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This study investigated the application of management principles into health records management practices among health records management practitioners in the local government areas of Osun State, Nigeria, with a view to combining insights of how application of management principles bridges different aspects of health records management practices in the local government areas of Osun State, Nigeria. Survey research design was adopted for the study. The population of the study was two hundred and fifty three (253) health records management practitioners in the 30 local government areas of Osun State. Total enumeration technique was used to cover all the 253 health records management practitioners in the 30 local government areas. A validated questionnaire was the instrument used for data collection. The response rate of 97.6% was obtained and data were analyzed using descriptive and inferential statistics. Findings revealed that positive and significant relationship exists between application of management principles and health records management practices (Df = 245, N = 247, r = .782**, p < 0.05). The p-value associated with the r statistics is less than the 0.05 level of significance. It implies that a unit increase in application of management principles will increase the tendency for effective health records management practices in the studied area. The study concluded that application of management principles has significant influence on health records management practices in the local government areas of Osun State. The study recommended that: State government through the relevant agency (State Primary Healthcare Development Board/Ministry of Health) should organize regular training and re-orientation workshop for health records practitioners on application of management principles for an improved health records management practices in local government areas of Osun State.

KEY WORDS: Application, Management principles, Health records management practices, Health records management practitioners

INTRODUCTION

The effectiveness health records management practice in Nigeria requires good knowledge of management functions and application of management principles. Management is an active discipline because it is the process of getting things done through and with other people. The work of manager is to make sure the work is done. Even though you delegated the work; the responsibility is still yours. A manager is devoted to achievement of organizational goals, objectives and targets. The manager works through other people to achieve organizational goal, through the use of the 4Ms of management which are the resources used by the managers to achieve goals, objectives and targets: The 4Ms are: Man, Money, Materials and Machinery: others are time and information.

Walshe and Smith (2016) define management as efficient and effective use of resources in order to get maximum output that guarantees achievement of goals. Resources that are used in health records management services are: Time, Space, Vehicle, Stationeries, Water, Money, Efforts, Energy, Computer, Man, Equipments and Information. Opeke, Adio, Omole and Adebayo (2019) assert that management is getting or taking responsibility for getting things done through people. In other word, it is an act of taking responsibility to get things done in order to achieve goals. It is considered as an art and also a science (Walshe & Smith, 2016); which could be anything done to take care of a family, civil servants, workers in a company and so on. Hence, management consists of set of socio-technical processes or activities involving the use of human and non-human resources towards accomplishment of specific goals via implementation of the basic functions of management (Omole, 2016).

It is therefore assumed that effectiveness of health records management practices depends on application of management principles, for generation of accurate and reliable health information for action. Based on this assumption, this paper examined the application of management principles into health records management practices in the local government areas of Osun State.

STATEMENT OF THE PROBLEM

It has been observed by the investigator that improper management of health records generated within the health care facilities usually result from inefficient application of management principles which use to have negative effect and grave consequences on health records management practices in the local government areas of Osun State.

The problem therefore is that, the extent to which health records practitioners in the local government areas pay attention to application of management principles for effective health records management practices is not clear. Therefore, it is important to find out empirically the application of management principles into health records management practices. It is in the light of this that the study investigated the application of management principles into health records management practices in the local government areas of Osun State.

OBJECTIVE OF THE STUDY

The specific objectives of the study are to;

1. examine the existing methods of managing health records in the local government areas of Osun State;
2. ascertain the existing ways of applying of management principles in the local government areas of Osun State;
3. find out the relationship between application of management principles and health records management practices in the local government areas of Osun State

RESEARCH QUESTIONS

The research questions for the study are;

1. What are the existing methods of managing health records in the local government areas of Osun State?
2. What are the existing ways of applying of management principles in the local government areas of Osun State?

HYPOTHESIS

The study was tested under the following research hypothesis at 0.05 level of significance:

H₀: Application of management principles has no significant relationship with health records management practices in the local government areas of Osun State.

SCOPE OF THE STUDY

This study investigated the application of management principles into health records management practices among health records management practitioners in the local government areas of Osun State.
SIGNIFICANCE OF THE STUDY

Findings of this study would be of significance to the health records management practitioners, because the information generated from this study would enable them to address issues of inefficient application of management principles at the health facility level. The outcome of this research would help to identify the need for application of management principles which would allow effective health records management practices in the local government areas of Osun State.

The results of the study would be useful to the local government authorities, other healthcare professionals and Nigerian health sector at large, to understand the need to provide collaborative working environment which would enhance efficient application of management principles that may lead to effective health records management practices within their catchment areas.

REVIEW OF LITERATURE

Methods of Managing Health Records

Data and information are the life blood of the health care delivery system, and vital to the decision making process surrounding patient’s care and hospital activity (Osundina, 2014). Health records practitioners are involved in managing data and information shared by users with different needs and definitions which must be addressed in developing health care information system. Health care functions revolve round collecting, analyzing, making decision, using data and information including auditing for data integrity. Internal uses of data include creating a medical history, ensuring that the patient receives proper care, communication between providers, recommending procedures, generating billing information, creating legal documentation, giving accreditation, licensing and governmental agencies information system, including identifying trends arising with surveillance and research (Austin & Boxer man, 2013). All these functions cannot be accomplished without a health records practitioner that will properly manage patient health records both manually and electronically, to serve the various functions stated above.

Health records management technique improves the quality of health care by ensuring that the best information is available to make any health care decision. It also manages health care data and information resources. It encompasses services in planning, collecting, monitoring, analyzing and disseminating, individual patient and clinical data (Russel, 2011). These services guarantee an evidence-based quality healthcare. AHIMA (2013) reveals that electronic record management must conform to national standard, be capable of exchanging information with multiple sources, and expose the health record practitioners to boundless opportunities as the profession transits to a national health management information system network.

Health record is a complete compilation of scientific data about patient’s life and illness, derived from many sources, coordinated into an orderly documented file, packaged by the health records department and finally filed away for various uses, both personal and impersonal (Omosanya, 2016). Health records may be managed manually or electronically (Olaniyin, 2014).

1. Manual Method: This involves the use of paper, ink and paper product in the creation, storage, maintenance and use of health records. The strategies used in the manual method include the adoption of the basic health records management systems such as; numbering system, tracing system, filing system, appointment system, coding and indexing system. These systems are operational in a health records department with adequate space, equipment and qualified personnel in the health institution, via various sections of the department such as, registration, admission and discharge, coding and indexing, statistics, and library sections. Information is made available to the users manually based on their needs and requests (Makata, 2015).

2. Electronic Method: This involves the application of computer system and other electronic devices into the creation, maintenance and use of health records. The strategies used in electronic health records method include the use of hardware, software, human ware, procedures and storage devices. Application packages, such as multipurpose hospital information system (MPHIS), Microsoft Word, Microsoft Excel, District Health Information System – 2 (DHIS-2), Statistical Package for Social Sciences (SPSS), Electronic Coding Procedures and Instructions (ECPI), including storage devices like hard disc, CDROM, flash drive, network and internet services are adopted for effective management of health records and sharing of information with complete accuracy (Oyeniran, 2013).

Health Records Management Life Cycle

The records life cycle model postulated by Schellenberg (1998) sees records passing through stages until they eventually die, except for the chosen ones that are reincarnated as archive; that is, records are not static, but has a life similar to that of biological organism. Therefore, health records management techniques involve the stages of records life cycle which include records creation, records maintenance, records use, records evaluation, archiving, final disposition and continuum. This shows that records are born or created for a particular purpose and when the records are no
longer needed by the organization after a long period of active use, they are placed in the inactive records for final disposition.

Effective application of the records management life cycle is critical to the management of health records in the health facilities. Popoola (2000) asserts that recorded information has a life similar to that of a biological organism in that, it is born (creation phase), it lives, (maintenance and use phase), and it dies, (final disposition). He went further to state that as soon as health records are created in the hospital during registration, consideration must be given to storage facilities, retrieval tools, filing and classification. Therefore if the hospital management fails to act on the mentioned issues the growth of records can consume the available space in the hospital, and cause inefficiency and poor management of health records.

The stages in life span of patient records as explained by Popoola (2000) are: creation, maintenance, use, evaluation, active, semi-active and inactive categorization of records after proper evaluation of the patient records.

(a) Creation of Health Records: Health records creation starts with the documentation and registration of patient in the health records management department of the health institution. This will be followed by entering of clinical information such as; patient’s complains, diagnosis, reports of medical investigations and treatment rendered into the record. At the registration point a unique hospital number would be assigned to the health record to facilitate distinct identification of the record.

(b) Maintenance of Health Records: Records’ maintenance phase involves storage facilities, retrieval tools, filing and classification. This is applicable to health records management practices which consist of the provision of appropriate infrastructure, the establishment of mechanisms and procedures, for collecting and analysis health data, to provide needed information to be used as management tool for informed decision making. Effective maintenance of health records requires the adoption of appropriate filing system, numbering system, appointment system, tracing system, storage system, coding and indexing systems. The application of these systems facilitates effective health records management services for quality health care delivery.

(c) Health Record’s Use: Health records use begins with an initiation stage, during which the information user first becomes aware of the need to gather information from the existing records, by recognizing the initial need for information, and attempt to facilitate effective use of the records through systematic organization pattern of the health records based upon his / her needs. Coding and indexing systems are the tools that facilitate health records’ use.

(d) Evaluation of Patient Records: Evaluation is a process of determining the value of records for further use, and the length of time for which that value will continue. Evaluation must be done based on the existing policy, which will stipulate how long records should be kept in their original form and what to be done after the expiration of the stipulated period. Record’s content, record’s value, record’s form, reference value, research value, operating value, fiscal value, legal value, and archival value of the records must be considered during the evaluation process. Evaluation helps in the categorization of patient records into active, semi-active and inactive records.

(e) Active Health Records: Active health records are records needed to perform current operations (such as direct patient care and treatment) they are subject to frequent use and usually located near the user, and may be managed in a centralized or decentralized health records library.

(f) Semi-active Health Records: Semi-active phase occurs, when the patients have been discharged home and only need to visit the hospital on appointment or at will. Records of discharged patients are processed in the health information management department and stored in the health records’ library. These categories of records are occasionally retrieved for patient care and research purposes.

(g) Inactive Health Records: An inactive record is a record that is no longer needed to conduct current business but is being preserved until it meets the end of its retention period as stipulated in the enabling policy. Inactive patient records are those records that are dormant on the shelves, which their owners or the patients have cease coming to the hospital, over a given period of time and records of dead patients that are kept in the health records library. These categories of records are made to reside in the secondary storage area of the library in order to create space for active records on the shelves, because of their reference value during medical research and trend analyses of diseases over a period of time (Popoola, 2000).

Therefore the goal of health records management practices are to support the process of decision making to improve patient care outcomes, improve health care documentation and improve patient safety, improve treatment and health services including improved performance in patient care management.

Activities of Management

Activities of management include the full implementation of the four (4) basic functions of management as posit by
Opeke, Adio, Omole and Adebayo (2019) which are: Planning, Organizing, Leading/directing and Controlling.

(a) Planning: This is the process of decision making. The manager takes decision about how to solve the problem at hand through decision making. Planning is a process that sets the organizational objectives and states how the objectives would be achieved. It involves identifying what is to be done? By who?, By how? At where? And at which cost to achieve result. That is taking decision on what needs to be done by who and by how is a planning function of management which consists of the following elements.

i. Forecasting, (using past & present information to predict future).
ii. Problem solving (identify problem, analyze the problem and provide solution)
iii. Designing sequential process of implementation & evaluation

Implementation (i.e. actual operation of what has been planned) and Evaluation (i.e. a method of comparing what has been done with the stated goal): All these should be contained in a good health care service delivery plan.

(b) Organizing: Is the process of arranging human and non-human resources to meet organizational goals: It involves breaking job down into specific tasks and ensuring that right kind of people that are required to carry out the right responsibility are put in place. That is there must be a place for everybody and everybody must be in a place to promote and improved productivity. Arrangement of chairs, tables, shelves, sections, units, departments and time is part of organizing: staffing also is part of organizing.

(c) Leading / Directing: is the process of influencing others to achieve organizational goals. It involves making sure that we motivate people to work efficiently and effectively to achieve result. Here we have both formal and informal leadership in any organization. In any organization, both the formal and informal leadership patterns are highly recommended.

(d) Controlling: Is a process of ensuring that organizational goals are met. It involves making sure that pre-determined goals are achieved, which can only be accomplished through surveillance and reporting of activities. Controlling involves comparing the actual performance with the stated objectives, with a view to knowing the extent of achieving the set of goals. Feedback is an ingredient of controlling and it all involves ensuring that the stated goals are met (Opeke, Adio, Omole & Adebayo, 2019)

Principles of Management

Principles of management are the laid down rules or ways by which management functions should be carried out (Walshe & Smith, 2016). Henry Fayol, a French Engineer and industrialist in his book “General and Industrial Management (1916) prescribed fourteen (14) principles of management which form the essential rules that must be adhered to by managers. 14 management principles by Henri Fayol are universally accepted guidelines for managers to do their job according to their responsibility. These principles are today refers to as basic foundation of successful management. The 14 management principles are; Division of Work, Balancing Authority and Responsibility, Discipline, Unity of Command, Unity of Direction, Subordination of Individual Interests to the General Interest, Remuneration, Centralization, Scalar Chain, Order, Equity, Stability of Tenure of Personnel, Initiative and Esprit De Corps (Walshe & Smith, 2016)

Henri Fayol, a French industrialist, is now recognized as the Father of Modern Management, in the year 1916 Fayol wrote a book entitled “Industrial and General Administration”. In this book, he gave the 14 Principles of Management as follows:

1. Objective: Every organization must have objective which must be clearly stated. There must be general objective (goal/ purpose/ vision) and specific objectives (mission) statements.
2. Division of Work: Work must be divided into small tasks: to be managed by specialized persons according to their skills.
3. Unity of Command: Each subordinate should receive orders and to be accountable to one supervisor
4. Unity of Direction: All related activities should be put under one group or under the control of one manager.
5. Authority and Responsibility: Involves issue of command and responsibility for their consequences. Authority is the right to give order and responsibility is obligation for performance.
6. Discipline: Obedience and proper conduct in relation to others, including respect for constituted authority.
7. Subordination of Individual Interest to Mutual Interest: Put aside personal considerations and put company objective first (i.e. organization goal above personal interest)
8. Remuneration: Motivation influences productivity – The methods of remuneration payable should be fair, reasonable and rewarding to effort. (Good remuneration reduces personnel turnover)
9. The Degree of Centralization: Implies the
and analyze data that are crucial to the delivery of quality patient care. They compile and report health events for surveillance, facility planning, marketing and research. Also they abstract and code clinical data, using appropriate classification scheme, and analyze health records, according to standard (Omole, 2013). The 14 Principles of Management are applicable to various aspects of health records management practices in the following ways:

1. **Objective**: Every health records management department must have objective which must be clearly stated. There must be general objective and specific objectives to be pursued by each unit of the department.
2. **Division of Work**: Work must be divided into small tasks: to be managed by specialized persons according to their skills in the department.
3. **Unity of Command**: Each subordinate should receive orders from and be accountable to one supervisor and loyalty to the supervisor must be total.
4. **Unity of Direction**: All related activities should be put under one group or under the control of one manager and related tasks must be arranged closely to one another.
5. **Authority and Responsibility**: involves issue of command and responsibility for their consequences. Authority is the right to give order and responsibility is obligation for performance: When authority is delegated, the health records practitioner must accept responsibility for their consequences (i.e. actions or inactions).
6. **Discipline**: obedience and proper conduct in relation to others, including respect for constituted authority. Ethics of the practice must be obeyed.
7. **Subordination of Individual Interest to Mutual Interest**: Put aside personal considerations and put company objective first (i.e. organization goal above personal interest). Health records practitioner must place service before material gain.
8. **Remuneration**: Motivation influences productivity – The methods of remuneration payable should be fair, reasonable and rewarding to effort. (Good remuneration reduces personnel turnover). Health information managers are fairly rewarded like their colleagues in the health sector.
9. **The Degree of Centralization**: Implies the concentration of decision making authority at the top management. This depends on the company’s size and the use committee is required here to enhance consolidation of action points.
10. **Line of Authority/Scalar chain**: There should be a clear line of authority from top to bottom; linking all managers at all levels (chain of superiors from top rank to lowest).

Therefore the adoption of these principles into health information management practice could facilitate service effectiveness of health information practitioners. It is worthy of note that these principles can be applied for effective management of both human and non-human resources in health information Management practices.

**Ways of Applying Management Principles in Health Information Management Practice**

Health records management practitioner is a specialist or practitioner, saddled with the responsibility of providing accurate documentation and registration of patient health information, and up-to-date health statistical information on hospital activities analysis, both on curative and preventive health services, either as in-patient and outpatient, through the process of gathering and collection of patient information and its manipulation for meaningful decision making (AHIMA, 2014). However, a health records practitioner must be certificated with minimum of Professional Diploma, Bachelors/Master degree in health information management or health records administration and biostatistics from a recognized university, and possessed a professional registration license issued by, the health records officers registration board of Nigeria for eligibility to practice the profession of health records management in Nigeria (Gazette, 1989).

Health information practitioners are responsible for maintaining components of health information system, consistent with the medical, legal, accreditation and regulatory requirements of the health care delivery system. Health records practitioners maintain, collect, and analyze data that are crucial to the delivery of quality information management or health records administration in health information management practices.
be a clear line of authority from top to bottom; linking all practitioners at all levels (chain of superiors from top rank to lowest). This enhances identification of who is responsible for what in the department.

11. **Order**: instructions on how things should be done must be acceptable and be in agreement with the rules of the practice.

12. **Initiative**: Health records practitioners should be allowed to use their discretion to make judgment on the job assigned. Using the discretion and initiative of employee can add strength and new idea to the practice.

13. **Equity**: Health Information practitioners should be fair and impartial (unbiased) when dealing with patients; giving equal attention to all patients, clients and colleagues.

14. **Esprit de corps (spirit of teamwork)**: Team spirit helps an atmosphere of mutual trust and understanding team spirit helps finish tasks on time and it enhances collaborative work environment.

Therefore health records practitioners should put in place appropriate management techniques that will facilitate easy access to health information through application of management principles to enhance effective functioning of all health information management systems (that is; numbering system, filling system, tracing system, appointment system, coding and indexing system, district health information system, disease surveillance and notification systems) for effective health records management practices in the local government areas of Osun State, Nigeria

**METHODOLOGY**

Survey research method was used. This study investigated the application of management principles into health records management practices among health records management practitioners in the local government areas of Osun State. The instrument used for data collection was questionnaire. The instrument was administered to health records management practitioners in the 30 local government areas of Osun State. Administration and collection of the instrument lasted for three months. Retrieved data were analyzed and presented with the use of descriptive and inferential statistics that is: frequencies, percentages, means, standard deviation and simple correlation table.

**FINDINGS AND DISCUSSIONS**

Data were collected through the questionnaire. Data generated through questionnaire were collated, coded, and analyzed using descriptive and inferential statistics that is: frequencies, percentages, means, standard deviation and simple correlation in analyzing the responses of the health records management practitioners. The return rate of 253 copies of the questionnaire dispatched to the health records management practitioners in the 30 local government areas of Osun State show that 247 copies representing 97.6% were duly completed and returned while 6 copies representing 2.4% of the questionnaire were not duly completed. Therefore the results presented in the following sections were based on the 247 copies of the questionnaire that were duly completed and returned.

**Answers to Research Questions**

This section consists of the results from the descriptive statistics on the account of the two Research Questions posed in the study:

**Research Questions 1: What are the existing methods of managing health records in the local government areas of Osun State?**

<table>
<thead>
<tr>
<th>S/N</th>
<th>Items</th>
<th>SD (%)</th>
<th>D (%)</th>
<th>A (%)</th>
<th>SA (%)</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Health Records are created to provide evidence of patient treatment in the health facility</td>
<td>-</td>
<td>-</td>
<td>58</td>
<td>23.5</td>
<td>189</td>
<td>.327</td>
</tr>
<tr>
<td>2</td>
<td>Health records are managed manually in the health facility</td>
<td>-</td>
<td>10</td>
<td>188</td>
<td>49</td>
<td>19.9</td>
<td>.503</td>
</tr>
<tr>
<td>3</td>
<td>Electronic devices are available for data reporting for online data reporting system</td>
<td>-</td>
<td>24</td>
<td>87</td>
<td>136</td>
<td>55.1</td>
<td>.785</td>
</tr>
</tbody>
</table>
The result in Table 1 reveals that (using the mean), respondents strongly agreed that health records are created to provide evidence of patient treatment in the health facility ($\times = 3.76$), as Health records are managed manually in the health facility ($\times = 3.50$), Electronic devices are available for data reporting for online data reporting system ($\times = 3.67$), Health records are assigned hospital numbers for easy retrieval ($\times = 3.81$), Health records serve as source document for information gathering at health facility level ($\times = 3.75$), Space/accommodation exists as health records management unit in my health facility ($\times = 3.58$), Demographic information supplied by health records enhances unique identification of each patient ($\times = 3.55$), Evaluation is done regularly to determine the value of existing health records ($\times = 3.56$), Effective health records management depends on application of management principles by health records practitioners ($\times = 3.51$), Basic health records management systems are in operation at the health facility ($\times = 3.55$), Health records are maintained until they meet the end of their retention period ($\times = 3.66$), Reliable health records storage and security control are available in the health facility ($\times = 3.67$). It also unveils that respondents agreed that Health records disposal is done based on existing management policy that guaranteed continuum ($\times = 3.18$).

Hence, it could be inferred that the effectiveness of health records management practices depends on application of management principles by health records practitioners ($\times = 3.51$) in the local government areas. Finally the findings revealed that health records are managed manually in the health facility as electronic devices are also available for data reporting for online data reporting system which could be referred to as computer assisted health records management system.

### Table 1: Continues

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Mean</th>
<th>SD</th>
<th>X</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Health records are assigned hospital numbers for easy retrieval</td>
<td>10.0</td>
<td>3.81</td>
<td>3.81</td>
<td>.384</td>
</tr>
<tr>
<td>5</td>
<td>Health records serve as source document for information gathering at health facility level</td>
<td>11.4</td>
<td>3.75</td>
<td>3.75</td>
<td>.446</td>
</tr>
<tr>
<td>6</td>
<td>Space/accommodation exists as health records management unit in my health facility</td>
<td>18.7</td>
<td>3.58</td>
<td>3.58</td>
<td>.587</td>
</tr>
<tr>
<td>7</td>
<td>Demographic information supplied by health records enhances unique identification of each patient</td>
<td>6.2</td>
<td>3.55</td>
<td>3.55</td>
<td>.517</td>
</tr>
<tr>
<td>8</td>
<td>Evaluation is done regularly to determine the value of existing health records</td>
<td>10.4</td>
<td>3.56</td>
<td>3.56</td>
<td>.574</td>
</tr>
<tr>
<td>9</td>
<td>Effective health records management depends on application of management principles by health records practitioners</td>
<td>16.6</td>
<td>3.51</td>
<td>3.51</td>
<td>.529</td>
</tr>
<tr>
<td>10</td>
<td>Basic health records management systems are in operation at the health facility</td>
<td>13.5</td>
<td>3.55</td>
<td>3.55</td>
<td>.547</td>
</tr>
<tr>
<td>11</td>
<td>Health records are maintained until they meet the end of their retention period</td>
<td>19.7</td>
<td>3.66</td>
<td>3.66</td>
<td>.558</td>
</tr>
<tr>
<td>12</td>
<td>Reliable health records storage and security control are available in the health facility</td>
<td>20.8</td>
<td>3.67</td>
<td>3.67</td>
<td>.538</td>
</tr>
<tr>
<td>13</td>
<td>Health records disposal is done based on existing management policy that guaranteed continuum</td>
<td>29.11</td>
<td>3.18</td>
<td>3.18</td>
<td>.613</td>
</tr>
</tbody>
</table>

Source: Field Survey, 2019:
Key: SA = 3.5-4.0: A = 2.50-3.49: D = 1.50-2.49: SD = 1.00-1.49
Note: SA=Strongly Agree: A=Agree: D=Disagree: SD=Strongly Disagree
X = Mean, Std. Dev. = Standard Deviation
Research Questions 2: What are the existing ways of applying of management principles in the local government areas of Osun State?

Table 2: Showing the existing ways of applying of management principles in the local government areas of Osun State

<table>
<thead>
<tr>
<th>S/N</th>
<th>Items</th>
<th>SD (%)</th>
<th>D (%)</th>
<th>A (%)</th>
<th>SA (%)</th>
<th>Mean</th>
<th>Std. Dev</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Objective of health records unit is clearly stated the health facility</td>
<td>-</td>
<td>-</td>
<td>48</td>
<td>199</td>
<td>80.6</td>
<td>3.85</td>
</tr>
<tr>
<td>2</td>
<td>Work is broken down into small tasks to encourage specialization in the health facility</td>
<td>-</td>
<td>11</td>
<td>177</td>
<td>59</td>
<td>23.9</td>
<td>3.51</td>
</tr>
<tr>
<td>3</td>
<td>There is unity of command in the health records unit of the health facility</td>
<td>-</td>
<td>22</td>
<td>67</td>
<td>158</td>
<td>64.0</td>
<td>3.63</td>
</tr>
<tr>
<td>4</td>
<td>Unity of command exists in the health records unit of the health facility</td>
<td>-</td>
<td>6</td>
<td>46</td>
<td>195</td>
<td>79.0</td>
<td>3.71</td>
</tr>
<tr>
<td>5</td>
<td>Issue of command and responsibility for performance is given adequate attention</td>
<td>-</td>
<td>11</td>
<td>85</td>
<td>151</td>
<td>61.1</td>
<td>3.59</td>
</tr>
<tr>
<td>6</td>
<td>Internal disciplinary measures that guarantee proper conduct are in place</td>
<td>-</td>
<td>18</td>
<td>81</td>
<td>148</td>
<td>60.0</td>
<td>3.52</td>
</tr>
<tr>
<td>7</td>
<td>Mutual interest is placed before individual interest in the health records unit of the facility</td>
<td>-</td>
<td>6</td>
<td>91</td>
<td>150</td>
<td>60.8</td>
<td>3.53</td>
</tr>
<tr>
<td>8</td>
<td>Remuneration is fair, reasonable and rewarding to effort in the health facility</td>
<td>-</td>
<td>6</td>
<td>98</td>
<td>143</td>
<td>57.9</td>
<td>3.48</td>
</tr>
<tr>
<td>9</td>
<td>Decision-making procedure is centralized in nature in the health records Unit of the facility</td>
<td>-</td>
<td>26</td>
<td>75</td>
<td>146</td>
<td>59.1</td>
<td>3.50</td>
</tr>
<tr>
<td>10</td>
<td>Line of authority is clear from top to bottom in the health records unit of the facility</td>
<td>-</td>
<td>18</td>
<td>74</td>
<td>155</td>
<td>62.8</td>
<td>3.55</td>
</tr>
<tr>
<td>11</td>
<td>Order on how things should be done exists in the health records unit of the facility</td>
<td>-</td>
<td>11</td>
<td>64</td>
<td>164</td>
<td>66.4</td>
<td>3.61</td>
</tr>
<tr>
<td>12</td>
<td>Use of initiative that add strength and new idea to health records services is allowed in facility</td>
<td>-</td>
<td>16</td>
<td>85</td>
<td>146</td>
<td>59.1</td>
<td>3.57</td>
</tr>
<tr>
<td>13</td>
<td>Equal attention is given to all staff in the health records unit of the facility</td>
<td>-</td>
<td>19</td>
<td>93</td>
<td>135</td>
<td>54.6</td>
<td>3.46</td>
</tr>
<tr>
<td>14</td>
<td>Teamwork enhances mutual trust and understanding in the health records unit of the facility</td>
<td>-</td>
<td>17</td>
<td>75</td>
<td>155</td>
<td>62.7</td>
<td>3.55</td>
</tr>
<tr>
<td>15</td>
<td>Management principles enhance effective planning, organizing, directing and controlling of health information management services</td>
<td>-</td>
<td>-</td>
<td>52</td>
<td>195</td>
<td>78.9</td>
<td>3.82</td>
</tr>
</tbody>
</table>

Source: Field Survey, 2019:
Key: SA = 3.5-4.0; A = 2.50-3.49; D = 1.50-2.49; SD = 1.00-1.49
Note: SA=Strongly Agree; A=Agree; D=Disagree; SD=Strongly Disagree
X = Mean, Std. Dev. = Standard Deviation
The result in Table 2 reveals that (using the mean), respondents strongly agreed that Objective of health records unit is clearly stated the health facility ($\bar{x} = 3.85$), Work is broken down into small tasks to encourage specialization in the health facility ($\bar{x} = 3.51$), There is unity of command in the health records unit of the health facility ($\bar{x} = 3.63$), Unity of command exists in the health records unit of the health facility ($\bar{x} = 3.71$), Issue of command and responsibility for performance is given adequate attention ($\bar{x} = 3.59$), Internal disciplinary measures that guarantee proper conduct are in place ($\bar{x} = 3.52$), Mutual interest is placed before individual interest in the health records unit of the facility ($\bar{x} = 3.53$), Decision-making procedure is centralized in nature in the health records Unit of the facility ($\bar{x} = 3.50$), Line of authority is clear from top to bottom in the health records unit of the facility ($\bar{x} = 3.55$), Order on how things should be done exists in the health records unit of the facility ($\bar{x} = 3.61$), Use of initiative that add strength and new idea to health records services is allowed in facility ($\bar{x} = 3.57$), Teamwork enhances mutual trust and understanding in the health records unit of the facility ($\bar{x} = 3.55$), and Management principles enhances effective planning, organizing, directing and controlling of health information management services ($\bar{x} = 3.82$). It also shows that respondents agreed that Remuneration is fair, reasonable and rewarding to effort in the health facility ($\bar{x} = 3.48$) and Equal attention is given to all staff in the health records unit of the health facility ($\bar{x} = 3.46$).

Findings indicated the contribution of management principles to effective planning, organizing, directing and controlling of health records management services ($\bar{x} = 3.82$). These confirmed the positive influence of application of management principles on health records management practices in the local government areas.

**Test of Research Hypothesis**

This section consists of the results from the inferential statistics on the account of the one hypothesis tested:

$H_0$: Application of management principles has no significant relationship with health records management practices in the local government areas of Osun State.

**Table 3**: Pearson Product Moment Correlation summary table, showing the relationship between application of management principles and health records management practices in the local government areas of Osun State

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>Std. Dev</th>
<th>Df</th>
<th>R</th>
<th>P</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health records management practices</td>
<td>247</td>
<td>53.138</td>
<td>5.303</td>
<td></td>
<td>.782**</td>
<td></td>
<td>.000</td>
</tr>
<tr>
<td>Application of management principles</td>
<td>247</td>
<td>46.861</td>
<td>5.135</td>
<td>245</td>
<td></td>
<td></td>
<td>Sig</td>
</tr>
</tbody>
</table>

Source: Field Survey, 2019

Key: If P-value associated with the relevant ‘r’ statistics is lesser than 0.05 level of significance, reject $H_0$; but if otherwise accept $H_0$

Table 3 shows positive and significant relationship between application of management principles and health records management practices ($Df = 245, N = 247, r = .782^{**}, p < 0.05$). The p-value associated with the r statistics is less than the 0.05 level of significance. Based on this, the null hypothesis is rejected. Therefore, there is a significant relationship between application of management principles and health records management practices. The table further revealed a positive significance exerted by application of management principles on health records management practices.

It implies that a unit increase in application of management principles will increase the tendency for health records management practices in the studied area. To further understand the proportion of weight exerted by application of management principles with a determinant of coefficient $r^2 (782)^2$ was estimated $= 0.611524$. This means that application of management principles factor accounted for 61.2% variation for the prediction of health records management practices. That is a unit increase in application of management principles improves health records management practices by 61.2%.
SUMMARY OF FINDINGS

Major findings of the study are outlined below:

1. Findings revealed that health records are managed manually in the health facility and electronic devices are available for data reporting for online data reporting system which could be referred to as computer assisted health records management system exists in the local government areas of Osun State.

2. The findings indicated the contribution of management principles to effective planning, organizing, directing and controlling of health records management services which confirmed the positive influence of application of management principles on health records management practices in the local government areas of Osun State.

3. The result showed that there is positive and significant relationship between application of management principles and health records management practices in the local government areas of Osun State.

CONCLUSION

The inference from this study established that application of management principles influences health records management practices in the local government areas. The effectiveness of health records management practices depends on efficient application of management principles for generation of accurate and reliable health information for action. Health records management practices depend on the extent to which application of management principles is taken seriously by health records practitioners in the local government areas. Therefore, effective health records management practices can only be achieved through application of management principles that placed premium on effective planning, organizing, directing and controlling of health records management services in the local government areas of Osun State.

RECOMMENDATIONS

On the basis of the findings and conclusion of this study, the following recommendations are made:

1. Health records practitioners should ensure implementation of contemporary, information technology driven and effective methods of managing health records in the local government areas of Osun State.

2. Health records practitioners should pay serious attention to application of management principles that placed premium on effective planning, organizing, directing and controlling of health records management services in the local government areas of Osun State.

3. State government through the relevant agency (State Primary Healthcare Development Board/Ministry of Health) should organize regular training and re-orientation workshop for health records practitioners on application of management principles for an improved health records management practices in local government areas of Osun State.

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