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IMPACT OF HEALTH RECORDS MANAGEMENT PRACTICES ON PERCEIVED QUALITY OF HEALTHCARE DELIVERY BY CLINICAL STAFF IN SELECTED GENERAL HOSPITALS IN ONDO SOUTH, ONDO STATE, NIGERIA

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ABSTRACT

This study examined the impact of health records management practices on the perceived quality of healthcare delivery by clinical staff in five selected General Hospitals — Irele, Ore, Igbokoda, Igbekebo, and Ile-Oluji/Oke-Igbo — within the Ondo South Senatorial District of Ondo State, Nigeria. A descriptive cross-sectional survey design was adopted, and a structured, validated questionnaire was administered to 217 clinical and allied health professionals selected through a multistage sampling technique. The instrument, which achieved acceptable internal consistency following pilot testing, captured data on socio-demographic characteristics, health records management practices, perceived quality of healthcare delivery, challenges affecting records management, and strategies for improvement. Data were analysed using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (Pearson Product-Moment Correlation and Chi-square test) at a 0.05 level of significance. Results showed that health records management practices were rated highly by respondents (overall mean = 4.01 ± 1.07), with proper patient registration scoring highest (4.13 ± 1.03) and ease of records retrieval scoring lowest (3.85 ± 1.15). Perceived quality of healthcare delivery was also rated highly (overall

mean = 4.15 ± 1.03), led by continuity of patient care (4.21 ± 1.02). Inadequate funding (4.18 ± 1.05) and shortage of Health Information Management professionals (4.15 ± 1.03) emerged as the leading challenges, while increased government funding (4.39 ± 0.89) was the most endorsed improvement strategy. Inferential analysis revealed a strong, positive, and statistically significant relationship between health records management practices and perceived quality of healthcare delivery ($r = 0.700$, $p = 0.001$), and a statistically significant association between the two variables ($\chi^2 = 122.904$, $df = 4$, $p = 0.001$); both null hypotheses were therefore rejected. The study concludes that effective health records management is a critical determinant of perceived healthcare quality in secondary healthcare facilities and recommends increased funding, adequate staffing, continuous training, improved retrieval systems, and progressive adoption of electronic health records to strengthen healthcare delivery in Ondo State.

KEYWORDS: *Health records management; perceived quality; healthcare delivery; clinical staff; General Hospitals; Ondo State; Nigeria.*

1.0 INTRODUCTION

Health records management occupies a central position in contemporary healthcare systems, underpinning the generation, storage, retrieval, sharing, and utilisation of patient information required for clinical decision-making, patient safety, health planning, and policy formulation (Woldemariam et al., 2023; Askari et al., 2026). The World Health Organization identifies health information systems as one of the six essential building blocks of a resilient health system, providing the reliable data necessary for planning, monitoring, evaluating, and enhancing healthcare services (WHO AFRO, 2022). Effective health records management ensures that patient information is accurate, complete, timely, confidential, and readily accessible to authorised healthcare providers, thereby improving clinical decision-making, reducing preventable medical errors, and enhancing patient-centred care.

While high-income countries have largely transitioned to Electronic Health Records (EHRs), with attendant improvements in documentation quality, information sharing, and patient safety (Askari et al., 2026), many low- and middle-income countries continue to rely heavily on paper-based systems constrained by inadequate infrastructure, limited financial resources, and a shortage of trained Health Information Management professionals (Rezaei et al., 2026). In sub-Saharan Africa, weak health information systems have been identified as a major contributor to suboptimal healthcare delivery, restricting access to the reliable data required

for effective clinical management (Mutale et al., 2022). Nigeria mirrors this pattern: despite the National Digital Health Policy's emphasis on strengthening health information systems (Federal Ministry of Health and Social Welfare [FMoHSW], 2023), many public healthcare institutions still contend with incomplete documentation, delayed record retrieval, inadequate storage, and limited implementation of electronic health records (Owolabi et al., 2024).

Secondary healthcare facilities, particularly general hospitals, form the backbone of Nigeria's referral system, providing outpatient, inpatient, emergency, maternal and child health, laboratory, and specialist services to large populations (WHO, 2022). In Ondo State, general hospitals such as those in Irele, Ore, Igbokoda, Igbekebo, and Ile-Oluji/Oke-Igbo serve as critical bridges between primary healthcare centres and tertiary institutions. However, while several studies have examined health records management in Nigeria's tertiary institutions (Olukorode et al., 2024; Akwaowo et al., 2022), there remains a paucity of empirical evidence on how such practices shape the perceived quality of healthcare delivery among clinical staff in secondary facilities, particularly within Ondo State. This gap constrains the ability of hospital managers, Health Information Management professionals, and policymakers to identify weaknesses in existing records management systems and to design targeted interventions for improving healthcare quality.

This study, therefore, examined the impact of health records management practices on the perceived quality of healthcare delivery by clinical staff in five selected General Hospitals in Ondo South, Ondo State, Nigeria. Specifically, the study sought to: (i) assess the level of health records management practices in the selected hospitals; (ii) determine the extent of accessibility of patients' health records; (iii) examine the relationship between health records management practices and perceived quality of healthcare delivery; and (iv) identify the challenges affecting effective health records management. Two null hypotheses were tested: H_{01} , that there is no significant relationship between health records management practices and perceived quality of healthcare delivery; and H_{02} , that health records management practices do not have a significant influence on perceived quality of healthcare delivery among clinical staff in the selected hospitals.

2.0 LITERATURE REVIEW

2.1 Concept of Health Records and Health Records Management

Health records constitute the comprehensive and permanent documentation of a patient's demographic details, medical history, clinical findings, investigations, diagnoses, treatment, medication, and follow-up care, and serve as the principal source of clinical information for

diagnosis, treatment, research, planning, and policy development (WHO, 2022; Omole et al., 2022). Health records management, a specialised domain within Health Information Management, encompasses the systematic creation, organisation, classification, coding, storage, retrieval, protection, and disposal of health records throughout their lifecycle, in accordance with legal, ethical, and institutional standards (Omole et al., 2022). Effective health records management underpins continuity of care, patient safety, accountability, and evidence-based clinical and managerial decision-making (Arogunjo & Makinde, 2024).

2.2 Health Records Management Practices and Perceived Quality of Healthcare Delivery

Health records management practices comprise patient registration and identification, clinical documentation, medical coding and classification, filing and indexing, storage and preservation, retrieval and accessibility, confidentiality and information security, and the use of electronic health records (Olukorode et al., 2024; Adeleke et al., 2024). Accurate and timely access to patient information supports diagnostic accuracy, medication safety, continuity of care, and multidisciplinary communication, whereas incomplete, misplaced, or inaccessible records contribute to delayed diagnosis, repeated investigations, and increased risk of medical error (Adeleke et al., 2021; Adio et al., 2024). Perceived quality of healthcare delivery, the dependent variable of this study, reflects clinical staff's assessment of the timeliness, effectiveness, efficiency, safety, continuity, communication, coordination, and patient-centredness of the services they provide (WHO, 2023; National Academy of Medicine, 2021).

2.3 Empirical Review

Marutha (2020), applying a records life-cycle approach in South Africa, demonstrated that systematic management of patient records — from creation through storage, retrieval, archiving, and disposal — is essential for sustaining high-quality patient care. In Uganda, Adriko and Wandara (2021) found that reliance on manual records management at Jinja Referral Hospital resulted in misfiling, missing folders, and retrieval delays that undermined timely healthcare delivery, and recommended a shift toward electronic records management. Boadu et al. (2026), surveying 480 healthcare professionals in Ghana, established that health information management systems significantly shaped professionals' perceptions of healthcare quality and their satisfaction with existing systems.

Within Nigeria, Isaruk et al. (2021) reported a direct relationship between health records management practices, referral systems, and quality healthcare service delivery in public health facilities in Rivers State. Olukorode et al. (2024), in a systematic review, found that the introduction or improvement of electronic medical records produced a substantial

increase in data quality (pooled percentage difference of 142%), although evidence on patient-relevant outcomes remained limited. Ime et al. (2024) identified funding, staffing, infrastructural, and training constraints as key factors limiting effective records management at General Hospital Eket, a context closely comparable to the present study. Collectively, these studies indicate that while health records management is consistently linked to healthcare quality, comprehensive multi-facility evidence from clinical staff in Nigerian general hospitals — particularly in Ondo State — remains scarce, constituting the knowledge gap addressed by the present study.

2.4 Theoretical Framework

This study is anchored on the Donabedian Quality of Care Model, which conceptualises healthcare quality through three interrelated components: structure, process, and outcome (Donabedian, 1988). Structure refers to the relatively stable resources within which care is delivered — in this study, health records infrastructure, Health Information Management staffing, storage facilities, and electronic health record systems. Process denotes the activities performed in managing patient information, including registration, documentation, filing, retrieval, and confidentiality practices. Outcome, the dependent variable of this study, is the perceived quality of healthcare delivery as assessed by clinical staff. The model posits that adequate structural resources enable effective records management processes, which in turn shape healthcare outcomes, providing a coherent theoretical rationale for examining the relationship between health records management practices and perceived healthcare quality across the five selected hospitals (WHO, 2023).

3.0 MATERIALS AND METHODS

3.1 Research Design and Study Area

A descriptive cross-sectional survey design was adopted to explore the influence of health records management practices on the perceived quality of healthcare delivery among clinical staff. The study was conducted in five General Hospitals within the Ondo South Senatorial District of Ondo State, Nigeria: General Hospital Irele (Irele Local Government Area), General Hospital Ore (Odigbo Local Government Area), General Hospital Igbokoda (Ilaje Local Government Area), General Hospital Igbekebo (Ese-Odo Local Government Area), and General Hospital Ile-Oluji/Oke-Igbo (Ile-Oluji/Okeigbo Local Government Area). These government-owned secondary healthcare facilities were selected because they provide comprehensive referral, outpatient, inpatient, maternal and child health, laboratory, and emergency services to diverse populations across the senatorial district.

3.2 Study Population, Sample Size, and Sampling Technique

The study population comprised clinical staff and allied health professionals — medical doctors, nurses/midwives, pharmacists, medical laboratory scientists, radiographers, physiotherapists, and Health Information Managers — who routinely interact with patients' health records. Respondents were required to have worked in the selected hospital for at least six months and to provide informed consent; administrative, non-clinical, student, and intern staff were excluded. Using the Taro Yamane formula at a 5% level of precision ($n = N/[1+N(e)^2]$) on an accessible population of 222, a minimum sample size of 143 was obtained; adjusting for a 10% non-response allowance yielded a target of 157, with the final achieved sample standing at 217 respondents following verification against current hospital nominal rolls. A multistage sampling technique was employed: purposive sampling for the selection of the five hospitals, proportionate sampling to allocate the sample across hospitals, stratified sampling by professional category, and simple random sampling to select individual respondents within each stratum.

3.3 Research Instrument, Validity, and Reliability

Data were collected using a structured, self-administered questionnaire comprising five sections: (A) socio-demographic characteristics; (B) health records management practices; (C) perceived quality of healthcare delivery; (D) challenges affecting health records management; and (E) strategies for improving health records management. Sections B through E employed a five-point Likert scale (Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree). Content validity was established through expert review by specialists in Health Information Management, healthcare administration, and research methodology, and the instrument was revised accordingly. A pilot study involving respondents with characteristics similar to the target population, but excluded from the final sample, was conducted to assess clarity and reliability; internal consistency was evaluated using Cronbach's alpha, with a coefficient of 0.70 or above considered acceptable.

3.4 Data Collection Procedure and Ethical Considerations

Following the receipt of an introductory letter from the Department of Health Information Management, Achievers University, Owo, ethical approval was obtained from the Ondo State Health Research Ethics Committee, and permission was secured from the management of each selected hospital. The researcher, assisted by trained research assistants, administered questionnaires directly to eligible respondents, and completed instruments were collected immediately or at an agreed time. Participation was voluntary and anonymous; no personal identifiers were recorded, written informed consent was obtained prior to administration, and

respondents retained the right to decline participation or withdraw at any stage without penalty. Data collection did not interfere with respondents' professional duties or patient care.

3.5 Method of Data Analysis

Data were coded and analysed using IBM SPSS Statistics. Descriptive statistics (frequency, percentage, mean, and standard deviation) were used to summarise socio-demographic characteristics and responses on health records management practices, perceived quality of healthcare delivery, challenges, and improvement strategies. Inferential statistics — Pearson Product-Moment Correlation and Chi-square test — were used to test the two null hypotheses at a 5% level of significance ($p < 0.05$).

4.0 RESULTS

4.1 Distribution of Healthcare Professionals

A total of 217 healthcare professionals were surveyed across the five hospitals. General Hospital Ore accounted for the largest share (78; 35.9%), followed by General Hospital Igbokoda (51; 23.5%), General Hospital Ile-Oluji/Oke-Igbo (44; 20.3%), General Hospital Irele (32; 14.7%), and General Hospital Igbekebo (12; 5.5%). Nurses/midwives constituted the largest professional category (95; 43.8%), followed by Health Records Managers (41; 18.9%), medical laboratory scientists (37; 17.1%), pharmacists (26; 12.0%), and doctors (15; 6.9%); physiotherapists were minimally represented (3; 1.4%), and no radiologists/radiographers were recorded.

Table 1: Distribution of Healthcare Professionals in the Five Selected General Hospitals.

Professional Category	Irele	Ore	Igbokoda	Igbekebo	Ile-Oluji/Oke-Igbo	Total
Doctors	2	4	3	2	4	15
Nurses/Midwives	10	34	17	3	31	95
Pharmacists	7	8	8	1	2	26
Medical Laboratory Scientists	7	16	9	2	3	37
Radiographers	0	0	0	0	0	0
Physiotherapists	0	0	3	0	0	3
Health Records Managers	6	16	11	4	4	41
Total	32	78	51	12	44	217

Source: Field Survey (2026)

4.2 Socio-Demographic Characteristics of Respondents

Female respondents constituted the majority (58.1%), and the modal age group was 30–39 years (32.7%). Nurses/midwives formed the largest professional group among respondents (38.2%), followed by Health Information Managers (15.7%) and medical laboratory scientists

(14.3%). Most respondents held a Bachelor's degree (54.8%), and the largest proportion had 5–10 years of professional experience (32.3%), indicating a moderately experienced and well-educated study population.

Table 2: Socio-Demographic Characteristics of Respondents. (N = 217)

Variable	Category	Frequency	Percentage (%)
Gender	Male	91	41.9
	Female	126	58.1
Age	20–29 years	39	18.0
	30–39 years	71	32.7
	40–49 years	59	27.2
	50–59 years	38	17.5
	60 years and above	10	4.6
Professional Category	Medical Doctor	19	8.8
	Nurse/Midwife	83	38.2
	Pharmacist	22	10.1
	Medical Laboratory Scientist	31	14.3
	Radiographer	16	7.4
	Physiotherapist	12	5.5
	Health Information Manager	34	15.7
Educational Qualification	Diploma	27	12.4
	Bachelor's Degree	119	54.8
	Master's Degree	61	28.1
	Doctorate Degree	6	2.8
	Others	4	1.8
Years of Experience	Less than 5 years	52	24.0
	5–10 years	70	32.3
	11–15 years	43	19.8
	16–20 years	29	13.4
	Above 20 years	23	10.6

Source: Field Survey (2026)

4.3 Health Records Management Practices

Health records management practices were generally rated positively (overall mean = 4.01 ± 1.07). Proper registration of patients' records recorded the highest mean (4.13 ± 1.03), followed closely by maintenance of confidentiality (4.11 ± 1.03) and completeness/currency of records (4.02 ± 1.06). Ease of records retrieval recorded the lowest mean (3.85 ± 1.15), suggesting that, relative to other practices, retrieval remains comparatively less satisfactory.

Table 3: Health Records Management Practices among Clinical Staff. (N = 217)

Statement	SA (%)	A (%)	U (%)	D (%)	SD (%)	Mean SD	±
Patients' records are properly registered	44.2	37.8	8.3	6.5	3.2	4.13	± 1.03
Patient records are complete and up-to-date	37.8	41.9	8.8	7.8	3.7	4.02	± 1.06
Health records are easy to retrieve when required	33.2	40.1	10.1	11.5	5.1	3.85	± 1.15
Patient records are available during consultations	36.4	41.0	9.2	9.2	4.1	3.96	± 1.10
Confidentiality of patient information is maintained	41.9	40.6	7.4	6.9	3.2	4.11	± 1.03

Overall Mean $\pm$ SD = 4.01 $\pm$ 1.07. Source: Field Survey (2026)

4.4 Perceived Quality of Healthcare Delivery

Clinical staff rated the perceived quality of healthcare delivery highly (overall mean = 4.15 $\pm$ 1.03). Continuity of patient care received the highest mean (4.21 $\pm$ 1.02), followed by communication among healthcare professionals (4.19 $\pm$ 0.98) and timely clinical decision-making (4.18 $\pm$ 1.02), while prompt service delivery attributable to record accessibility recorded the lowest, though still favourable, mean (4.06 $\pm$ 1.06).

Table 4: Perceived Quality of Healthcare Delivery among Clinical Staff. (N = 217)

Statement	SA (%)	A (%)	U (%)	D (%)	SD (%)	Mean SD	±
Records support timely clinical decision-making	46.5	37.8	6.5	6.0	3.2	4.18	± 1.02
Records improve continuity of patient care	48.4	36.4	6.0	6.0	3.2	4.21	± 1.02
Services delivered promptly via accessible records	40.6	40.1	7.8	7.8	3.7	4.06	± 1.06
Good records management reduces medical errors	43.3	38.7	7.4	6.9	3.7	4.11	± 1.05
Records facilitate inter-professional communication	45.6	39.2	6.9	5.5	2.8	4.19	± 0.98

Overall Mean $\pm$ SD = 4.15 $\pm$ 1.03. Source: Field Survey (2026)

4.5 Challenges Affecting Health Records Management

Inadequate funding emerged as the most prominent challenge (mean = 4.18 $\pm$ 1.05), followed by insufficient Health Information Management professionals (4.15 $\pm$ 1.03), inadequate managerial support (4.08 $\pm$ 1.09), insufficient staff training (4.07 $\pm$ 1.06), and difficulty

retrieving patient folders (4.01 ± 1.09). The overall mean of 4.10 ± 1.06 confirms that these challenges were widely perceived across the five hospitals.

Table 5: Challenges of Health Records Management Practice. (N = 217)

Statement	SA (%)	A (%)	U (%)	D (%)	SD (%)	Mean $\pm$ SD
Inadequate funding for records management	47.9	35.9	6.0	6.5	3.7	4.18 ± 1.05
Insufficient HIM professionals	45.2	38.2	6.5	6.9	3.2	4.15 ± 1.03
Patient folders frequently difficult to retrieve	38.2	41.9	6.9	8.8	4.1	4.01 ± 1.09
Inadequate staff training	41.0	40.1	7.4	7.8	3.7	4.07 ± 1.06
Inadequate management support	43.3	37.8	6.9	7.8	4.1	4.08 ± 1.09

Overall Mean $\pm$ SD = 4.10 ± 1.06 . Source: Field Survey (2026)

4.6 Strategies for Improving Health Records Management

Respondents strongly endorsed all proposed improvement strategies (overall mean = 4.36 ± 0.89). Increased government funding for health information systems ranked highest (4.39 ± 0.89), followed by regular staff training (4.36 ± 0.90), recruitment of additional Health Information Management professionals (4.35 ± 0.89), and regular monitoring/evaluation and strengthened managerial supervision (4.34 each).

Table 6: Strategies for Improving Health Records Management. (N = 217)

Statement	SA (%)	A (%)	U (%)	D (%)	SD (%)	Mean $\pm$ SD
Regular staff training should be organised	54.4	35.9	3.7	3.7	2.3	4.36 ± 0.90
More HIM professionals should be employed	53.0	37.8	3.2	3.7	2.3	4.35 ± 0.89
Government should increase funding for HIS	55.8	35.0	3.7	3.2	2.3	4.39 ± 0.89
Regular monitoring and evaluation should occur	50.7	40.1	3.7	3.2	2.3	4.34 ± 0.88
Management should strengthen supervision	52.1	38.2	3.7	3.7	2.3	4.34 ± 0.89

Overall Mean $\pm$ SD = 4.36 ± 0.89 . Source: Field Survey (2026)

4.7 Test of Hypotheses

H₀₁: There is no significant relationship between health records management practices and perceived quality of healthcare delivery among clinical staff in the selected General Hospitals. A Pearson Product-Moment Correlation was computed to test this hypothesis.

Table 7: Pearson Correlation between Health Records Management Practices and Perceived Quality of Healthcare Delivery.

Variables	Mean $\pm$ SD	r-value	p-value	Decision
Health Records Management Practices	4.01 ± 1.07	0.700	0.001	Reject H ₀₁
Perceived Quality of Healthcare Delivery	4.15 ± 1.03			

Source: Field Survey (2026)

The correlation coefficient of $r = 0.700$ ($p = 0.001 < 0.05$) indicates a strong, positive, and statistically significant relationship between health records management practices and perceived quality of healthcare delivery; H_{01} was therefore rejected.

H_{02} : Health records management practices do not have a significant influence on the perceived quality of healthcare delivery by clinical staff. A Chi-square test was applied to test this hypothesis.

Table 8: Chi-Square Test of the Influence of Health Records Management Practices on Perceived Quality of Healthcare Delivery.

Variables	χ^2	df	p-value	Decision
Health Records Management Practices $\times$ Perceived Quality of Healthcare Delivery	122.904	4	0.001	Reject H_{02}

Source: Field Survey (2026)

Since $\chi^2 = 122.904$ ($df = 4$, $p = 0.001 < 0.05$), the result is statistically significant, and H_{02} was rejected, indicating a significant association between health records management practices and perceived quality of healthcare delivery. It is noted that while the Chi-square test establishes a statistically significant association, it does not, on its own, establish causality.

Table 9: Summary of Hypothesis Testing.

Hypothesis	Statistical Result	p-value	Decision
H_{01}	$r = 0.700$	0.001	Reject H_{01}
H_{02}	$\chi^2 = 122.904$, $df = 4$	0.001	Reject H_{02}

Decision rule: If $p < 0.05$, reject H_0 ; if $p \geq 0.05$, fail to reject H_0 . Source: Field Survey (2026)

5.0 DISCUSSION

The findings of this study demonstrate that health records management practices in the five selected General Hospitals were generally well implemented, with proper patient registration and maintenance of confidentiality emerging as particular strengths. This finding aligns with Marutha (2020), who emphasised that systematic registration and protection of patient information form the foundation of a functional records life-cycle. However, the comparatively lower rating for ease of records retrieval echoes the findings of Adriko and Wandara (2021) in Uganda, where reliance on manual systems contributed to misfiling and delayed access to patient folders. This convergence across contexts suggests that retrieval inefficiency is a persistent, cross-national challenge in predominantly paper-based health

information environments, and points to indexing, tracer systems, and progressive electronic adoption as priority intervention areas.

The high perceived quality of healthcare delivery reported by respondents, particularly regarding continuity of care and inter-professional communication, corroborates the theoretical proposition of the Donabedian Quality of Care Model that well-managed information processes translate into favourable care outcomes (Donabedian, 1988). This is consistent with Boadu et al. (2026) in Ghana, who found that healthcare professionals' perceptions of care quality were closely tied to the functioning of health information management systems. It also aligns with the broader literature on Electronic Health Records, which links reliable, accessible clinical information to improved communication, reduced duplication, and enhanced patient safety (Neves et al., 2020; Askari et al., 2026).

The identification of inadequate funding and shortage of Health Information Management professionals as the leading challenges mirrors findings from Ime et al. (2024) at General Hospital Eket and from broader Nigerian literature on organisational and infrastructural constraints to electronic medical record adoption (Owolabi et al., 2024). These recurring findings across different Nigerian secondary and tertiary facilities suggest that resource constraints, rather than staff attitudes or awareness, remain the principal bottleneck to optimal records management, reinforcing calls for sustained government investment (FMoHSW, 2023).

Most significantly, the strong positive correlation ($r = 0.700$, $p = 0.001$) and statistically significant Chi-square association ($\chi^2 = 122.904$, $p = 0.001$) between health records management practices and perceived quality of healthcare delivery provide robust empirical support for the study's central hypothesis and extend the work of Isaruk et al. (2021) in Rivers State to the distinct institutional and geographical context of Ondo State. This consistency across states strengthens the generalisability of the proposition that health records management is not a peripheral administrative function but a core determinant of healthcare quality in Nigerian secondary healthcare facilities. Nonetheless, consistent with the Chi-square test's limitations, the observed association should be interpreted as evidence of a significant relationship rather than definitive proof of a unidirectional causal pathway, and the findings should be considered alongside the study's cross-sectional design, which precludes causal inference and temporal sequencing between the variables.

6.0 CONCLUSION

This study established that health records management practices exert a strong, positive, and statistically significant influence on the perceived quality of healthcare delivery among clinical staff in five selected General Hospitals in Ondo South, Ondo State, Nigeria. While practices such as patient registration and confidentiality maintenance were rated favourably, records retrieval remains an area requiring improvement. Inadequate funding and an insufficient complement of Health Information Management professionals were identified as the most pressing challenges, while increased government funding, regular staff training, and strengthened managerial oversight were the most strongly endorsed strategies for improvement. Overall, the study affirms that health records management should be regarded not as a peripheral clerical function but as a core clinical support process integral to the delivery of safe, timely, efficient, and patient-centred healthcare in secondary healthcare facilities.

7.0 RECOMMENDATIONS

1. The Ondo State Government and relevant health authorities should provide sufficient and sustained funding for health records departments, covering filing equipment, storage infrastructure, computers, and electronic health record systems.
2. Hospital management should prioritise the recruitment and deployment of adequately trained Health Information Management professionals to reduce workload pressure and strengthen documentation, filing, and retrieval processes.
3. Hospitals should strengthen filing and retrieval systems through standardised indexing, tracer mechanisms, and systematic tracking of missing or misfiled folders.
4. Regular training and continuing professional development should be organised for clinical and Health Information Management staff on documentation standards, confidentiality, data security, and electronic health records.
5. Hospitals should progressively adopt and strengthen Electronic Health Records and other digital health technologies, supported by reliable infrastructure, technical support, and cybersecurity measures.

7.1 Suggestions for Further Studies

Future research should move beyond examining whether health records management influences perceived healthcare quality to investigating how, why, and to what extent specific records management interventions produce measurable improvements in objective healthcare

outcomes. Longitudinal and mixed-methods designs that combine objective quality indicators with the perspectives of healthcare professionals and patients would strengthen the evidence base for policy and practice in Ondo State and across Nigeria.

7.2 Limitations of the Study

This study is limited by its cross-sectional design, which restricts causal inference, and its reliance on self-reported perceptions rather than objective audit of records management systems or clinical outcomes. Findings are also context-specific to secondary healthcare facilities in Ondo South and may not be fully generalisable to tertiary or private healthcare institutions.

DECLARATIONS

Ethics Approval and Consent to Participate

Ethical approval for this study was obtained from the Ondo State Health Research Ethics Committee. Permission to conduct the study was granted by the management of General Hospital Irele, General Hospital Ore, General Hospital Igbokoda, General Hospital Igbekebo, and General Hospital Ile-Oluji/Oke-Igbo. Written informed consent was obtained from all participants prior to data collection, and participation was entirely voluntary.

Consent for Publication

Not applicable. No individual person's identifying data are included in this manuscript.

Availability of Data and Materials

The datasets generated and/or analysed during the current study are available from the corresponding author on reasonable request.

Competing Interests

The authors declare that they have no competing interests.

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Author Contributions

Mesewonrun, F. S. conceptualised the study, developed the research instrument, collected and analysed the data, and drafted the manuscript. Adejo, M. B. supervised the design of the study, reviewed the methodology and statistical analysis, and critically revised the manuscript for intellectual content. Jimoh, S. A. co-supervised the study, contributed to the interpretation

of findings, and reviewed the final manuscript. All authors read and approved the final manuscript.

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