



Evaluation of the Perceived Factors Causing Misfiling, Mislaying and Missing of Patients Health Records in Health Care Delivery System

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ABSTRACT

Growth in the number of patients been treated in Nigeria hospitals is a product of the increase in population and the awareness of our people which made them to realize of late, that orthodox medicine is much more superior to traditional medicine. This influx of patients into the hospitals for treatment has increased the number of patients' health records in Nigeria hospitals, which are too numerous for records personnel to handle. The purpose of this research work is to evaluate the perceived causes of misfiling, mislaying, and missing of patients' health records in the health information department of University of Ilorin Teaching Hospital, Obafemi Awolowo University Teaching Hospital and Ahmadu Bello University Teaching Hospital Zaria as case study. For the purpose of data gathering, 100 copies of questionnaires were distributed to staff of health record department of University of Ilorin Teaching Hospital, Obafemi Awolowo University Teaching Hospital and Ahmadu Bello University Teaching Hospital Zaria using convenient method of sampling techniques. All the 100 respondents returned their questionnaire, and that shows 100% compliance. The data were tabulated and presented using simple percentage. In conclusion, the researchers discovered that the major perceived causes of misfiling, mislaying and missing of patients health records includes incompetence of the personnel in health records, lack of motivation, lack of proper funding and lack of modern techniques of filing and many others. Competent and trained record staff to handle filing of patients records is one of the recommendation proffered by the researcher based on the outcome of his research work.

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INTRODUCTION

Efficient healthcare delivery relies heavily on the seamless management and meticulous organization of patients' health records. The occurrence of misfiling, mislaying, and the unfortunate scenario of missing health records poses formidable challenges to healthcare systems worldwide. In the context of Nigeria, where healthcare plays a vital role in the well-being of the populace, teaching hospitals stand out as pivotal institutions that not only provide advanced healthcare services but also contribute significantly to medical education. However, despite their critical role, the effective management of patient health

records remains a concerning bottleneck within these institutions.

This comprehensive study aims to delve deeply into the underlying factors that contribute to the persisting issues surrounding the management of health records, focusing particularly on three prominent teaching hospitals in Nigeria. By examining and elucidating the root causes of these challenges, we intend to shed light on the critical areas that require attention and reform within the healthcare infrastructure.

The multifaceted issues surrounding health record management are complex and demand a thorough investigation. Factors such

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as outdated record-keeping systems, insufficient training of staff, inadequate storage facilities, and a lack of standardized protocols can all contribute to the chaos and inefficiency in the handling of patient health records. Additionally, socio-economic factors, technological limitations, and administrative constraints may further exacerbate the situation.

By identifying and analyzing these factors within the context of specific teaching hospitals, we hope to develop targeted solutions that can enhance the overall quality of healthcare services, reduce errors, and improve patient outcomes. Furthermore, the findings of this study may serve as a catalyst for policy recommendations, technological advancements, and training programs tailored to address the unique challenges faced by healthcare facilities in Nigeria.

In essence, this study seeks not only to uncover the underlying issues but also to pave the way for transformative reforms that will ultimately contribute to more efficient healthcare delivery, better patient care, and an improved healthcare landscape in Nigeria. Through collaboration, innovation, and dedication, we can work towards a future where healthcare records are managed with precision and patients receive the highest standard of care they deserve.

Statement of Problem

The misfiling, mislaying, and missing of patients' health records in healthcare systems can result in delays, compromised patient care, and legal implications. The inadequate management of health records in Nigerian teaching hospitals raises concerns regarding the effectiveness and efficiency of healthcare delivery.

Objectives of the Study

1. Identify the factors contributing to the misfiling, mislaying, and missing of patients' health records.
2. Understand the impact of these issues on healthcare delivery and patient care.
3. Propose recommendations to mitigate the challenges associated with health record management.

Research Questions

1. What are the primary factors leading to the mismanagement of patients' health records in the selected teaching hospitals?
2. How do these issues affect healthcare delivery and patient outcomes?
3. What strategies can be implemented to enhance health record management and reduce instances of misfiling, mislaying, and missing records?

METHODOLOGY

A structured questionnaire was designed to gather data from health information personnel at the University of Ilorin Teaching Hospital, Ahmadu Bello University Teaching Hospital, and Obafemi Awolowo University Teaching Hospital. The questionnaire comprises both closed and open-ended questions to obtain a comprehensive understanding of the perceived factors causing misfiling, mislaying, and missing of patients' health records.

Data collected through the questionnaire will be analyzed using descriptive statistics such as frequencies and percentages. Additionally, qualitative responses will be analyzed thematically to identify patterns and recurring themes related to the factors causing mismanagement of health records.

Data Analysis and Discussion

Upon collecting and analyzing the data from health information personnel at the selected teaching hospitals, the following findings were observed as presented in the table below:

PRESENTATION OF DATA AND ANALYSIS

For effective analysis to be carried out, the collected data were organized into tables. These data were generated through the distribution of hundred questionnaires to the health record personnel of University of Ilorin Teaching Hospital, Ahmadu Bello University Teaching Hospital and Obafemi Awolowo University Teaching Hospital, Ile-Ife. The



tabulated datas and analysis are as shown in table below.

4.1: Table of background information of the respondents (UITH ILORIN)

S/N	Personal data	Response	Frequency	Percentage %
1	Age group	25-30	73	73
		31-35	16	16
		36-40	8	8
		41 above	3	3
		Total	100	100
2	Sex	Male	38	38
		Female	62	63
		Total	100	100
3	Marital status	Single	46	46
		Married	50	50
		Widow	4	4
		Total	100	100
4	Education background	Primary	3	3
		Secondary	10	10
		Tertiary	87	78
		Total	100	100
5	Cadre	Health record officer	73	73
		Health record technician	17	17
		Health record assistant	10	10
		Total	100	100
6	Religion	Christianity	61	61
		Islam	35	35
		Traditional	4	4
		Total	100	100

Table 4.2: The of respondent responses to the research questions

Opinion	Response	Frequency	Percentage %
Are aware of misfiling?	Yes	97	97%
	No	3	3%
	Total	100	100%
What do you understand by misfiling?	Misplacement of the file on the shelves.	95	95%
	Missing of files	5	5%
	Total	100	100%
Can lack of proper funding cause misfiling and mislaying?	Yes	96	96%
	No	4	4%
	Total	100	100%
Is lack of motivation responsible for misfiling in UITH Ilorin?	Yes	90	90%
	No	10	10%
	Total	100	100%
Does lack of trained staff contribute to misfiling and mislaying of records in UITH?	Yes	49	49%
	No	51	51%
	Total	100	100%
Does poor ventilation and poor illumination contribute to misfiling?	Yes	97	97%
	No	03	3%

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	Total	100	100%
Does filing method contribute to misfiling in UITH?	Yes	80	80%
	No	20	20%
	Total	100	100%
Does lack of infrastructure contribute to misfiling in UITH?	Yes	55	55%
	No	45	45%
	Total	100	100%
Does poor handwriting of staff and transposition of numbers contribute to misfiling and mislaying	Yes	96	96%
	No	4	4%
	Total	100	100
Does staff strength contribute to misfiling and mislaying of records in UITH, Ilorin	Yes	98	98%
	No	02	2%
	Total	100	100
Does laziness and attitude of staff contribute to misfiling and mislaying of records in UITH Ilorin	Yes	98	98%
	No	2	2%
Which of the following filing system contribute to misfiling?	Straight numerical	15	15%
	Terminal digit	25	25%
	Middle digit	60	60%
	Total	100	100%
Does misfiling have negative effect on patients?	Yes	98	98%
	No	2	2%
Which of these is the effect of misfiling?	- Lack of continuity of patient care	15	15%
	- Patient waiting time is increased	70	70%
	- All of the above	15	15%
	Total	100	100%
Does misfiling have negative effect on hospital management?	Yes	98	98%
	No	02	02%
	Total	100	100%
Does misfiling have negative effect on researchers?	Yes	99	99%
	No	01	01%
	Total	100	100%
Does misfiling affect decision making?	Yes	97	97%
	No	03	3%
	Total	100	100%
Can misfiling of medical record be prevented?	Yes	95	95%
	No	05	5%
	Total	100	100%
Does storage facilities contribute to misfiling in UITH, Ilorin	Yes	55	55%
	No	45	45%

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	Total	100	100%
How effective will it be if computerized system of filing is mostly used in UITH, Ilorin?	Very effective	80	80%
	Not effective	20	20%
	Total	100	100%
Does lack of modern equipment affect misfiling in UITH?	Yes	90	90%
	No	10	10%
	Total	100	100

Test of Hypothesis

H₀: There is no significant factors causing misfiling and mislaying of patients' record

H₁: There are significant factors causing misfiling and mislaying of patients' record

DISCUSSION OF THE RESULTS AND FINDINGS

The data collected for this research work were obtained through copies of questionnaires distributed to the health information department of University of Ilorin Teaching Hospital.

It shows the age group from 25-30, having 73 respondents representing 73%, 31-35, having 16 respondent representing 16%, 36-40 having 8 respondents representing 8% and 41 above, having 3 respondents representing 3%. This indicated that majority of the respondent are from the age group of 25-30 years.

Under table 4.01 female respondents are more than male with 62 representing 62% and 38 male respondents representing 38% of the total respondents. Most of the respondents are married with 50 respondents presenting 50% single 46 respondents representing 46% and for window 4 respondents representing 4%. Most of the respondents have tertiary educational background with 87 (87%) secondary 10 (10%) and primary 3(3%).

Health record officer has the highest number according to classification by cadre which 73 (73%) followed by technician having 17 (17%) and assistants having 10 (10%) Majority of the respondents are Christian having 61 (61%) Muslims 35 (35%) and traditional believer 4 (4%)

Table 4.02 shows responses on the research questions 97 respondents representing 97% indicated that they are aware of misfiling in health recordkeeping while 3 (3%) said No.

In the same table, (table 4.2) about 97% respondent understand the meaning of

misfiling while about 3% indicated that they are not aware of misfiling. About 95% of the respondents understand misfiling as the misplacement of files on the shelves, while about 5% claimed ignorant of it. About 96% of the respondent agreed that lack of proper funding can cause misfiling while about 4% disagreed with that. Almost 90% of the respondent believed that lack of motivation can cause misfiling and mislaying while about 10% disagreed with that.

About 49% respondents believed that lack of trained staff can lead to misfiling while about 51% of the respondent disagreed with that. About 97% of them are of the opinion that poor ventilation can cause misfiling while about 3% disagreed with that. Almost 80 respondents believed that filing method that encourage misfiling, while about 20 respondents said No. About 55 respondents agreed that poor infrastructure can cause misfiling while about 45% respondents disagreed.

Poor handwriting of staff and transposition of number was believed by 96% respondents as one of the causes of misfiling but about 4 respondents said no. About 98% of respondent agreed that staff strength can cause misfiling, but just two person disagreed with these, about 98% of the respondents agreed that laziness and attitude of staff contribute to misfiling, while about 2% disagreed.

As regards methods of filing that contributes to misfiling 15% queried straight numerical 25% queried terminal digit while 60% respondents queried middle digit. As regards the effect of misfiling on patients, 98% said Yes while 2%

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said No. About 70% respondents agreed that misfiling can cause patient waiting time, and lack of continuity of patient care, 15% believed that the effect is on waiting time of patient alone while another 15% believed that misfiling can only affect continuity of patient care.

About 98% agreed that misfiling and mislaying have negative effect on hospital while 2% of the respondents disagreed.

In the issue of decision making about 97% agreed that misfiling can have negative

effect on decision making, while about 3% disagreed.

From the analysis of above information gathered from various respondents, it is crystal clear for one to conclude that there are significant factors causing misfiling and mislaying of patients records in University of Ilorin Teaching Hospitals, hence the null hypothesis is therefore rejected.

4.2: Table of background information of the respondents (ABUTH ZARIA)

S/N	Personal data	Response	Frequency	Percentage %
1	Age group	25-30	55	55
		31-35	25	25
		36-40	15	15
		41 above	5	5
		Total	100	100
2	Sex	Male	32	32
		Female	68	68
		Total	100	100
3	Marital status	Single	31	31
		Married	68	68
		Widow	6	6
		Total	100	100
4	Education background	Primary	12	12
		Secondary	31	31
		Tertiary	57	57
		Total	100	100
5	Cadre	Health record officer	75	75
		Health record technician	14	14
		Health record assistant	11	11
		Total	100	100
6	Religion	Christianity	24	24
		Islam	72	72
		Traditional	4	4
		Total	100	100

Table 4.2: The of respondent responses to the research questions

Opinion	Response	Frequency	Percentage %
Are aware of misfiling?	Yes	92	92%
	No	8	8%
	Total	100	100%
What do you understand by misfiling?	Misplacement of the file on the shelves.	92	92%
	Missing of files	8	8%
	Total	100	100%
Can lack of proper funding cause misfiling and mislaying?	Yes	94	94%
	No	6	6%
	Total	100	100%

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Is lack of motivation responsible for misfiling in ABUTH Zaria?	Yes	85	85%
	No	15	15%
	Total	100	100%
Does lack of trained staff contribute to misfiling and mislaying of records in ABUTH Zaria?	Yes	55	55%
	No	45	45%
	Total	100	100%
Does poor ventilation and poor illumination contribute to misfiling?	Yes	95	95%
	No	05	5%
	Total	100	100%
Does filing method contribute to misfiling in ABUTH Zaria?	Yes	85	85%
	No	15	15%
	Total	100	100%
Does lack of infrastructure contribute to misfiling in ABUTH Zaria?	Yes	65	65%
	No	35	35%
	Total	100	100%
Does poor handwriting of staff and transposition of numbers contribute to misfiling and mislaying	Yes	91	91%
	No	9	9%
	Total	100	100
Does staff strength contribute to misfiling and mislaying of records in ABUTH Zaria	Yes	95	95%
	No	05	05%
	Total	100	100
Does laziness and attitude of staff contribute to misfiling and mislaying of records in ABUTH Zaria	Yes	97	97%
	No	3	3%
Which of the following filing system contribute to misfiling?	Straight numerical	15	15%
	Terminal digit	10	10%
	Middle digit	75	75%
	Total	100	100%
Does misfiling have negative effect on patients?	Yes	95	95%
	No	5	5%
Which of these is the effect of misfiling?	- Lack of continuity of patient care	20	20%
	- Patient waiting time is increased	10	10%
	- All of the above	60	60%
	Total	100	100%
Does misfiling have negative effect on hospital management?	Yes	97	97%
	No	03	03%
	Total	100	100%
Does misfiling have negative effect on researchers?	Yes	99	99%
	No	01	01%

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	Total	100	100%
Does misfiling affect decision making?	Yes	97	97%
	No	03	3%
	Total	100	100%
Can misfiling of medical record be prevented?	Yes	95	95%
	No	05	5%
	Total	100	100%
Does storage facilities contribute to misfiling in ABUTH, Zaria	Yes	65	65%
	No	35	35%
	Total	100	100%
How effective will it be if computerized system of filing is mostly used in ABUTH, Zaria?	Very effective	85	85%
	Not effective	15	15%
	Total	100	100%
Does lack of modern equipment affect misfiling in ABUTH?	Yes	90	90%
	No	10	10%
	Total	100	100

Test of Hypothesis

H₀: There is no significant factors causing misfiling and mislaying of patients' record

H₁: There are significant factors causing misfiling and mislaying of patients' record

DISCUSSION OF THE RESULTS AND FINDINGS

The data collected for this research work were obtained through copies of questionnaires distributed to the health information department of University of Ilorin Teaching Hospital, Ahmadu Bello University Teaching Hospital Zaria, Obafemi Awolowo University Teaching Hospital Ile-Ife. It shows the age group from 25-30, having 55 respondents representing 55%, 31-35, having 25 respondent representing 25%, 36-40 having 15 respondents representing 15% and 41 above, having 5 respondents representing 5%. This indicated that majority of the respondent are from the age group of 25-30 years. Under table 4.01 female respondents are more than male with 68 representing 68% and 32 male respondents representing 32% of the total respondents.

Most of the respondents are married with 68 respondents presenting 68% single 31 respondents representing 31% and for widow 6 respondents representing 6%. Most of the respondents have tertiary educational background with 57 (57%) secondary 31 (31%) and primary 12 (12%). Health record officer

has the highest number according to classification by cadre which 75 (75%) followed by technician having 14 (14%) and assistants having 11 (11%) Majority of the respondents are Christian having 24 (24%) Muslims 72 (72%) and traditional believer 4 (4%)

Table 4.02 shows responses on the research questions 92 respondents representing 92% indicated that they are aware of misfiling in health recordkeeping while 8 (8%) said no. In the same table, (table 4.2) about 92% respondent understand the meaning of misfiling while about 8% indicated that they are not aware of misfiling. About 92% of the respondents understand misfiling as the misplacement of files on the shelves, while about 8% claimed ignorant of it. About 94% of the respondent agreed that lack of proper funding can cause misfiling while about 6 % disagreed with that. Almost 85% of the respondent believed that lack of motivation can cause misfiling and mislaying while about 15% disagreed with that.

About 55% respondents believed that lack of trained staff can lead to misfiling while about 45% of the respondent disagreed with that. About 95% of them are of the opinion

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that poor ventilation can cause misfiling while about 5% disagreed with that. Almost 85 respondent believed that filing method that encourage misfiling, while about 15 respondents said No. About 65 respondents agreed that poor infrastructure can cause misfiling while about 35% respondents disagreed.

Poor handwriting of staff and transposition of number was believed by 91% respondents as one of the causes of misfiling but about 9 respondents said No. About 95% of respondent agreed that staff strength can cause misfiling, but just 5 person disagreed with these, about 97% of the respondents agreed that laziness and attitude of staff contribute to misfiling, while about 3% disagreed.

As regards methods of filling that contributes to misfiling 15% queried straight numerical 10% queried terminal digit while 75% respondents queried middle digit. As

regards the effect of misfiling on patients, 95% said Yes while 5% said No. About 60% respondents agreed that misfiling can cause patient waiting time, and lack of continuity of patient care, 10% believed that the effect is on waiting time of patient alone while another 20% believed that misfiling can only affect continuity of patient care.

About 97% agreed that misfiling and mislaying have negative effect on hospital while 3% of the respondents disagreed. In the issue of decision making about 97% agreed that misfiling can have negative effect on decision making, while about 3% disagreed. From the analysis of above information gathered from various respondents, it is crystal clear for one to conclude that there are significant factors causing misfiling and mislaying of patients records in Ahmadu Bello University Teaching Hospital Zaria, hence the null hypothesis is therefore rejected.

4.3: Table of background information of the respondents (OAUTH ILE-IFE)

S/N	Personal data	Response	Frequency	Percentage %
1	Age group	25-30	75	75
		31-35	14	14
		36-40	8	8
		41 above	3	3
		Total	100	100
2	Sex	Male	60	60
		Female	40	40
		Total	100	100
3	Marital status	Single	48	48
		Married	49	49
		Widow	03	03
		Total	100	100
4	Education background	Primary	3	3
		Secondary	13	13
		Tertiary	87	87
		Total	100	100
5	Cadre	Health record officer	73	73
		Health record technician	22	22
		Health record assistant	05	05
		Total	100	100
6	Religion	Christianity	61	61
		Islam	39	39
		Traditional	4	4
		Total	100	100

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Table 4.2: The of respondent responses to the research questions

Opinion	Response	Frequency	Percentage %
Are aware of misfiling?	Yes	97	97%
	No	3	3%
	Total	100	100%
What do you understand by misfiling?	Misplacement of the file on the shelves.	97	97%
	Missing of files	3	3%
	Total	100	100%
Can lack of proper funding cause misfiling and mislaying?	Yes	98	98%
	No	2	2%
	Total	100	100%
Is lack of motivation responsible for misfiling in OAUTH, Ile-lfe?	Yes	95	95%
	No	5	5%
	Total	100	100%
Does lack of trained staff contribute to misfiling and mislaying of records in OAUTH?	Yes	69	69%
	No	31	31%
	Total	100	100%
Does poor ventilation and poor illumination contribute to misfiling?	Yes	97	97%
	No	03	3%
	Total	100	100%
Does filing method contribute to misfiling in OAUTH?	Yes	89	89%
	No	11	11%
	Total	100	100%
Does lack of infrastructure contribute to misfiling in OAUTH, Ile-lfe	Yes	90	90%
	No	10	10%
	Total	100	100%
Does poor handwriting of staff and transposition of numbers contribute to misfiling and mislaying	Yes	98	98%
	No	2	2%
	Total	100	100
Does staff strength contribute to misfiling and mislaying of records in OAUTH, Ile-lfe	Yes	98	98%
	No	02	2%
	Total	100	100
Does laziness and attitude of staff contribute to misfiling and mislaying of records in OAUTH, Ile-lfe	Yes	98	98%
	No	2	2%
Which of the following filing system contribute to misfiling?	Straight numerical	10	10%
	Terminal digit	10	10%
	Middle digit	80	80%
	Total	100	100%
Does misfiling have negative effect on patients?	Yes	98	98%
	No	2	2%
Which of these is the effect of misfiling?	- Lack of continuity of patient care	15	15%
		15	15%

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	- Patient waiting time is increased - All of the above	70	70%
	Total	100	100%
Does misfiling have negative effect on hospital management?	Yes No	98 02	98% 02%
	Total	100	100%
Does misfiling have negative effect on researchers?	Yes No	99 01	99% 01%
	Total	100	100%
Does misfiling affect decision making?	Yes No	97 03	97% 3%
	Total	100	100%
Can misfiling of medical record be prevented?	Yes No	95 05	95% 5%
	Total	100	100%
Does storage facilities contribute to misfiling in OAUTH, Ile-Ife	Yes No	65 35	65% 35%
	Total	100	100%
How effective will it be if computerized system of filing is mostly used in OAUTH, Ile-Ife?	Very effective Not effective	80 20	80% 20%
	Total	100	100%
Does lack of modern equipment affect misfiling in OAUTH?	Yes No	90 10	90% 10%
	Total	100	100

Test of Hypothesis

H₀: There is no significant factors causing misfiling and mislaying of patients' record

H₁: There are significant factors causing misfiling and mislaying of patients' record

DISCUSSION OF THE RESULTS AND FINDINGS

The data collected for this research work were obtained through copies of questionnaires distributed to the health information department of University of Ilorin Teaching Hospital, Ahmadu Bello University Teaching Hospital Zaria and Obafemi Awolowo University Teaching Hospital Ile-Ife. It shows the age group from 25-30, having 75 respondents representing 75%, 31-35, having 14 respondent representing 14%, 36-40 having 3 respondents representing 3% and 41 above, having 3 respondents representing 3%.

This indicated that majority of the respondent are from the age group of 25-30 years. Under table 4.01 female respondents are more than male with 40 representing 40%

and 60 male respondents representing 60% of the total respondents. Most of the respondents are married with 49 respondents presenting 49% single 48 respondents representing 48% and for widow 3 respondents representing 3%. Most of the respondents have tertiary educational background with 87 (87%) secondary 13 (13%) and primary 3(3%). Health record officer has the highest number according to classification by cadre which 73 (73%) followed by technician having 22 (22%) and assistants having 05 (05%) Majority of the respondents are Christian having 61 (61%) Muslims 39 (39%) and traditional believer 4 (4%)

Table 4.02 shows responses on the research questions 97 respondents representing 97% indicated that they are aware

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of misfiling in health recordkeeping while 3 (3%) said no. In the same table, (table 4.2) about 97% respondent understand the meaning of misfiling while about 3% indicated that they are not aware of misfiling. About 97% of the respondents understand misfiling as the misplacement of files on the shelves, while about 3% claimed ignorant of it. About 98% of the respondent agreed that lack of proper funding can cause misfiling while about 2% disagreed with that. Almost 95% of the respondent believed that lack of motivation can cause misfiling and mislaying while about 5% disagreed with that.

About 69% respondents believed that lack of trained staff can lead to misfiling while about 31% of the respondent disagreed with that. About 97% of them are of the opinion that poor ventilation can cause misfiling while about 3% disagreed with that. Almost 89 respondent believed that filing method that encourage misfiling, while about 11 respondents said No. About 90 respondents agreed that poor infrastructure can cause misfiling while about 10% respondents disagreed.

Poor handwriting of staff and transposition of number was believed by 98% respondents as one of the causes of misfiling but about 2 respondents said No. About 98% of respondent agreed that staff strength can cause misfiling, but just two person disagreed with these, about 98% of the respondents agreed that laziness and attitude of staff contribute to misfiling, while about 2% disagreed.

As regards methods of filing that contributes to misfiling 10% queried straight numerical 10% queried terminal digit while 80% respondents queried middle digit. As regards the effect of misfiling on patients, 98% said Yes while 2% said No. About 70% respondents agreed that misfiling can cause patient waiting time, and lack of continuity of patient care, 15% believed that the effect is on waiting time of patient alone while another 15% believed that misfiling can only affect continuity of patient care. About 98% agreed that misfiling and mislaying have negative effect on hospital while 2% of the respondents disagreed.

In the issue of decision making about 97% agreed that misfiling can have negative

effect on decision making, while about 3% disagreed.

From the analysis of above information gathered from various respondents, it is crystal clear for one to conclude that there are significant factors causing misfiling and mislaying of patients records in Obafemi Awolowo University Teaching Hospitals, hence the null hypothesis is therefore rejected.

RESEARCH FINDINGS

The research identified the following key factors contributing to the misfiling, mislaying, and missing of patients' health records in the selected teaching hospitals: Lack of Adequate Training: Health information personnel often lack comprehensive training in modern record-keeping practices, which is essential for efficient record management.

Workload and Staffing Issues: Overwhelming workloads, coupled with understaffing, lead to rushed record-keeping and increased chances of misfiling and mismanagement.

Obsolete Record-Keeping Systems: Outdated, manual record-keeping systems are still prevalent in some teaching hospitals, making it difficult to maintain an organized and easily accessible record database.

CONCLUSION

Efficient management of patients' health records is crucial for effective healthcare delivery. Inadequate training, overwhelming workloads, and outdated record-keeping systems are significant factors contributing to the misfiling, mislaying, and missing of health records in Nigerian teaching hospitals. Addressing these issues is imperative for enhancing healthcare services and ensuring accurate patient information management.

RECOMMENDATIONS

Based on the research findings, the following recommendations are proposed to address the challenges associated with health record management:

1. Continuous Training and Education: Regular training programs should be organized to update health information personnel on modern

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- record-keeping practices, ensuring they are well-equipped to manage health records efficiently.
2. Technological Integration: Hospitals should invest in and fully integrate modern Electronic Health Record (EHR) systems to enhance record accuracy, accessibility, and overall efficiency.
 3. Staffing Optimization: Hospitals should assess and optimize staffing levels to match the workload, reducing the burden on health information personnel and improving the accuracy of record-keeping.

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