

FACTORS AFFECTING IMPLEMENTATION OF MEDICAL RECORDS MANAGEMENT ON SERVICE DELIVERY AMONG HEALTH WORKERS AT MASAKA REGIONAL REFERRAL HOSPITAL, MASAKA DISTRICT A CROSS-SECTIONAL SURVEY.

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Abstract

Background

The purpose of the study was to determine factors affecting the implementation of records management on service delivery among health workers at MRRH, Masaka district.

The specific objectives were to find out; a health worker's competency towards medical records management on service delivery, a health worker's perception towards medical records management on service delivery, and health facility-based factors affecting the implementation of medical records management on service delivery.

Methodology

A descriptive cross-sectional survey design was adopted for the study with a simple random sampling technique to select the sample from the study population. A self-administered questionnaire written in English and closed-ended questions was used as a data collection tool. Data were analyzed using Microsoft Excel.

Results

Findings related to health worker's competency towards medical records management on service delivery revealed that all respondents had ever heard about medical records management, (44%) knew medical records management endeavors easy retrieval of patient's information, (40%) had fair computer skills, (50%) last attended any workshop on medical records management from a period of 1-2 years, (54%), irregularly manage medical records during service delivery and (52%) noted that medical records management it's time-consuming.

Conclusion

The researcher concluded that; inadequate computer skills, limited exposure to medical records management workshops, inadequate monitoring and evaluation strong team, lack of enough time, the task was perceived to be hectic, minimal mutual aid among health workers, Scant health workers, inadequate knowledge about the existence of policies and procedures for records management, among health were the overall factors affecting the implementation of medical records management on service delivery.

Recommendation

The researcher recommended that MRRH administration should set and implement strategies that will enlighten health workers to have CPD points gained used for performance appraisal and promotion whenever opportunities arise to influence the implementation of records management during service delivery.

Keywords: Medical records, Service delivery, Health workers, Masaka district, Management,
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1. Background of the study

In the early history of records management (late 19th century to early 20th century), there were simply no set rules or regulations governing records retention (Access records management, 2019). Records were disposed of in the same way they were stored; however, in 1980's they were characterized by further technological breakthroughs, such as bar code scanners. This revolutionized records management and security; with a barcode affixed to each box or individual file, scanners could now keep track of a document's whereabouts and provide easy identification. By 1992, the hardware had become more affordable, and powerful and the use of local area networks provided easier access to HMIS in 2015 (Mogli, 2016).

In the USA, the first step to modernize EMRs was to digitize them. In 2004, President George W. Bush signed an executive order designed to oversee the development of health information technology infrastructure that included adopting EMRs and EHRs. (KB De Salvo, 2015) Since the Obama Administration emphasized technology to revitalize the economy in 2009, the government has backed software tools that give doctors easier access to patient data. In 2016, the government began an EHR implementation incentive program that offered kickbacks and benefits to providers that utilize these systems (David Morgan & John Whitesides, 2013). However, the national electronic health records stand for, 89.9% of physicians reported using an EHR or EMR (Divya, 2022).

In Tanzania, records on service delivery were majorly managed in an Ordinary way, later the HMIS was established during the early 1990s and composed of facility-based health records used for routine health services management, providing indicators for data on morbidity, mortality, health infrastructure, and service coverage for efficient management of health records Mahundi et al, 2015).

Every country deserves a functional records and archives center, and Uganda is now finally in that league. In line with the Constitution of the Republic of Uganda, Article 189 Sixth Schedule (10) and the National Records and Archives Act, 2001 the Government with support from World Bank constructed NRCA Phase I under the Ministry of Public Service to decongest the Registries and Records Centres; assure proper storage and preservation of the archival holdings of Uganda for posterity. The Ugandan HMIS has evolved over the last 15 years for proper management of patient's records, encompassing data from all levels of the health system: the village or grass-roots health unit, parish, sub-county, health sub-district, district, and national level (Kintu et al, 2020). The study aimed to find out the factors affecting the implementation of records management on service delivery among health workers at Masaka Regional Referral Hospital, Masaka district.

1.1. Specific objectives

- To find out health workers's competency towards medical records management on service delivery at Masaka Regional Referral Hospital, Masaka district.
- To find out health workers's perception towards medical records management on service delivery at Masaka Regional Referral Hospital, Masaka district.
- To find out health facility-based factors affecting the implementation of medical records management on service delivery among health workers at Masaka Regional Referral Hospital, Masaka district.

2. METHODOLOGY.

2.1. Study design.

A research design is an actual plan or road map which the researcher uses during the field study. It is an overall plan and strategy for conducting research; it is a master plan specifying the nature and pattern the research intends to follow while carrying out the research study (Oso & Onen,

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2008). A descriptive cross-sectional survey design was adopted for the proposed study. It entails collecting data. This design was preferred for this study because it considers issues for the instant economy, rapid data collection, and the ability to understand the population from part of it.

2.2. Study area.

Masaka Regional Referral Hospital, commonly known as Masaka Hospital, is a hospital in the city of Masaka, in south-central Uganda, is located in the central business district of the town of Masaka, approximately 132 kilometers (82 mi), by road, southwest of Mulago National Referral Hospital, in Kampala, Uganda's capital and largest city. It is the referral hospital for the districts of Kalangala District, Lyantonde, Masaka and Sembabule, Kalungu, Lwengo, Bukomansimbi, and Rakai. The hospital has got several departments, clinics, and wards such as, Eye, ART, Dental, Laboratory, pharmacy, antenatal, OPD, Accident and Emergency; Wards that include; medical, surgical, gynecological and obstetrics, pediatrics, maternity, major and minor theatres plus Nutrition department; with a total of 253 staff both medical and supportive. The official bed capacity of Masaka regional referral Hospital is quoted as 330, but often twice that number or more is accommodated. The hospital averages about 450 daily admissions.

2.3. Study population.

Study population refers to a large group of people possessing one or more characteristics in common on which a research study focuses Therefore; the study population was comprised of

health workers in Masaka regional referral hospital were present during the period of data collection. The target population was selected because they are the providers of healthcare services to patients and therefore, whatever service they provide to patients they have to create records for them.

2.4. Sample size determination.

Cohen et al (2000) argue that a sample size is a way determined by the style of the research. For

this study, Kish Leis (1965) formula (1965) was used.

$$n = z^2pq / d^2 \text{ Where;}$$

n- Represents sample size.

d- Represents a precision of the study, a precision of 10% will be used due to the limited resources (time and moneys).

z- Represents standard normal deviation corresponding to 95% confidence interval which is 1.96.

p- Represents proportional characteristics where no reasonable estimate is given. Therefore, 84.5% was used. which is $(1-0.845) \times 0.130975$

$$0.1^2$$

$$n = 3.8416 \times 0.130975$$

$$0.01$$

$$n = 50.32$$

$$n \approx 50 \text{ respondents}$$

Therefore, sample size was 50 respondents.

2.5. Selection criteria.

2.5.1. Inclusion criteria.

Health workers ready to consent and present during the period of data collection were consecutively enrolled in the study.

2.5.2. Exclusion criteria.

The exclusion group was composed of Health workers not willing to consent and were absent during the period of data collection.

2.6. Study variables.

2.6.1. Dependent variable.

Medical records management was the dependent variable.

2.6.2. Independent variables.

Health workers's competency towards medical records management on service delivery, health worker's perception towards medical records management on service delivery, and health facility-based factors affecting the implementation of medical records management on service delivery among health workers were the independent variables.

2.7. Sampling technique.

The study employed a simple random sampling technique to select the sample from the study population. This technique was preferred because it helped the researcher to get the statistical analysis related to sample distributions, hypothesis testing, and sample size.

2.8. Data collection tool.

A self-administered questionnaire written in English with closed questions was used as a data collection tool. Kothari (2004), described a questionnaire as a research instrument consisting of a series of questions and other prompts to gather information from respondents. This type of questionnaire was preferred because it is practical, large amounts of information can be collected and questionnaires data can easily be quantified,

2.9. Pretesting of the questionnaire.

Questionnaires were printed in English language and then pre-tested at Kiyumba health center IV, Masaka district among 10 respondents; to evaluate the validity and reliability of the research tools.

2.10. Data collection procedure.

Ethical considerations were clearly communicated and adhered to before the commencement of the data collection process. Before the commencement of data collection, an introduction letter was sent to the medical superintendent. When permission was granted; research assistants were chosen and trained based on having training on the data collection process. Thereafter, the researcher and her assistants introduced themselves and explained the purpose of the study to the respondents; respondents who met the inclusion criteria were sampled preferably in their departments. Health workers were requested to pick numbers from an enclosed box and those who picked odd numbers were requested to take part in the study until the required sample size of 50 respondents was achieved.

2.11. Quality control.

Participants receiving the questionnaire were given time to respond and for those who were busy, the researcher collected the survey instruments on the next day.

Since data collection was carried out among health workers on duty, participants were provided with an appointment, and the researcher was interviewed in a private environment.

The researcher ensured the confidentiality of the survey sheets since the identities were not important.

2.12. Data management.

Data management included data editing before leaving the area of study to ensure that there were no mistakes or areas left blank, and if any were found, they were corrected before leaving the area of study. Data was therefore completed and stored on the computer.

2.13. Data analysis and presentation.

Data was analyzed manually, sorted, edited, and arranged according to the themes based on the objectives of the study using a scientific calculator. Data was also coded and entered into a computer, presented using Microsoft Excel software to generate tables and figures for easy presentations of findings.

2.14. Ethical considerations.

Since research often involves a great deal of cooperation and coordination among many different people in different disciplines and institutions, ethical standards promote the values that are essential to collaborative work, such as trust, accountability, mutual respect, and fairness. Therefore, before the commencement of the study, an ethical clearance & permission letter was obtained from the Kampala School of Health Sciences research committee to the medical superintendent of MRRH, Masaka District. Once permission was granted the researcher and her assistants introduced themselves to respondents. A written informed consent was obtained from each study participant after explaining the objectives of the

study by the researcher. Participation of respondents was strictly made voluntarily; respondents were freely entitled to withdraw from the interview and confidentiality of responses was maintained throughout the research process. However, the questionnaires had serial numbers for the purpose of data entry. Furthermore, the researcher erected different collection points, where each of the respondents dropped their responses to avoid suspicion from their colleagues who didn't participate.

3. STUDY FINDINGS.

3.1. Demographic data.

From table 1: majority of the respondents (72%) were females by gender whereas the minority (28%) were males.

In reference to study findings, most of the respondents (54%) were within the age bracket of 33- 39 years whereas the least (6%) were within the age bracket of 18-24 years.

Findings in regards to tribes, almost half of the respondents (48%) were Baganda whereas the least (4%) were Basoga.

The study also revealed that half of the respondents (50%) were married whereas the least (2%) were widowed.

The study further revealed that most of the respondents (36%) were nursing assistants whereas the least (4%) were laboratory technicians.

In addition to that, majority of the respondents (60%) had worked for 5 years and above at this facility whereas the least (4%) had worked for less than a year at this facility.

3.2. HEALTH WORKER'S COMPETENCY TOWARDS MEDICAL RECORDS MANAGEMENT ON SERVICE DELIVERY.

In a narrative perspective, the study revealed that all respondents had ever heard about medical records management.

From the table 2, most of the respondents (44%) reported that medical records management endeavors easy retrieval of patient's information whereas the least (4%) reported that other views

such as ensuring privacy of patient's records and reducing work overload.

From figure 1: most of the respondents (40%) had fair computer skills whereas the least (12%) reported that their computer skills were very good.

From figure 2: half of the respondents (50%) reported that they last attended any workshop on medical records management from a period of 1-2 years whereas the least (4%) last attended any workshop on medical records management last month.

From table 3: more than half of the respondents (54%) reported that they irregularly manage medical records during service delivery whereas the least (24%) reported that they regularly they manage medical records during service delivery.

From table 4: most of the respondents (52%) reported that medical records management it's time consuming as the reason as to why they irregularly manage medical records during service delivery whereas the least (22%) reported that medical records management it's laborious as the reason as to why they don't manage medical records during service delivery.

3.3. HEALTH WORKER'S PERCEPTION TOWARDS MEDICAL RECORDS MANAGEMENT ON SERVICE DELIVERY.

From figure 3: almost all of the respondents (92%) perceived medical records management on service delivery as beneficial whereas the least (2%) perceived medical records management during service delivery not beneficial.

From figure 4: more than half of the respondents (56%) they were not willing to frequently manage medical records on service delivery whereas the least (44%) they were willing.

From table 5: almost of the respondents (45%) reported that medical records management records during service delivery is tiresome whereas the least (14%) reported other alternatives such as difficult and time consuming.

From table 6: Majority of the respondents (80%) preferred an automated records management system procedure whereas the least (20%)

Table 1: Shows the distribution of respondents according to their demographic data (N=50)

Gender	Frequency(f)	Percentage (%)
Male	14	28
Female	36	72
Total	50	100
Age (years)		
18-24	03	6
25-32	09	18
33-39	27	54
40-45	11	22
Total	50	100
Tribe		
Musoga	02	4
Muganda	24	48
Munyankole	04	8
Others	20	40
Total	50	100
Marital status		
Married	25	50
Single	21	42
Divorced	03	6
Widowed	01	2
Total	50	100
Qualiftcation		
Nursing Assistant	18	36
Enrolled nurse	06	12
Enrolled Midwife	06	12
Registered Midwife	05	10
Doctor	03	6
Laboratory Technician	02	4
Others	10	20
Total	50	100
Working experience		
Less than a year	02	4
1-2 years	05	10
3-4 years	13	26
5 years and above	30	60
Total	50	100

Table 2: Shows the distribution of respondents according to their views about how important is medical records management on health service delivery (N=50)

Response	Frequency (f)	Percentage (%)
For easy retrieval of patient's information	22	44
Makes the work run smoothly	10	20
Ensures safety of patient's information	09	18
Time saving	07	14
Others	02	4
Total	50	100

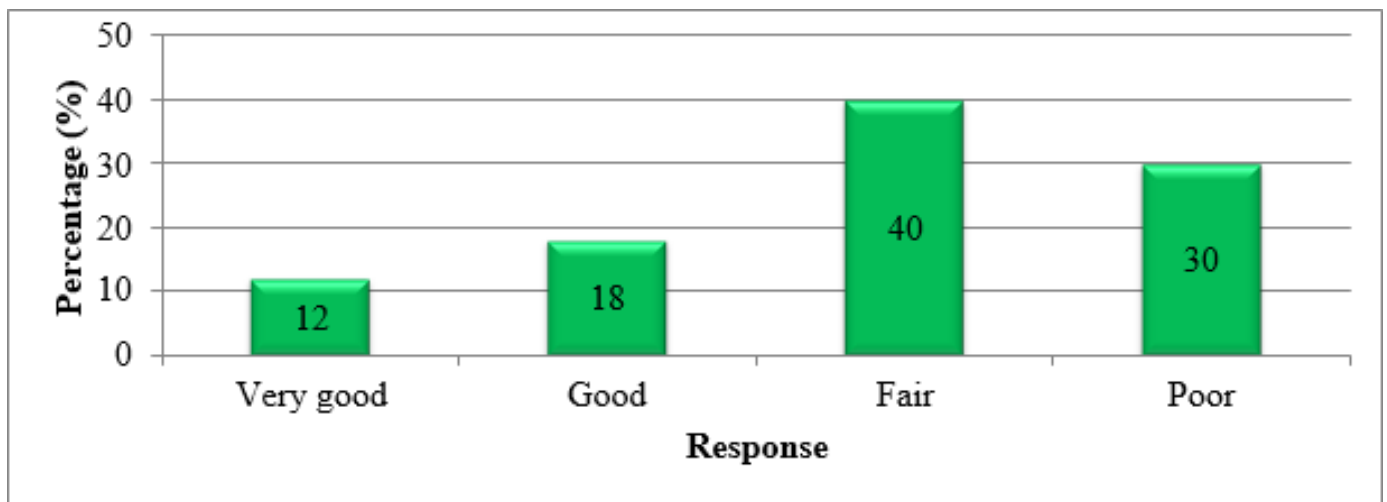


Figure 1: Shows the distribution of respondents according to their computer skills

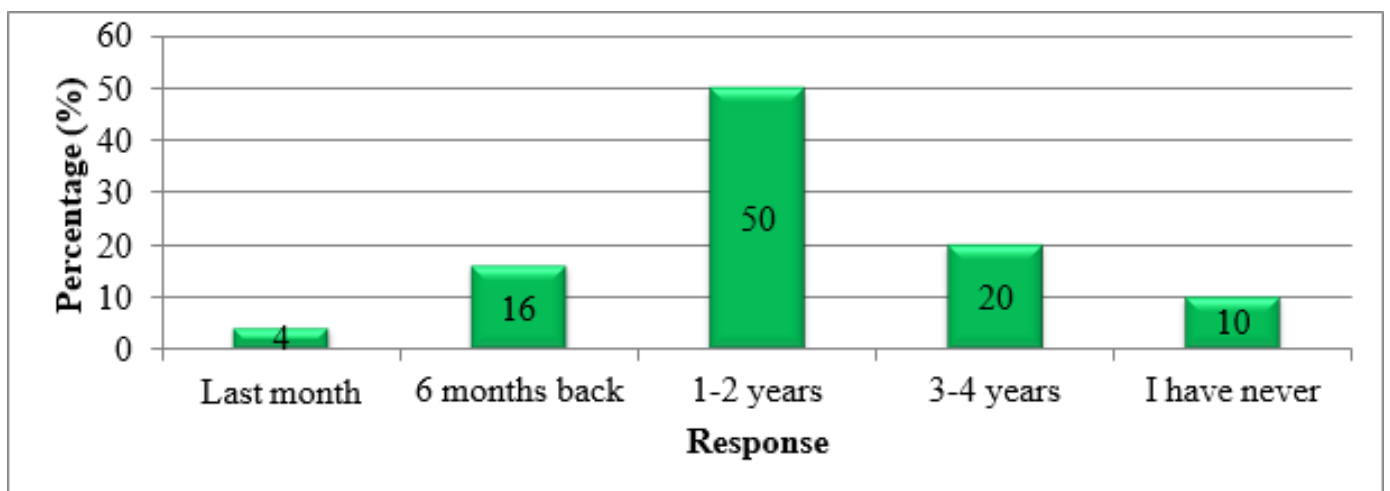


Figure 2: Shows the distribution of respondents according to when they last attended any training/ workshop on medical records management

Table 3: Shows the distribution of respondents according to how often do they manage medical records during service delivery. (N=50)

Response	Frequency (f)	Percentage (%)
Regularly	11	22
Irregularly	27	54
I have never	12	24
Total	50	100

Table 4: Shows the distribution of respondents according to the reasons as to why health workers don't manage medical records regularly during service delivery. (N=27)

Response	Frequency (f)	Percentage (%)
It's time consuming	14	52
It's laborious	06	22
I don't have skills	07	26
Total	27	100

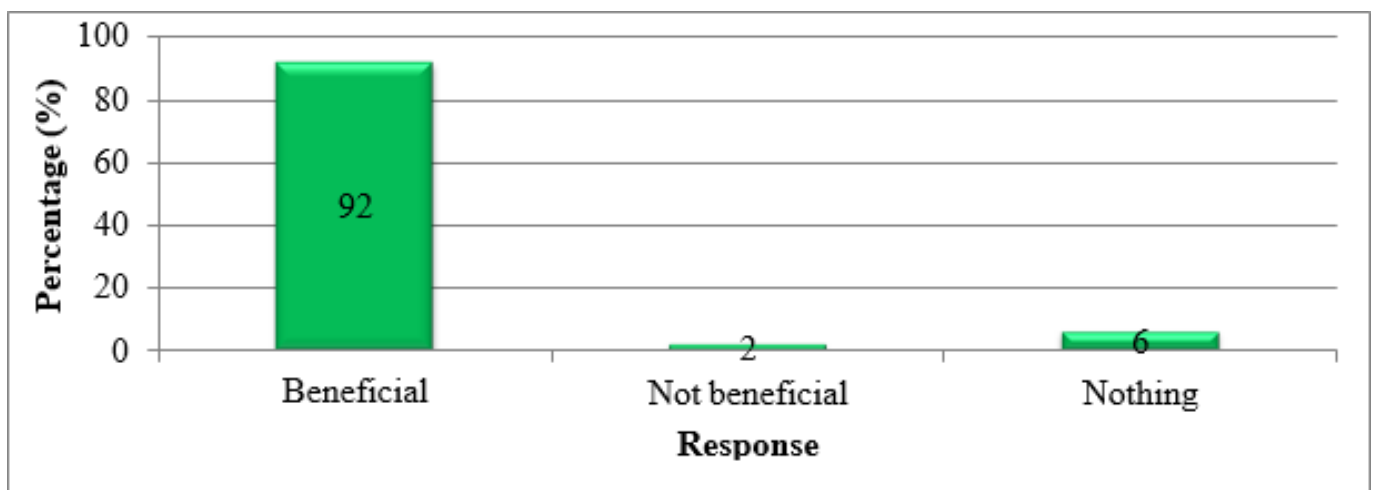


Figure 3: Shows the distribution of respondents according to how they perceived medical records management during health service delivery.

Table 5: Shows the distribution of respondents who had ever tried to manage medical records during service delivery at this facility according to how they find the task (N=22)

Response	Frequency (f)	Percentage (%)
Easy	04	18
Interesting	05	23
Tiresome	10	45
Others	03	14
Total	22	100

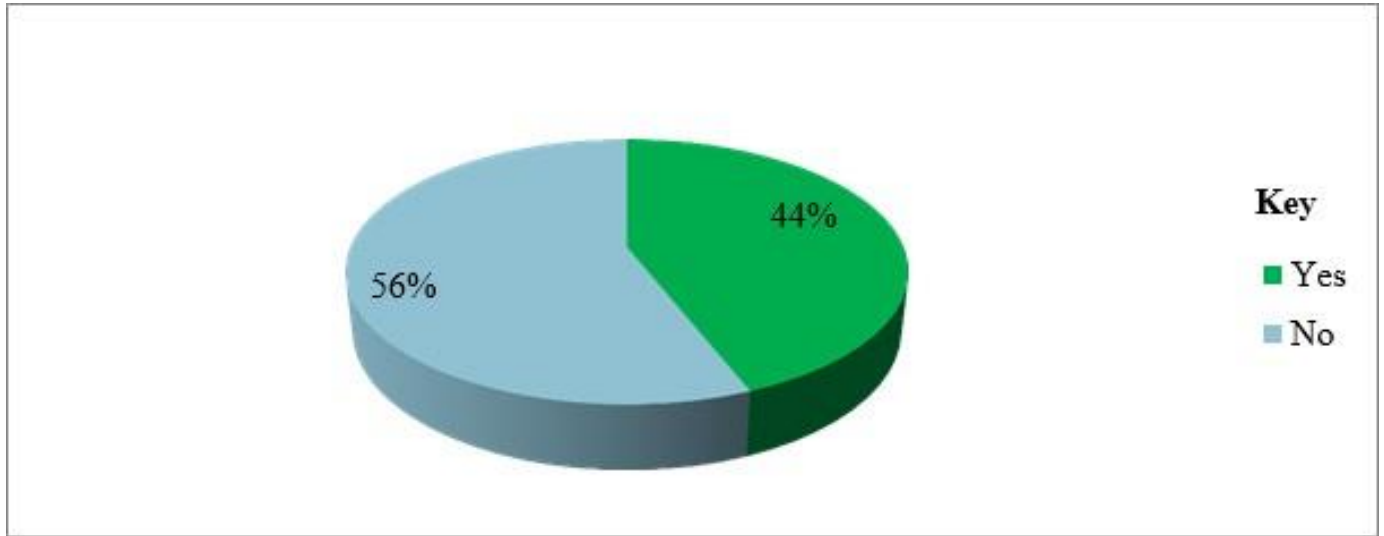


Figure 4: Shows the distribution of respondents according to whether they were willing to frequently manage medical records during services delivery (N=50)

Table 6: Shows the distribution of respondents according to the medical records management procedure they always preferred (N=50)

Response	Frequency (f)	Percentage (%)
A manual procedure	10	20
automated records management system	40	80
Total	50	100

preferred a manual automated procedure.

From figure 5: most of the respondents (40%) were willing to encourage a notable few numbers of workmates to efficiently manage records during service delivery whereas least (24%) were willing to encourage the entire fellow workmates to efficiently manage records during service delivery.

3.4. HEALTH FACILITY BASED FACTORS AFFECTING IMPLEMENTATION OF MEDICAL RECORDS MANAGEMENT ON SERVICE DELIVERY AMONG HEALTH WORKERS.

From figure 6: most of the respondents (52%) reported that the health facility never had enough health workers per duty schedule and ratio of patients whereas least (12%) were not sure whether the health facility had enough health workers per duty schedule and ratio of patients.

From table 7: majority of the respondents (60%) reported that they store both manual and electronic hospital records in their department whereas the least (16%) reported that they store hospital records manually.

From figure 7: most of the respondents (36%) were not certain about whether facility had strong policies and procedures for creating and storing records in both paper and electronics whereas least (30%) reported that facility does not have a strong policies and procedures for creating and storing records in both paper and electronics.

From table 8: more than half of the respondents (68%) reported that they manage all patients' records whereas least (14%) reported that they manage records on specific information.

From table 9: majority of the respondents (80%) reported that records assistant monitors records management and retrieval at this facility whereas the least (2%) they didn't know who

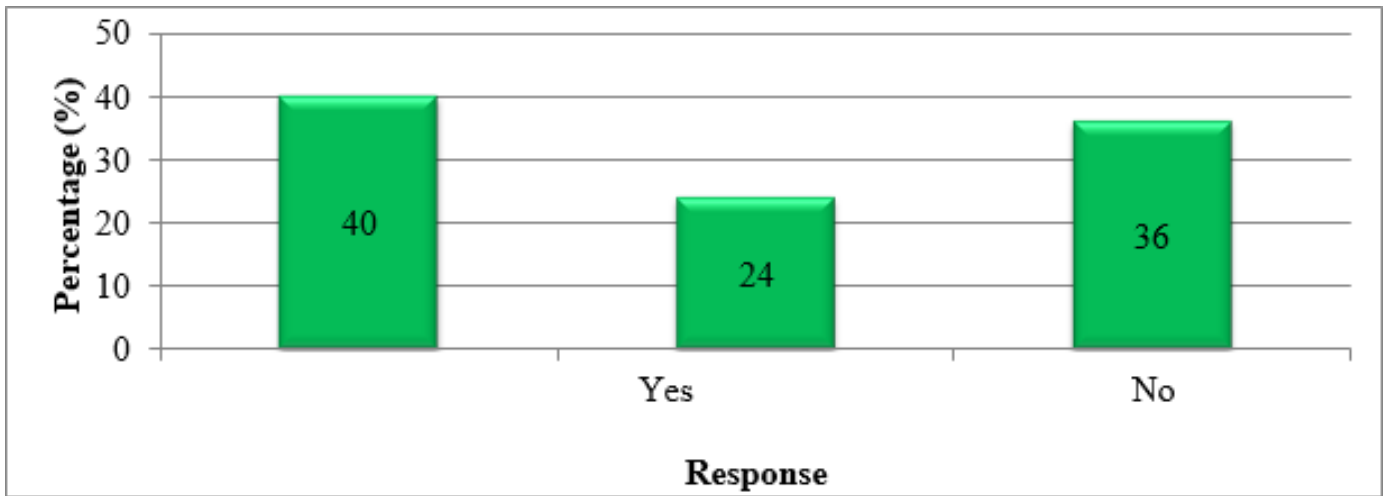


Figure 5: Shows the distribution of respondents according to whether they would encourage their fellow workmates to efficiently manage records during service delivery

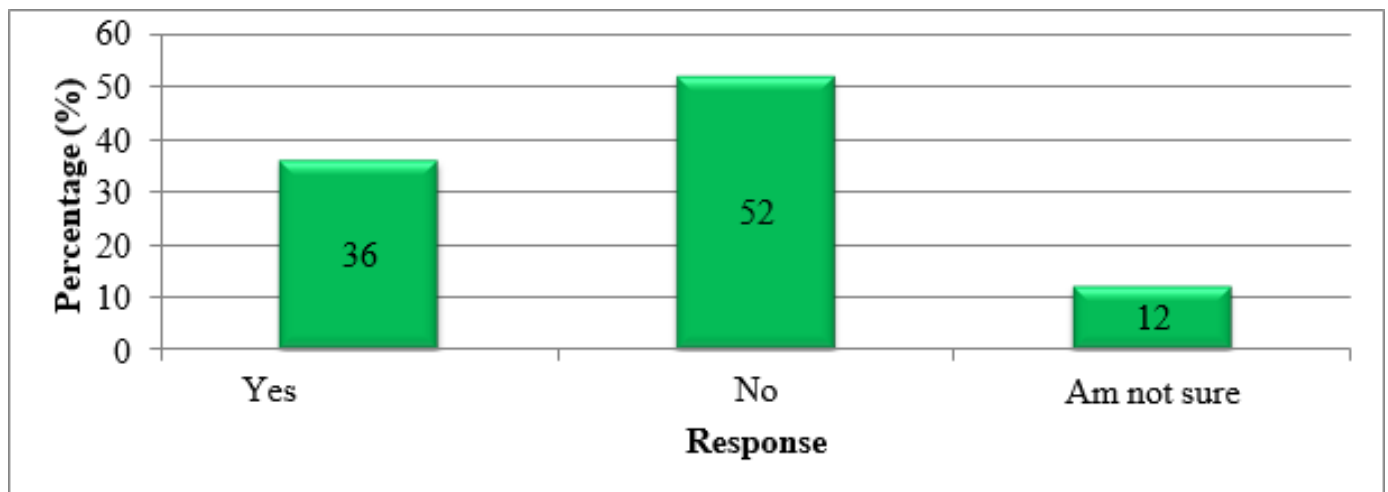


Figure 6: Shows the distribution of respondents according to whether the health facility had enough health workers per duty schedule and ratio of patients

Table 7: Shows the distribution of respondents according to how they store hospital records in their department (N=50)

Response	Frequency (f)	Percentage (%)
Manual procedure	08	16
Automated records management system	12	24
Both manual and electronically	30	60
Total	50	100

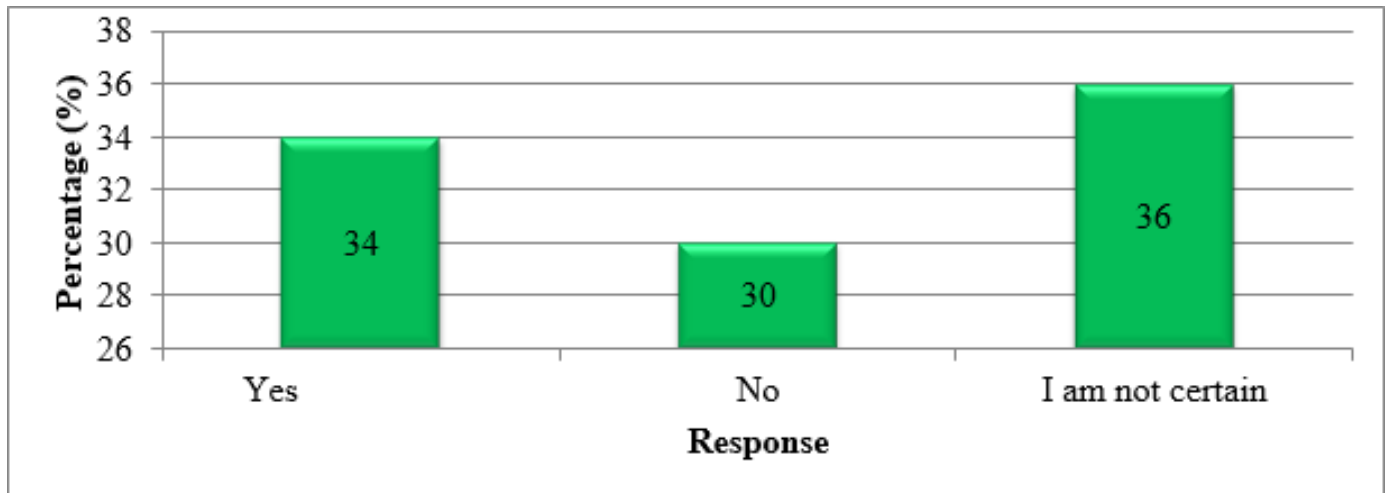


Figure 7: Shows the distribution of respondents according to whether facility had strong policies and procedures for creating and storing records in both paper and electronics

Table 8: Shows the distribution of respondents according to categories of records health workers manage per department (N=50)

Response	Frequency (f)	Percentage (%)
Specific Information	07	14
Relevant	09	18
All patients	34	68
Total	50	100

Table 9: Shows the distribution of respondents according to who monitors records management and retrieval at this facility (N=50)

Response	Frequency (f)	Percentage (%)
Records assistants	40	80
I don't know	1	2
Everyone on duty	9	18
Total	50	100

monitors records management and retrieval at this facility.

4. Discussion.

4.1. Health worker's competency towards medical records management in service delivery.

From a narrative perspective, the study revealed that all respondents had ever heard about medical records management. This indicates that an outstanding number of the study participants

were aware of the study setting. The study results were almost consistent with Shihundla et al (2016), where findings showed that (80%) were familiar with records management on service delivery.

The study also showed that most of the respondents (44%) reported that medical records management endeavors to easy retrieval of patient's information and therefore, this could be probably attributed to the fact that participants had ever been informed about the vital role of managing patient's records from different sources

of information. This is in line with Lakbala & Kavoo (2014), where (60%) of the respondents knew that records management improves the leniency of work.

However, most of the respondents (40%) had fair computer skills. Therefore, due to emerging ICT technology such as medical records information systems to ease the workflow health workers are meant to have skills in computers, and in circumstances where they are not equipped with skills they are most likely to unsuccessfully manage records during service delivery. The study results were in disagreement with Mulugeta et al (2022), where results indicated that 212 (52.1%) of respondents had good Computer skills.

Half of the respondents (50%) last attended any workshop on medical records management for 1-2 years. Therefore, this directly confirms that the hospital administration was reluctant to promote CPD programs for medical records management. The current findings differ from a study that was done in Kenya by Isaac (2013), where findings showed that 90% of the respondents had never attended seminars and workshops on records management.

Interestingly, more than half of the respondents (54%) reported that they irregularly manage medical records during service delivery. This could probably be attributed to the fact records were majorly managed by specific personnel hence limiting other health workers to managing records during service delivery. This is consistent with Galatsang & Trywell (2012), where findings showed that 48% of the respondents irregularly managed records during service delivery.

Stand still, most of the respondents (52%) reported that medical records management it's time-consuming as the reason why they irregularly manage medical records during service delivery. Such perception perhaps hindered the implementation of records management. This is in disagreement with Philomen et. al (2021), where (60%) of the participants could not use some functionalities inherent in the system hence influencing records management on service delivery.

4.2. Health workers' perception towards medical records management on service delivery.

Surprisingly, more than half of the respondents (56%) were not willing to frequently manage medical records on service delivery. This could be attributed to some reasons the study was yet to ascertain. This is consistent with results from a study that was done by Amoah et al. (2018), where findings showed 43.3% the highest score of the respondents affirmed creating records as a cardinal dimension of records management practices being a very difficult task to accomplish in a health facility and that's why they were not willing to manage records during service delivery.

In addition, results also revealed that almost all of the respondents (45%) reported that medical records management records during service delivery are tiresome. This could be a result of the fact that patients outnumbered the ratio of health workers and they were most likely to not have enough time to manage records during service delivery. This is in agreement with findings that were obtained by Mutshatshi, et al (2018), where (70%) of the nurses noted that there are many forms they had to complete and that keeping such records is laborious.

Results showed that the majority of the respondents (80%) preferred an automated records management system procedure. This is attributed to the fact that automated systems save time than manual ones. The study results were in line with Lakbala & Kavoo (2014), where more than half 80% of the physician showed resistance to EMR.

Most of the respondents (40%) were willing to encourage a notable number of workmates to efficiently manage records during service delivery. This indicates that cooperation among health workers was minimal. Findings were consistent with a study that was done in the Amhara region; Ethiopia by Mulugeta et al (2022), where (78.1%) of the respondents tried to record with the other health staff because it makes the work run more smoothly.

4.3. Health facility-based factors affecting the implementation of medical records management.

The study findings revealed that most of the respondents (52%) reported that the health facility does not have enough health workers per duty schedule and ratio of patients. Therefore, this limits health workers to manage records during service delivery since most of the time they are handling patients who outstand the ratio of health workers on duty. The study results were in line with Mutshatshi, et al (2018), where staff shortages imposed an impact negatively on record-keeping as few nurses attending many patients have to record in many forms; during interviews, professional nurses (80%) indicated that they are overworked, as they have to do a lot of work related to patient care and this led to the poor recording of such activities in the patient's file.

In regards to categories of records health workers manage per department, the majority of the respondents (60%) reported that they store both manual and electronic hospital records in their department. The researcher also witnessed this. Results were in line with Adu (2014), where (77%) of the respondents stored their records in both manual and electronic forms.

Nevertheless, most of the respondents (36%) were not certain about whether the facility has strong policies and procedures for creating and storing records in both paper and electronics. This could be a result of the fact that some health workers are not informed about policies and procedures for creating and storing records in both paper and electronics. This is contrary to Edison & Million (2021), where 55.4% of the respondents agreed with this statement.

Almost half of the respondents (44%) reported that hospital administration last provided continuous education about records management in a monthly period. Such response signifies that the majority of the study participants either were not exposed to continuous professional development or were reluctant to utilize the programs. This is in disagreement with Mulugeta et al (2022), where (60%) of the participants had taken the training on medical documentation just 2 years back.

5. Conclusion.

The study discovered inadequate computer skills as (40%) had fair computer skills, limited exposure to medical records management workshops (50%) last attended any workshop on medical records management from a period of 1-2 years, inadequate monitoring and evaluation strong team hence giving a chance to health workers to irregularly manage medical records during service delivery as noted by (54%) and lack of enough time since (52%) reported that medical records management it's time-consuming were the major factors related to health worker's competency towards medical records management on service delivery

The study depicted that health workers were not ready to manage records on services delivery as noted by (56%), health workers perceived the task to be hectic as evidenced by (47.3%), and minimal mutual aid among health workers since respondents (40%) were willing to encourage a notable few numbers of workmates to efficiently manage records during service delivery were the main factors in regards to health workers's perception towards medical records management on service delivery.

Scant health workers in regards to the ratio of patients as acknowledged by (52%) who reported that the health facility does not have enough health workers per duty schedule and the ratio of patients, inadequate knowledge about the existence of policies and procedures for creating and storing records in both paper and electronics as noted by (36%) of the respondents who were not certain and irregular uptake of CPD programs among health workers as (44%) reported that hospital administration last provided continuous education about records management in monthly period were the main health facility based factors affecting implementation of medical records management on service delivery.

Generally, the study established that inadequate computer skills, limited exposure to medical records management workshops, inadequate monitoring and evaluation strong team, lack of enough time, the task was perceived to be hectic,

minimal mutual aid among health workers, Scant health workers, inadequate knowledge about the existence of policies and procedures for records management, irregular uptake of CPD programs among health were the overall factors affecting the implementation of medical records management on service delivery.

6. Recommendations.

The records management function should be intensively incorporated into the health facilities-wide strategic planning initiatives by the Ministry of Health to ensure its effectiveness and should be incorporated into performance management targets.

The MRRH administration should also set and implement strategies that will enlighten health workers to have CPD points gained used for performance appraisal and promotion whenever opportunities arise to influence the implementation of records management during service delivery.

The researcher, recommends that MRRH administration should provide more computer training and other audio-visual aids per department to aid in consultation during records management and recruit more staff.

The findings of this study are based on a single instrument that generated quantitative data only. Therefore, another research adopting a mixed-method approach could draw new insights that could be used to corroborate the findings of this study.

7. Acknowledgement.

I wish to first acknowledge God for enabling me to have the resources and support I needed to undertake this research.

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8. List of abbreviation

- CPD** : Continuous Professional Development
EMR : Electronic Medical Records
EMR : Electronic Medical Records
EMRS : Electronic Medical Records Systems
HER : Electronic Health Records
HIMS : Health Management Information System
HIT : Health information technology
ICT : Information and Communication Technology
KSHS : Kampala School of Health Sciences
MoH : Ministry of Health
MRRH: Masaka Regional Referral Hospital
NRCA : National Records Centre and Archives
UAHEB : Uganda Allied Health Examination Board
USA : United States of America.

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