through electronic health records management and other relevant data entering tools for the purpose of efficiency often, while few respondents never engaged in it. Additionally, 48 (22.9%) respondents stated that records documentation is done by entering the relevant information of patients into approved registers through an effective procedure very often, 68 (32.4%) often involved in that, 91 (43.3%) sometimes involved in it, while 3 (1.4%) never engaged in it. Likewise, 48 (22.9%) respondents stated that records maintenance is done by indexing a group of patients' information for easy and effective filing very often, 68 (32.4%) often involved in that, 89 (42.4%) sometimes involved in it, while 5 (2.4%) never engaged in it.

Likewise, 60 (28.6%) respondents stated that records of patients' healthcare are used for evaluation of health care service delivery in this facility for improvements of care service through regular practices very often, 66 (32.4%) often involved in that, 81 (38.6%) sometimes involved in it, while 3 (1.4%) never engaged in it. Equally, 32 (15.2%) respondents stated that patients' records are used for health care planning in this health facility for better improvements

of care service through regular practices very often, 88 (41.9%) often involved in that, 85 (40.5%) sometimes involved in it, while 5 (2.4%) never engaged in it. Equally, 40 (19.0%) respondents stated that health record officers in this hospital have formal records management training to manage patients' and medical records for better improvements of care service through regular practices very often, 71 (33.8%) often involved in that, 95 (45.2%) sometimes involved in it, while 4 (1.9%) never engaged in it.

Correspondingly, 41 (19.5%) respondents stated that records creation is carried out by electronically capturing patient health information using ICT tools with the aim of improving on it very often, 73 (34.8%) often involved in that, 94 (44.8%) sometimes involved in it, while 2 (1.0%) never engaged in it. Similarly, 41 (19.5%) respondents stated that the health record officers in this hospital have formal records management training to manage patients' and medical records with the aim of improving on it very often, 81 (34.6%) often involved in that, 83 (39.5%) sometimes involved in it, while 5 (2.4%) never engaged in it. Likewise, 60 (28.6%) respondents stated that records maintenance is always carried out through the preservation method for better improvements of care service through regular practices very often, 71 (33.8%) often involved in that, 75 (35.7%) sometimes involved in it, while 4 (1.9%) never engaged in it.

Equally, 62 (29.5%) respondents stated that records are put to use during an interaction between the health care providers and patients for safety reason very often, 78 (37.1%) often involved in that, 66 (31.4%) sometimes involved in it, while 4 (1.9%) never engaged in it. Also, 26 (12.4%) respondents stated that records management policy are observed in the health records department for the purpose of protecting the safety of the patients very often, 95 (45.2%) often involved in

that, 86 (41.0%) sometimes involved in it, while 3 (1.4%) never engaged in it. Besides, 47 (22.4%) respondents stated that patients' records are filled in a proper manner for the purpose of patients' safety very often, 70 (33.3%) often involved in that, 91 (43.3%) sometimes involved in it, while 2 (1.0%) never engaged in it. Also, 44 (21.0%) respondents stated that retrieval of records in the registry is given speedy attention to protect the safety of the patients very often, 76 (36.2%) often involved in that, 89 (42.4%) sometimes involved in it, while 1 (0.5%) never engaged in it.

The finding of this study revealed that the level of employee motivation among health records professionals in selected hospitals, FCT, Abuja was low. This was evident through the responses of the respondents of which few respondents were very satisfied with the fact that colleagues recognized them as professionals, while most respondents were very dissatisfied. In addition, few respondents were very satisfied with the fact that their works are noticed and praised, while most of them were very dissatisfied. Moreover, few respondents were very satisfied with the fact that initiated ideas by them are noticed and praised, while most were very dissatisfied. Moreover, few respondents were very satisfied with the fact that there is a change in their position, while few were very dissatisfied. Moreover, few respondents were very satisfied with the fact that they have steady change in their status, while most were very dissatisfied.

Furthermore, 13 (6.2%) respondents were very satisfied with the fact that their organisation give opportunities to increase their skills, 11 (5.2%) were satisfied, 77 (36.7%) were dissatisfied, while 109 (51.9%) were very dissatisfied. Additionally, 4 (1.9%) respondents were very satisfied with the fact that their periodic training being received in their organisation serves as a motivation for them , 22 (10.5%) were satisfied, 85 (40.5%) were dissatisfied, while 99 (47.1%)

were very dissatisfied. Additionally, 5 (2.4%) respondents were very satisfied with the fact that their organisation ensures working condition based on the available resources, 12 (5.7%) were satisfied, 94 (44.8%) were dissatisfied, while 99 (47.1%) were very dissatisfied. Moreover, 10 (4.8%) respondents were very satisfied with the fact that they enjoy regularly from the favourable working condition provided by their organisation, 18 (8.6%) were satisfied, 86 (41.1%) were dissatisfied, while 96 (45.7%) were very dissatisfied.

Besides, 6 (2.9%) respondents were very satisfied with the fact that their organisations offer competitive salaries to maintain high employee satisfaction, 13 (6.2%) were satisfied, 83 (39.5%) were dissatisfied, while 108 (51.4%) were very dissatisfied. Also, 4 (1.9%) respondents were very satisfied with the fact that their organisations offer good benefits / package to maintain high employee satisfaction, 35 (16.7%) were satisfied, 63 (30.0%) were dissatisfied, while 108 (51.4%) were very dissatisfied. Likewise, 4 (1.9%) respondents were very satisfied with the fact that their organisation has control over keeping the position filled, 50 (23.8%) were satisfied, 66 (31.4%) were dissatisfied, while 90 (42.9%) were very dissatisfied. Likewise, 2 (1.0%) respondents were very satisfied with the fact that their organisation ensures job security with its employees, 14 (6.7%) were satisfied, 83 (39.5%) were dissatisfied, while 111 (52.9%) were very dissatisfied.

The finding of this study further revealed that the linear influence of health records management practices on services delivered of health records professionals in selected hospitals, FCT, Abuja. It was revealed that health records management practices was tested on services delivered of health records professionals in selected hospitals, FCT, Abuja. This revealed that health records

management practices had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja.

In addition, the finding of this study revealed that employee motivation was tested on services delivered of health records professionals in selected hospitals, FCT, Abuja. It was further revealed that employee motivation had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja. The finding of this study also revealed that the linear influence of health records management practices and employee motivation on services delivered of health records professionals in selected hospitals, FCT, Abuja. It was revealed that health records management practices and employee motivation were tested on services delivered of health records professionals in selected hospitals, FCT, Abuja. It was further revealed that health records management practices had relative significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja, while employee motivation did not.

Chapter Five

Conclusion

This chapter presents the conclusion of the study.

5.1 Summary of Findings

This study investigated Health Records Management Practices, Employee Motivation and Service Delivery of Health Records Professionals in Selected Hospitals, Federal Capital Territory, Abuja. Consequently, three research questions were raised and answered, while three hypotheses were formulated and tested. The review of relevant literature was carried out under different sub-headings. The review of related literature covered the conceptual studies, theoretical model and review of empirical studies, conceptual model and summary of the review literature.

For the theoretical framework, SERVQUAL model, Herzberg's Motivation Theory and Healthqual Theory were adapted in this study. The review of empirical studies covered Health Records Management Practices, Employee Motivation and Service Delivery of Health Records Professionals in Selected Hospitals, Federal Capital Territory, Abuja. Then, summary of the reviewed literature was carried out to appraise the reviewed of conceptual studies, theoretical models and empirical studies.

Descriptive survey research design was used for this study. Population for this study comprised Professionals in Selected Hospitals, Federal Capital Territory, Abuja. Simple random, was adopted for this study. Self-developed and validated questionnaire was used for data collection. The descriptive statistics of frequency counts and percentages was used to analyze the socio-

demographic characteristics of the respondents and the research questions. Inferential statistics of regression was be used to analyze hypotheses 1, 2 and 3 at 0.05 level of significance.

The findings of this the level of service delivery of health records professionals in selected hospitals, FCT, Abuja was high. In addition, the health records management practices among health records professionals in selected hospitals, FCT, Abuja was good. Moreover, the level of employee motivation among health records professionals in selected hospitals, FCT, Abuja was low. Additionally, health records management practices had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja. Also, employee motivation had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja. Health records management practices had relative significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja.

5.2 Conclusion

It was concluded in this study that the level of service delivery of health records professionals in selected hospitals, FCT, Abuja was high. Conclusion was also made that the health records management practices among health records professionals in selected hospitals, FCT, Abuja was good. Moreover, the level of employee motivation among health records professionals in selected hospitals, FCT, Abuja was low. Additionally, health records management practices had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja. Also, employee motivation had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja. Health records management practices had relative significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja.

5.3 Recommendations

Based on the findings of this study, the following recommendations were made:

1. The authority in charge of health at the FCT, Abuja should ensure that health records professionals are properly motivated. This is to ensure that the level of motivation of such employee is properly motivated from a low level to high level
2. The authority in charge of health at the FCT, Abuja should intensify efforts to ensure that health records management practices among health records professionals at various hospitals are enhanced.

5.4 Contributions to Knowledge

This study contributed to knowledge in the following ways:

1. It was established that the level of service delivery of health records professionals in selected hospitals, FCT, Abuja was high.
2. Conclusion was also made that the health records management practices among health records professionals in selected hospitals, FCT, Abuja was good.
3. Moreover, the level of employee motivation among health records professionals in selected hospitals, FCT, Abuja was low.
4. Additionally, health records management practices had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja.
5. Also, employee motivation had significant influence on services delivered of health records professionals in selected hospitals, FCT, Abuja.

5.5 Suggested Areas for Further Research

The following suggestions were made for further research based on the findings of the study.

1. The study of this nature can be replicated among other health professionals in other states such as Nasarawa and Kaduna State.
2. Also, independent variables that were not used in this table can also be used.

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APPENDIX I

**Department of Information Management
Faculty of Communication and Information Sciences
Lead City University, Ibadan, Oyo State**

Questionnaire

Dear respondent,

The researcher is a postgraduate student of the Department of Information Management, Lead City University, Ibadan. In partial fulfillment of the award of Master of Science (MSc) in Health Information Management; the researcher is conducting a research on Health Records Management Practices, Employee Motivation and Service Delivery of Health Records Professionals in Wuse and Asokoro District Hospitals, Federal Capital Territory, Abuja

Your timely response to issues outlined below will contribute immensely to meeting the set objectives of the research work. All information supplied will be treated with confidentiality and they will only be used for academic purpose.

Thank you.

Section A: Socio-Demographic Characteristics of Respondents

Please tick (✓) the appropriate option and fill in the gap where necessary.

Gender: Male () Female ()

Age: 20 – 29years () 30 – 39 years () 40 years above ()

Level of education: Certificate () Diploma () Degree () Others ()

Marital status: Single () Married () Others ()

Name of hospital: _____

Years of working experience: Less than 5 () 6-10 () 11-15 () above 16 ()

Section B: Health Records Management Practices

Instruction: Kindly tick (✓) in the appropriate column to indicate the extent to which you agree or disagree with the statements below:

Very Often=VO, Often=O, Sometimes=S, Never=N

S/n	Statement	VO	O	S	N
	Efficiency				
1	The medical records/files are well arranged for easy and effective retrieval in my facility				
2	Records creation is done through electronic health records management and other relevant data entering tools for the purpose of efficiency				
3	Records documentation is done by entering the relevant information of patients into approved registers through an effective procedure				
4	Records maintenance is done by indexing a group of patients' information for easy and effective filing				
5	Records retention is done by making an inventory of all inactive records.				
	Degree of improvements of care service				
6	Records of patients' healthcare are used for evaluation of health care service delivery in this facility for improvements of care service through regular practices				
7	Patients' records are used for health care planning in this health facility for better improvements of care service through regular practices				
8	Health record officers in this hospital have formal records management training to manage patients' and medical records for better improvements of care service through regular practices				
9	In this facility records creation is carried out by electronically capturing patient health information using ICT tools with the aim of improving on it.				
10	The health record officers in this hospital have formal records management training to manage patients' and medical records with the aim of improving on it.				
11	In this facility records maintenance is always carried out through the preservation method for better improvements of care service through regular practices				
	Safety				
12	Records are put to use during an interaction between the health care providers and patients for safety reason				

13	Records management policy are observed in the health records department for the purpose of protecting the safety of the patients				
14	Patients' records are filled in a proper manner (alphabetically, numerically etc.) for the purpose of patients' safety				
15	Retrieval of records in the registry is given speedy attention to protect the safety of the patients				

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Section C: Employee Motivation

Instruction: Kindly tick (✓) in the appropriate column to indicate the extent to which you are satisfied with the statements below:

Very Satisfied=VS, Satisfied=S, Dissatisfied=D, Very Dissatisfied=VD

S/n	Statement	VS	S	D	VD
	Motivating Factors:				
	Recognition				
1	Colleagues recognizes me as a professional				
2	My work are noticed and praised				
3	Initiated ideas by me are noticed and praised				
	Job advancement opportunities				
4	There is a change in my position				
5	I have steady change in my status				
	Growth opportunities				
6	My organisation gives opportunities to increase their skills				
7	Periodic training being received in my organisation serves as a motivation for me				
	Hygiene Factors:				
	Working Condition				
8	My organisation ensures working condition based on the available resources				
9	I enjoy regularly from the favourable working condition provided by my organisation				
	Salary				
10	My organisation offers competitive salaries to maintain high employee satisfaction				
11	My organisation offers good benefits / package to maintain high employee satisfaction				
	Security				
12	My organisation has control over keeping the position filled				
13	My organisation ensures job security with its employees				

Section D: Service Delivery of Health Records

Instruction: Kindly tick (✓) in the appropriate column to indicate the extent to which you agree or disagree with the statements below:

Very Often=VO, Often=O, Sometimes=S, Never=N

S/n	Statement	VO	O	S	N
	I engage in the following:				
	Reliability				
1	Providing services as promised				
2	Dependability in handling customer services				
3	Performing services right the first time				
4	Maintaining error free records				
	Responsiveness				
5	Prompt service to customers				
6	Willingness to help customers				
7	Readiness to respond to customers enquires				
	Assurance				
8	Making customers feel safe in their transactions				
9	Instill confidence in customers				
10	Consistently courteous with customers				
	Empathy				
11	Giving customer individual attention				
12	Having customers best interest at heart				
13	Understands the needs of the customers				
	Tangibles				
14	Use modern equipment				
15	Use visually appealing facilities				
16	Use visually appealing materials associated with service				

Bio-data

A. Personal Data

- i. Full Name: Lydia, Zarmai ADAMU
- ii. Address: NO.1 Divine estate behind total filling station medical center road, mararaba nasarawa state.
- iii. Email: lydiaewoh@gmail.com
- iv. Date and Place of Birth: 25/9/1979 - kaduna
- v. Nationality: - Nigerian
- vi. Name and Address of Next of kin -joseph ewoh/ Address: NO.1 Divine estate behind total filling station medical center road, mararaba Nasarawa state.

A. Educational Background

Educational Institutions attended with dates and Qualifications:

- i. Primary Educational: LGA- Magajin Gari
Primary school Kaduna.
1987-1992
- ii. Secondary Education: Adeyemo College of arts and science-140913,-2003 NECO
Sarduna memorial college (senior)- 014010 ,-2005 NECO
- iii. Higher Educational Institutions: ABUTH Zaria 2005-2007 (HND IN HIM)
NYSC CERT.2010-2011 Kaduna

Houdegbe North American University porto-novo cotonou Republic of benin

2013-2015 (Bsc IN HIM)

B. Working Experience with Dates

a. Organization: FEDERAL CAPITAL TERRITORY ADMINISTRATION

Role MEDICAL RECORDS OFFICER

Date: 2007 TILL DATE

D. Awards and Fellowships:

.

Signature

Date

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University Compliance Certificate

This is to certify that this thesis by Lydia Zarmai ADAMU with Matriculation Number

LCU/PG/002313 in the Department of Information Management, Lead City University, Ibadan, is in FULL compliance with the approved university format and style.

Name

Signature

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