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RECORDS MANAGEMENT PRACTICES AT THE VICTORIA HOSPITAL, RAYMOND MHLABA MUNICIPALITY, EASTERN CAPE PROVINCE

BY

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DECLARATION

I declare that **RECORDS MANAGEMENT PRACTICES AT THE VICTORIA HOSPITAL, RAYMOND MHLABA MUNICIPALITY, EASTERN CAPE** is my work and I have quoted all the sources that I have used.

_____ **NOVEMBER 2018**

B.SOSIBO **DATE**

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ABSTRACT

Records management is vital in organizations as it enables efficiency and transparency of administrative functions in organizations. Victoria Hospital (VH), under the Raymond Mhlaba municipality, in Alice, in the Eastern Cape was chosen as the case study. The main purpose of this study was to investigate the extent of records management practices in this public hospital. The study's objectives centred on examining the type of records generated at VH, determine some of the activities used in their management and assess the current processes and means that are used to make these records available. Both paper and electronic records were the focus of this study and as such the records lifecycle and the records continuum were thus integrated to inform the theoretical basis for this study.

The researcher combined both quantitative and qualitative research methods in an attempt to increase the validity and reliability of the data gathered. This triangulation of methods facilitated thoroughness and eliminated biases and weaknesses in as far as methodology is concerned. The study used the survey research method to determine the status of records management at the Victoria Hospital.

The findings showed that the type of records generated at the Victoria hospital include patient, personnel and administrative records. The results of the study revealed that policy issues, lack of infrastructure and irregularity of training, absence of a qualified records manager were identified by the respondents as some of the challenges faced by the VPH in order to effectively executive records management practices in their organization. A number of recommendations were put forward and a few will be highlighted here. Hospitals should consider providing relevant formal training or courses for at least more than 75% officials earmarked for or engaged in the implementation of e-health and e-records. Victoria hospital should consider hiring more qualified records managers and registry staff. Records management training should take place at least twice a year so that staff is kept motivated. Top management must ensure that they support records management in terms of finance including the ensuing challenges.

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It has been a long journey. I would like to take this opportunity to say thank you so much Dr Francis Karaba for your patience, and your professionalism. I would like to thank the Management and Staff of Victoria hospital for making this work come possible I really appreciate. May God bless you all.

IF GOD IS FOR US WHO CAN BE AGAINST US

ROMANS 8:31

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DEDICATION

This dissertation is dedicated to my Husband Luvo Rasi, my kids Lilonke Rasi, Limnandi Rasi, and Esethu Sosibo. My parents Nondumiso and Simphiwe Sosibo. My late Mother in-law Nonceba Gqokro. My siblings Athabongile, Buyiswa, and Qhawekazi Sosibo. My lovely Nephew Khwezi Sosibo.

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LIST OF ACRONYMS AND ABBREVIATIONS

ADM : Amathole district municipality

CEO **:** Chief Executive Office

CFO **:** Chief Financial Officer

CRSAA **:** Constitution of the Republic of South Africa

CSA **:** Constitution of South Africa

DDG **:** Deputy Director General

ECTA **:** Electronic Communication and Transaction Act

EDRMS **:** Electronic Document and Record Management System

ESARBICA **:** East and Southern Africa Regional Branch of the International Council on Archives

IRM **:** Integrated Records Management

IRMT **:** International Records Management Trust

IT **:** Information Technology

MEC **:** Member of the Executive Council

MMR **:** Mixed Methods Research

NARSSA **:** National Archives and Records Service of South Africa Act

NHA **:** National Health Act

PAIA **:** Promotion of Access to Information Act

PAJA **:** Promotion of Administrative Justice Act

PFMA **:** Public Finance Management Act

PSRP **:** Public Service Reform Programme

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SANP : South African National Parks

SARMAF : South African Records Management Forum

SASA : Society of South African Archivist

SG : Superintended General

SPSS : Statistical Package for the Social Science

VH : Victoria Hospital

VPH : Victoria Public Hospital

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

This research investigated records management activities in support of service delivery at the Victoria Hospital (VH). Records Management is fundamental for good governance, effective and efficient administration. It forms the basis for formulating policy, managing resources and delivering services to the public. Records Management also provides a basis for accountability and protecting the rights of individuals (NARS). VH is a small hospital that is situated at Ntselamanzi in Alice, Eastern Cape and villages around this small town depend on this hospital. It serves a population of about 83000. It is under the supervision of the Member of the Executive Council (MEC) Doctor Helen Sauls-August, Superintendent General (SG) Doctor Thobile Mbengashe, Chief Financial Officer (CFO) Simon Kaye, and four Deputy Director General (DDG) for different sections, Chief Director Maseko and the Communications Officer Dr Manana.

VH is a government funded provincial hospital for the Raymond Mhlaba Municipality in Alice, Eastern Cape and consists of the following units or departments: maternity ward, emergency unit, X-ray services etc and all these departments generate records which need to be properly managed for accountability and transparency purposes. The hospital has different units but has a centralized registry system to manage patient records. Record keeping is a fundamental activity of public administration. Without records there can be no rule of law and accountability. Public servants must have information to carry out their work, and records represent a particular and crucial source of information. Records provide a reliable, legally verifiable source of evidence of decisions and actions. They document compliance or non-compliance with laws, rules, and procedures (International Records Management Trust 1996:14). In many countries around the world, record keeping systems are unable to cope with the growing mass of unmanaged records. This is particularly true in countries with limited financial or administrative resources or where records and archives managers lack training or professional development opportunities.

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Administrators find it ever more difficult to retrieve the information they need to formulate, implement, and monitor policy and to manage key personnel and financial resources (Du Plooy 2002:48).

This chapter discusses the background to the problem, aim of the study, study objectives, research questions, significance of the study, methodology, ethical considerations.

1.2 STATEMENT OF THE PROBLEM

Most South African public hospitals have poor record keeping practices, and records are not being taken seriously. In these hospitals, patients wait in a long queue because their files are missing and it's not easy to get proper treatment due to missing records as it becomes difficult to trace the patient's medical history.

Wamukoya and Mutula (2005) state that records are a vital asset in ensuring that the institution is governed effectively and efficiently, and is accountable to its staff, patients and the community that it serves. Records support decision-making, provide evidence of policies, decisions, transactions and activities, and support the hospital in cases of litigation. Searching for a document or record that cannot be easily retrieved is one problem that affects many organizations and also consumes time for the individual searching for that particular document. Wamukoya and Mutula (2005) state that poor records management is guaranteed to result in information gaps that lead to inadequate records and the loss of documentary heritage. On the other hand, proper records management plays a vital role in making sure that records are kept in a favourable environment and can be retrieved easily and any time.

Government produces, collects, disseminates and utilizes a larger volume of records and information than any other organizations. These records are important for the lives of the public and are also used to hold government accountable for service delivery (Tafor 2003:72; Ngulube and Tafor 2006:58). This emphasizes the importance of proper records keeping ensuring government accountability in a democratic society. Proper record keeping is critical for the survival and efficient operation of day-to-day business activities (Swan, Cunningham and Robertson 2002: 79). For these reasons, government departments, including the ones in South Africa, should maintain a sound system of

records keeping. In view of the essential role played by public hospitals in providing health care to the public, this research therefore sought to find out whether a continuum of care is being provided to records to facilitate efficient delivery of service, transparency and accountability.

1.3 RESEARCH PURPOSE

The aim of the study was to investigate records management practices in public hospital and propose recommendations to enhance records management at the intended hospital if need be. The study included more than one objective, because objectives are commonly inclusive (Du Plooy 2002:48).

1.4 RESEARCH OBJECTIVES

The research objectives were as follows:

1. To determine the type of records generated at the Victoria Hospital.

2. To determine some of the activities and strategies used in their management.

3. To find out current processes and means that are used to make these records accessible.

4. To determine the professional knowledge and skills of staff in charge of these records

1.5 RESEARCH QUESTIONS

Arising out of these objectives the following research questions informed the study:

1. What type of records are generated at the Victoria Hospital?

2. What are some of the activities and strategies used in their management?

3. What current processes and means are used to make these records accessible?

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1.6 CONCEPTUAL FRAMEWORK AND RESEARCH METHODS

A framework helps the researcher to organize the study and provides a context in which the researcher examines a problem and gathers and analyses data (Brink 2006: 24). The life cycle concept of the record is an analogy from the life of biological organism, which is born, lives and dies.

In the same way, a record is created, is used for so long as it has continuing value and is then disposed of by destruction or by transfer to an archival institution. However, the continuum concept views managing records as a continuous process throughout the life of records, from the development of record keeping systems through the creation and preservation of records to their retention and use as archives. Due to the fact that records exist in both paper and digital form, this study used an integrated approach. An integrated records management (IRM) programme recognizes that records follow a life cycle and acknowledges the importance of caring for those records through a continuum of care (IRMT 1999). The IRMT (1999) noted that the primary purpose of an integrated records management service is to preserve records and archives in an accessible, intelligible and usable form as long as they have continuing utility or value; and to make information from the records and archives available in the right format, to the right people, at the right time.

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1.7 RESEARCH METHODOLOGY

The researcher combined both quantitative and qualitative research methods in an attempt to increase the validity and reliability of the data gathered. This triangulation of methods facilitated thoroughness and eliminated biases and weaknesses in as far as methodology is concerned. The study used the survey research method to determine the status of records management at the Victoria Hospital. Welman and Kruger (2001:46) and Ngulube (2005) state that a population entails an object, group, organization and human products exposed to a certain condition. The research method of this study was exploratory and descriptive, where the purpose was to gain a broad understanding of a situation, phenomenon, community or person and where the need for such a study could arise from a lack of basic information in a new area of interest (Bless and Higson-Smith 2000:41).

Gill and Johnson (1997:83) asserted that the most appropriate choice of how to gain access to informants and how to collect information is contingent upon the various demands of the research design. A research design is a complete strategy of attack on the central research questions and provide the overall structure for the procedures that the researcher follows, the data that will be collected and the subsequent data analysis to be done (Leedy and Ormrod 2001:9).

Questionnaires captured the required information pertaining to records management practices. Semi structured interviews gave more information about the whole types of records they have. Documentary analysis of records management procedures enabled the researcher to check for standardization and best practice. Observation of registry practices with regards to how they file their records enabled researcher to capture the required information about records management.

1.7.1 Population

A population in a research study is the aggregate of all the cases that conform to some designed set of specifications (Leedy 1980:98) and members belonging to this population share the same sentiment in terms of the mission of the organization. The population for this study was drawn from the hospital units at Victoria Hospital namely records and information management, patient administration and the Chief Executive officer (CEO). The first two units were found relevant because they deal with vital records for the hospital like patient files on a daily basis irrespective of format. On the other hand, the Chief Executive office was included when one considers that it is the center coordinating business operations which involve managing information for that competitive advantage. Eleven records management personnel were the units of analysis.

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1.7.2 Methods of data collection

Data for this study were collected using semi-structured interviews, observation techniques and a self-administered questionnaire. A questionnaire was the most valuable instrument and the questionnaire was adapted from (Ngoepe 2008) and (Marutha 2011)

studies. Wolf (1997:422) defined a questionnaire as a self-report instrument used to gathering information about variables of interest to investigators.

An interview is a question and answer session which is recorded in some way (Allison 1996) and this study used face-face or personal interviews, the advantages in the main being that they establish rapport with respondent and allow interviewer to observe as well as listen. Observation involves the recording of events or circumstances in which a researcher is present (Allison 1996). In addition, use was made of documentary analysis to check on policy issues pertaining to records management practices at the Victoria Hospital. Documents under review included legislative instruments, manuals and policy documents pertaining to records management and also annual reports by the Chief Executive officer to check for compliance and consistence in practice.

1.7.3 Data analysis

Qualitative data analysis. As a research method is applied in quantitative, qualitative and sometimes mixed mode of research framework and employs a wide range of analytical techniques to generate findings and put them into context (White and Marsh 2006:12). Quantitative data was analysed using both Statistical packages for the Social Sciences (SPSS) and Stat Excel.

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1.8 SIGNIFICANCE OF THE STUDY

This research could assist the Victoria Hospital to identify their records management problems and come up with a solution that will be in line with National Archives Records Services Act, 43 of 1996. Ngulube (2003:21) states that research into records management trends and practices can lead to a better understanding of records management problems and challenges, as well as providing solutions to what is to be done, and how resources should be used. Moreover, if the recommendations of the study are implemented, they are likely to lead to the improvement of records management practices and also serve as a catalyst for the modification and formulation of records management strategies and policies in the Victoria Hospital and in other institutions that face similar problems with regard to missing files and corruption.

1.9 LIMITATIONS AND KEY CONTRIBUTIONS OF THE STUDY

The study shows the records management practices at the Victoria Hospital, Raymond Mhlaba Municipality. Victoria hospital is serving the entire rural areas around Alice, the research was restricted to ensure that the service delivery took place on time. Hospital records management practice consist of life and death of the patients unlike other institutions that deals with administration only. The motivation to study this VH is that some of relatives lost their records when they visited the hospital, and they were so devastated. The researcher decided to come up with recommendations so that this won't happen again to the upcoming generation. The main focus of this study was records management in the registries to improve service delivery the main obstacles was the officials who were not willing to participate and some of those who participated were very few. The other challenge was the shortage of staff that made it difficult to collect data. Time management was also the major challenge to consolidate this study.

1.10 RESEARCH ETHICS

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The University of Fort Hare ethical considerations state that every piece of research conducted in the Social Science and Humanities must be ethically cleared by the Faculty Ethics Committee first, and then by the University Ethics Committee. Ethical considerations refer to moral and ethical standards that should be followed in circumstances where there can be authentic or possible harm to an individual or a group (Churchill 1992:68). Ethical issues in research revolve around the researcher's accountability and privacy, anonymity and confidentiality of participants (Grbich 2004:88). Wong (2011) noted that plagiarism refers to the use of other ideas and presenting them as your own. It is intellectual theft and is considered a serious academic offence. The most common type of plagiarism is a direct copy and paste action. Plagiarism takes place through the internet or technology. To address the issue of plagiarism, the researcher will acknowledge the work of others.

1.11 STRUCTURE OF THE DISSERTATION

Chapter one introduced the study, provided background information on how the research was conducted and briefly presented an overview of the research site significant study concepts used in the dissertation were also defined in this chapter. The problem statement was explained and the research objectives and questions were stated. In addition, the conceptual framework, the methodology applied, the significance of the, as well as its limitations and ethical issues were discussed. The chapter concluded with a summary of the structure of the thesis.

Chapter two explored the available scholarly literature to provide an informed perspective on the records management discourse. The review of the literature indicated that the management of records is fundamental for operational needs as records provide evidence of activities, reconcile the rights of individuals, promote accountability and good governance. In view of this importance, a continuum of care should be provided for these records hence this study emphasized the need for an integrated approach to accommodate both paper and electronic records. The regulatory framework that provides an enabling environment for records management practices to operate was also reviewed. As a matter of fact, legislation needs to be constantly reviewed to take into consideration records generated in networked environments.

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Finally, the chapter ended with a comparison of electronic and paper records in which the adoption of a hybrid approach is recommended in view of the challenges inherent with the media in which records are captured.

Chapter Three presented the research methods, population and data collection methods incorporated by the researcher to answer the research questions. The study used the survey approach with the questionnaire as the major instrument to collect the data. The preference for this approach was largely because the research sought to obtain information on records management practices at VPH which constituted the research problem that instigated this research. The chapter also explained how data was analysed using Stat Excel, SPPS and content analysis. The chapter concluded by making reference to ethical issues observed in an attempt to legitimize the study.

Chapter Four presented the findings of the research process, using graphs, tables and percentages to display the data emerging from the study according the research questions and objectives.

Chapter Five discussed the findings of the study that were presented and analysed in Chapter Four. An attempt to compare the findings with those of previous studies related to records management was made. The current Chapter, as noted earlier on, provides a summary of the entire study. It also summarizes the findings and presents the conclusions based on the findings, as well as the recommendations associated with the research questions. Lastly, suggestions for further investigation are provided in this Chapter.

Chapter Two

This chapter will present the literature review related to the research so as to position the research within other similar studies and explore the available knowledge in the research area.

Chapter Three

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This chapter will present the procedures and methods that will be used to carry out this research. It will explain research design and the methodologies and the data collection which will be used in this research. Data analysis will also be included in this chapter.

Chapter Four

This chapter will present the results pertaining to the research. The data will be presented in the form of figures, tables and narrations.

Chapter Five

This chapter will discuss the results and relate the findings to the literature where appropriate.

Chapter Six

This chapter will summarize the findings and conclude the research. This chapter will also present recommendations based on the research questions of the research.

1.12 SUMMARY

The primary purpose of this chapter was to introduce the concept of records management in general and highlight its importance in organizations. South African public hospitals have poor record keeping practices, and records are not being taken seriously. In these hospitals, patients wait in a long queue because their files are missing and it's not easy to get proper treatment due to missing records as it becomes difficult to trace the patient's medical history it also examined the background to the study, problem statement, purpose of study, objectives as well as the research questions. The significance of the study was examined including the methodology employed for the study. The chapter concluded with a summary of the structure of the thesis.

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CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

Stommel and Wills (2004: 339) refer to literature search as the formal process of locating existing information about a topic with the goal of being able to summarize the state of knowledge. Undertaking a literature review is very important because it compares what other studies have said about the same or relevant topic .The subsequent literature review is a written summary and evaluation of the information gleaned from literature searches to provide a foundation on which to base new evidence. In quantitative research, such as the current study, the review of literature is conducted to direct the development and implementation of a study (Burns and Grove 2005: 95). The purpose of literature review is to establish a context for the study and to convey to the reader what is currently known regarding the topic of interest (Burns and Grove 2005: 93).

Research aims and questions in the research study are based on gaps in knowledge that need to be filled (Stommel and Wills 2004: 340). The literature review, combined with the research problem, should lead to the formulation of empirical research questions (Randolph 2009: 8). The purpose of literature review, therefore, according to Brink (2006: 67), is to identify the research problem and refine research questions. The literature review covers related studies in records management with reference to the purpose of records management, electronic records management, electronic document management, legislative framework governing records management in South Africa, electronic records disaster management planning, records management education, introduction of IT in records management, training and the different processes of records management that are available in the public sector. The literature review also relates proper records management to the improvement of service delivery since proper records keeping improves business administration in any organization (Marutha 2011).

Ngulube and Tafor (2006) in their cross-sectional study of the ESARBICA region pointed out a number of anomalies with regard to the management of records and archives. Records management was being compromised by the acute shortage of resources. Secondly, records management processes were neither governed by a code of ethics nor any defined standards. Thirdly, electronic records were being threatened by benign neglect and finally records management staff were not adequately trained (see also Mutiti 2001; Ngulube 2001 and 2005; Garaba 2005; Wamukoya and Mutula 2005).

Ngoepe (2011) observes that in South Africa, most records are managed only during their last stage when they have metamorphosed into archives and by then it is too late to control the records. Failure to manage records can lead to the build-up of unwanted records, overcrowding and disorganization. This, in turn, will make it very difficult to retrieve and use financial records efficiently and to carry out the auditing process. In this light, it is essential that records are managed properly to enable the auditing process and risk management.

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Kwatsha (2010) carried out a study on Electronic Document and Record Management System (EDRMS) The Office President in South Africa. Kwatsha (2010) identified strategic, social and systems factors as being largely responsible for the implementation of EDRMS. Kwatsha (2010) further acknowledged that like most government institutions, the Presidency still largely operated on paper-intensive processes, with extensive routing of documents and this could be the case with VH. Kwatsha's (2010) study relied primarily on reviewing literature as the main source of data collection which the present study found questionable from an empirical point of view.

Kanzi (2010) carried out a study on records management with specific reference to Amathole District Municipality (ADM). Kanzi stated that different pieces of legislation are in place to enable municipalities to carry out their mandate effectively and efficiently, the ability of ADM is to carry out its mandate effectively depends on the availability of necessary and sufficient resources. Kanzi (2010) observed that information or records are not regarded as an important resource that may influence the effectiveness of the

institution and this could be the case of VH. Kanzi (2010) recommended that the management of records must be recognized as being one of the key and vital functions that contribute towards the realization of the organization goals.

Makhura (2005) carried out a study on records management towards an organization's competitive performance in the South African National Parks (SANParks). Makhura (2005) acknowledge that the primary function of the study is to facilitate the free flow of records through an organization, to ensure that information is available rapidly where and when it is needed. Makhura (2005) observed that the pace at which information is flowing from employer to employee at times makes it difficult for employee to ensure that all records have been read before attempting to destroy this could also apply to VH. Makhura (2005) recommended that SANParks should strive to develop and apply the latest and most relevant records management tools parallel to current communication system.

Garaba (2010) carried out a study on the management of liberation struggle records in the East and Southern African Regional Branch of the International Council on Archives (ESARBICA). Garaba's (2010) study focused on the last stage of the record life cycle as it was more on archival management but the theoretical framework used for this study was found useful with the study's emphasis on the provision of a continuum of care for records which every organization should adopt. Similarly, the theoretical framework for Kemoni's (2007) study on records management practices and public service delivery in Kenya, Munetsi's (2011) study on digital records management in the Eastern Cape and Saurombe's (2016) study on public programming in ESARBIC were all anchored on the records continuum model's function of maintenance and use. Ndenje-Sichalwe (2010) carried out a study in which she sought to establish the extent to which records management practices fostered accountability in the Public Service Reform Programme (PSRP) in some government ministries in Tanzania. Her study focused exclusive on the life cycle model as the theoretical foundation of her study and this was justifiably so in view of the fact that few computers were being used to create records in Tanzania.

Legislation provides an enabling environment in the management of records. Consequently literature pertaining to the legislative framework for medical records was reviewed to determine how this affects policy making and practice. The legislative

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framework discussed here include inter alia, the Constitution of the Republic of South Africa (Act No.108 of 1996), National Health Act (Act No. 61 of 2003), Public Finance Management Act (1 of 1999), National Archives and Records Service Act (No. 43 of 1996), National Archives and Records Service of South Africa Act, Promotion of Access to Information Act (Act No. 2 of 2000), Promotion of Administrative Justice Act (Act No. 3 of 2000) and Electronic Communication and Transaction Act (Act No. 25 of 2002). The next section will thus give an overview of the statutory and regulatory framework pertaining to the management of records in South Africa.

2.2 LEGISLATIVE FRAMEWORK GOVERNING MEDICAL RECORDS

2.2.1 The Constitution of the Republic of South Africa act (CRSAA) No 108 of 1996

Section 27(1) (a) of the Constitution of the Republic of South Africa, 1996 provides that everyone has the right to have access to health care services, including reproductive health care. Section 27(2) requires the state to take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of the right. Finally, section 27(3) ensures that no one may be refused emergency medical treatment (South Africa Constitution of 1996). The South African Constitution shows that everybody has the right to access the information in terms of Section 32. But section 36 of the same constitution prohibit that not information should be given to citizens if it can damage the image of the organization. Section 10 state that everyone has inherent dignity and the right to have their dignity respected regardless of what type of diseases they have they are still humans they need to be protected. All the records of the Victoria Hospital are managed under the constitution of South Africa.

2.2.2 National Archives and Records Services Act (NARS) No 43 Of 1996

The National Archives and Records Service provide for a National Archives and Records Service; the proper management and care of the records of governmental bodies; and

the preservation and use of a national archival heritage; and to provide for matters connected therewith. Preamble to the National Archives and Records Service of South Africa Act (No 43 of 1996 as amended).

The National Archives and Records Service of South Africa was established by promulgation of the National Archives and Records Service of South Africa Act (Act No 43 of 1996 as amended). This piece of legislation transformed the former State Archives Service into a National Archives and Records Service whose mission, functions and structures reflect the South African democratic political order and imperatives. In essence, the mission of the National Archives and Records Service is to foster a national identity and the protection of rights by preserving a national archival heritage for use by the government and people of South Africa and also by promoting efficient, accountable and transparent government through the proper management and care of government records (National Archives and Records Services Act of 1996).

Records were originally created for a specific purpose as evidence of transactions. By preserving public records created by governmental bodies as archives, the National Archives and Records Service seeks to preserve the memory of what a governmental body, an organization or an individual did, as well as the circumstances and context connected with the activity. Archival records therefore help us to understand who we are, either as individuals or as organizations, and where we come from.

By providing us with information about our past, we are better able to understand the present. This information is as important to a nation as individual memory is to each person. Indeed, archives provide a basis for the proper understanding of the past that is important in South Africa to inform the development of a new democratic society. A public archives such as the National Archives and Records Service is therefore a special resource for dealing with the social memory of our nation and with protecting people's rights in our country. It is a major resource for fostering a national identity. It is also a treasure house of national memory resources that is accessible to all (NARS 1996). The National Archives and Records Services Act give guidance on how the patient’s records should be kept and how to protect the information at the Victoria hospital.

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2.2.3 Promotion of Access to Information Act (PAIA) No 2 Of 2000

The Promotion of Access to Information Act (PAIA) (No 2 of 2000) is applicable to the National Archives and Records Service as a public body, particularly in respect to its internal records systems and archival records that are younger than 20 years in age. Access to archival records older than 20 years is governed by the National Archives and Records Service of South Africa Act (No 43 of 1996 as amended). The PAIA Guide published by the Human Rights Commission assists the public on how to use the PAIA Act (See sections 14(1) (c) and 10 of PAIA).

The guide includes the following:

- the objects of the PAIA Act;
- the postal and street address, phone and fax number and if available, electronic mail address of , (i) the information officer of every public body; and (ii) every deputy information officer of every public body appointed in terms of section 17(1);
- such particulars of every private body as are practicable;
- the manner and form of a request for – (i) access to a record of a public body contemplated in section 11 of the PAIA Act; and (ii) access to a record of a private body contemplated in section 50 of the PAIA Act
- the assistance available from the information officer of a public body in terms of the PAIA Act;
- the assistance available from the Human Rights Commission in terms of the PAIA Act;
- all remedies in law available regarding an act or failure to act in respect of a right or duty conferred or imposed by the PAIA Act, including the manner of lodging

(i) an internal appeal; and (ii) an application with a court against a decision by the information officer of a public body, a decision on internal appeal or a decision of the head of a private body;

- the provisions of sections 14 and 51 requiring a public body and private body, respectively, to compile a manual, and how to obtain access to a manual; the

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provisions of sections 15 and 52 providing for the voluntary disclosure of categories of records by a public body and private body, respectively;

- the notices issued in terms of sections 222 and 54 regarding fees to be paid in relation to requests for access; and the regulations made in terms of section 92 of PAIA (Paia 2 of 2000). Everybody who want to access information at Victoria Hospital should follow the proper procedure by filling form A PAIA request form. No information must granted to anyone without informing the records manager as a custodian of records.

2.2.4 Promotion of Administrative Justice Act (PAJA) No 3 Of 2000

The right to be given written reasons when the rights of someone has been adversely affected by administrative action has been constitutionalized by the Constitution of the Republic of South Africa, 1996 and the Promotion of Administrative Justice Act, 3 of 2000 (PAJA). This is a particularly positive development in South Africa since in the past there was no general obligation in common or statutory law to furnish reasons for administrative decisions although some statutes did require reasons for some decisions. The duty to give reasons is extended in the sense that a public official must, when notifying a person of a decision (which materially and adversely affects that person), inform the person affected by the administrative action of his/her right to request reasons (section 3(2) (b) (e). This is required in the interest of practicing procedurally fair administrative action (section (3) (1) the duty to give reasons includes three basic qualifications for the person in need of the reasons: • everyone is entitled to reasons; • a request for reasons is need; and • rights must have been materially and adversely affected. The duty to give reasons includes three basic procedural requirements for the public administration: • a deadline (within 90 days) for the provision of reasons; • a requirement that reasons must be adequate; and • a requirement that requests for reasons must be in writing. The effects of the duty to give reasons on the public administration include, among others, the following four aspects: • failure to provide reasons; • exceptions to the provision of reasons; • promoting an efficient public administration; and • creating a culture of accountability (PAJA 2000). Everybody has the right to access information at Victoria

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Hospital, but if the information cannot be granted the requester should be given a written reason on why such information is not going to be released.

2.2.5 Electronic Communications and Transaction Act (ECTA) No 25 Of 2002

On 31 July 2002 The preamble to the Electronic Communications and Transactions Act, 25 of 2002, was passed in parliament. The Act came into operation on 30 August 2002 by proclamation in the Gazette. The stated objects in section 2 of the Act are to enable and to facilitate electronic communications and transactions in the public interest. This Act is the long overdue legislative attempt to deal with the internet and its related computer and electronic issues which have had an explosive impact on our everyday lives since the 1990's (ECTA 2002). Victory Hospital currently has no electronic records they are still using paper based manual for filling. This act does not apply much to VH. This act can make things easier to retrieve all their information if the can have this system. And they can keep patient folders, tender document electronically to avoid the high rate of missing documents.

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2.2.6 National Health Act (NHA) No 61 Of 2003

The National Health Act provide a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services; and to provide for matters connected therewith (NHA 2003).

Obligation to keep record the person in charge of a health establishment must ensure that a health record containing important information as may be prescribed is created and maintained for every user of VH. VH information concerning a user, including information relating to his or her health status, treatment or stay in a health establishment, is confidential. Section fifteen of NHA state that no person may disclose any information contemplated confidential unless the user consents to that disclosure in writing. A court order or any law requires that disclosure or non-disclosure of the information represents a serious threat to public health. Access to health records, health worker or any health care provider that has access to the health records of a user may disclose such personal

information to any other person, health care provider or health establishment as is necessary for any legitimate purpose within the ordinary course and scope of his or her duties where such access or disclosure is in the interests of the user (NHA 2003).

VH is responsible for the protection of health records the person in charge of a health establishment in possession of a user's health records must set up control measures to prevent unauthorized access to those records and to the storage facility or system where records are kept. Any person who fails to perform a duty imposed on them or falsifies any record by adding, deleting or changing any information contained in that record. That is an offence and he or she is liable on conviction to a fine or to imprisonment for a period not exceeding one year or to both a fine and such imprisonment (NHA 2003). This act is emphasizing that nobody has a right to reveal the information of the Victoria Hospital unless it requested by court in writing. The patient records should be protected all the time and there must be specific people to work with this confidentially information such as Records Managers and Chief Registry clerk.

2.2.7 Public Finance Management Act (PFMA) No 1 Of 1999

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Public Finance Management Act regulates financial management in the national government and provincial governments to ensure that all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively to provide for the responsibilities of persons entrusted with financial management in those governments; and to provide for matters connected therewith (PFMA1999). All the records management procedures should be followed when dealing with patients records, no one has the right to expose patients confidentially information. The patient that is affected has right to lay charges against Victoria Hospital and that can cost the hospital millions.

Organizations today are creating electronic and paper records in greater quantities. In order to ensure records are to retain their administrative use and archival value, records managers must be significantly involved with the record creating process itself, rather

than be passive recipients of records that that may longer be authentic or reliable. Records professionals must understand the business functions, activities and working practices that cause documents to be made, used and maintained. For example, it is no use designing a classification scheme that does not match the business processes that give rise to the records to be classified. This is yet another reason illustrating the need for record management to be recognized as a specific corporate function within an organization.

Records are not individual property they are created for and on behalf of the corporate body. They sit in corporate filing cabinets or on corporate desks or in corporate electronic system. They must be available to everyone in the organization (subject to any security restrictions) whenever they are required including those periods when the creator, custodian or user is absent. Records management must therefore be seen as a specific corporate programme within an organization. Subjects such as human resources, finance, health and safety, security and accommodation are seen as corporate responsibilities and services. Records management should be no different, it affects everybody in just the same way as those areas (Smith 2007).

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Medical records management has always featured as the weakest link, especially in regards to medical malpractice suits. Omete (2014) noted that proper documentation would have averted some suits or saved innocent health workers. Thorough and meticulous details are key components of a good healthcare records system. Despite its importance, record keeping is still below par for both public and lower tier private sector operators. Medication was alleged to have been given to a patient though not prescribed. Involved parties in such disputes are often not able to agree or remember where verbal orders are given (Omete 2014).

2.3 THEORETICAL/ CONCEPTUAL FRAMEWORK

2.3.1 Information cycle management

Not all information is created equal other information has archival value other information does not have archival value. Some information will be classified as records but other useful information may never be designated as a formal record. Therefore, organisations are justifiably concerned about managing all information and not just official records. Some of information will be structured and other information unstructured. Structured data is organized in a way that makes it identifiable. A database such as access is structured in the form of columns and vows, which makes searching for the data type within the content possible. All other electronic information that has the potential to be records is stored as unstructured data. Unstructured data is anything that is in a data base. Images, word document are example of unstructured data. Unstructured data is more difficult to classify, maintain, archive and dispose of than structured data.

Information whether structured or unstructured can be thought of as communication or reception of knowledge or intelligence that must be managed. Information life cycle management is a comprehensive approach to managing the flow of information system's data and associated metadata from creation and initial storage to the time when it becomes obsolete and is deleted (Franks 2013).

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The Information lifecycle model is based on four main phases: Creation, active use, semi active use and final outcome and (Franks 2013) identified these stages as follows.

- Creation: Although planning is not included as a separate phase, planning should be considered as an essential part of the creation phase. Planning before creation can help to ensure that the right information is creating it that is created in the most appropriate format and that the necessary metadata is captured.
- Active use: During this phase, information and records are in constant or frequent use, primarily in the conduct of the business to appropriately manage information during this stage, the purpose for which the information can be used must be defined, and the information must be findable and accessible. The individual who need access to the information must be granted such access and integrity of the information must be secured.
- Semi-active use: records and information management in the semi-active phase are most vulnerable because they have declined in value and control tend to be

less stringent. During this phase, information may be referred to on occasion for reference purposes, held to satisfy retention requirements or retrieved for evidential purposes.

- Final outcome: During this phase, information that is no longer useful to the organisation and that has met its retention requirement is destroyed. Information that has enduring value for historical reference or research or that must be retained due to regulatory obligation is preserved. Disposal of information that has met its retention requirements and no longer has value must be controlled. Even more challenging preservation of and access to information of enduring value must be ensured (Franks 2013).

2.3.2 Records continuum

Discussions of strategies for better integrating the activities of archivists and records managers date back at least several decades. It was not until the 1990's'however,that a more formally constructed model emerged for viewing records management as a continuous process from the moment of creation, in which archivists and records managers are actively involved at all points in the continuum. Perhaps the most basic difference between the continuum model and the lifecycle approach is that while the life cycle model proposes a strict separation of records management responsibilities, the continuum model is based upon an integration of the responsibilities and accountabilities associated with the management of records. Records continuum is a consistent and coherent regime of management processes from the time of creation of records through to the preservation and use of records as archives (Kent 2002).

2.3.3 Integrated model

The way to ensure that records are useful both to government and to citizens to manage those records so that they are available and useful from their creation to their ultimate disposition. This is the reason an integrated approach to records management is essential. An integrated records management (IRM) programme recognizes that records follow a life cycle and acknowledges the importance of caring for those records through

a continuum of care. The primary purposes of an integrated records management service is to preserve records and archives in an accessible, intelligible and usable form for as long as they have continuing utility or value and to make information from records and archives available in the right format, to the people, at the right time (IRMT 1999).

The benefits of the implementation of an IRM programme are the development of coordinated information management programmes, elimination of duplication of services improved accessibility to the use of information and records, reduced expenses for records management services, the ultimate preservation of records of historical and research value through a planned records management process (IRMT 1999).

2.4 INTRODUCTION OF ELETRONIC RECORDS

Azad (2008) notes that in recent years there has been a worldwide shift towards electronic government and delivering citizen services online, using the internet, one stop shops, centralized call centers, etc. without the need for people to be physically present at offices. This in turn means that public sector organizations need to be able to access information quickly, easily, and efficiently. The vast majority of public sector organizations worldwide have used paper files and folders for hundreds of years, and hence this has become part of their ingrained culture. With the emphasis now on delivering citizen services online using modern communication methods such as the internet and mobile phone based services, this gives rise to the need for electronic document and records storage in order to quickly and efficiently access whatever information is needed by the citizens (clients) in order to deliver the services required.

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Millar (2009) notes the nature of authentic and reliable records is that they are fixed in time and space they cannot be altered in any way without creating a new record. The great danger to the protection of authentic records is the ease with which electronic records can be manipulated and changed. Paper records were finished once they were typed or printed or written, but every time an electronic record is altered the old record can be lost and a new record created in its place. Thus it is critical to established sound

and effective mechanisms for creating and preserving quality electronic records: records that remain authentic and reliable evidence of actions and transactions, regardless of the technology used to create them.

2.5 MANAGING HOSPITAL ELETRONIC RECORDS

Lin, Ramaiah and Wal (2003:118), observed that electronic records are now received in a large number of archives. Due to the size some of these records are now losing value as a result of its age, which is round about 15-20 years. This shows a very serious need to strengthen effective and efficient management of electronic records for easy retrieval and access to records. Electronic records should be preserved in such a way that their form, retrieval, reliability and authenticity, as evidence of a particular activity, are not subject to change, bearing in mind the safety of the records. As with records in other formats, electronic records must be managed through their entire life cycle from creation, when the records are created or received; through their active life, when the records are accessed frequently (at least once a month); through their inactive life, when the records are no longer active but have to be retained for a period of time for legal, fiscal, administrative, or historical reasons; until their final disposition which could be destruction or preservation as a permanent record. Disaster recovery back-up tapes or other media should be kept solely as a security precaution and are not intended to serve as a records retention tool. In the case of disaster, the back-up would be used to restore lost records. Agency records that have not met their retention should not be disposed of on the basis of the existence of a back-up. If, for any reason (for instance, a disaster erases e-mails on an agency server), the only existing copy of an item that has not met its retention period is on a back-up tape or other medium, the agency must ensure that the record on the back-up is maintained for the appropriate retention period. A back-up containing record copies or the only existing copies of records that have not passed their retention would have to be retained for the length of the longest unmet retention period. Preferably, the records should be restored to an accessible storage device from the back-up to ensure that the back-up is not used as a records retention tool (Lin, Ramaiah and Wal 2003:118).

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2.6 COMPARISON OF MEDICAL ELECTRONIC RECORDS AND PAPER BASED RECORDS

Shafeek (2007) stated that from a medical standpoint, electronic medical records have certain advantages over paper records. They require less storage space, and they can be stored indefinitely. They facilitate effective quality assurance, analysis of practice patterns, and research activities; speedy retrieval of data and expedite billing; reduce the number of lost records; allow for a complete set of backup records at little or no cost; expedite the transfer of data between facilities regardless of geographic separation are a proven long term cost reducer and in most case are practice enhancers and a public relation tool. From a legal standpoint, an electronic record system will produce a legible record.

Many of problems of wrong medication, wrong dose, wrong directions, and wrong procedures caused by illegible and misinterpreted records will be eliminated. A properly planned medical record system can incorporate practice guidelines that are automatically triggered by a diagnosis or symptoms syndrome. In a like manner, the effective electronic medical record system will have connections to the Pharmacy and Pharmacy data banks. Computerized prescriptions and orders will not permit prescriptions or orders for drugs for which the patient has a known allergy, and the system will alert both Provider and Pharmacist of potential harmful drug-drug interactions or incompatibilities with the Patient's physical or laboratory findings. Electronic medical record system can track ordered laboratory, diagnostic, or imagining tests, alert the provider of abnormal tests, and even notify the Patient of the need, or the lack thereof, of future tests, diagnosis, or treatment.

Electronic medical records automatically confirm the date and times of all entries and keep a dated and timed log of all individuals who have accessed the record (Shafeek 2007).

Many individuals think these features make electronic medical records have more security than paper records. Most electronic record systems automatically generate patient

educational materials tailored to the patient's diagnosis and treatment. These defensive features are hard to beat in a paper system. In professional liability suits against health care providers the medical record is "the witness that never dies". A well-documented, complete, and unambiguous medical record means a case that is infinitely easier to defend. Electronic records have some well-known problem. Critics cite high initial cost, large training investment, hardware crashes and breakdowns, power failures software glitches, sabotage of the system by disgruntled employees and hackers, unauthorized access, viruses, Trojan horse's reluctance of physicians to use the tightly controlled format for notes, and a host of other real and imagined problems (Shafeek 2007). This comparison highlights the fact that the media on which records are kept has its strengths and limitations hence the need to adopt a hybrid approach in the management of records.

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2.7 SUMMARY

This chapter reviewed pertinent literature on records management in an endeavour to contextualize the study. The review of the literature indicated that the management of records is fundamental for operational needs as records provide evidence of activities, reconcile the rights of individuals, promote accountability and good governance. In view of this importance, a continuum of care should be provided for these records hence this study emphasized the need for an integrated approach to accommodate both paper and electronic records. The regulatory framework that provides an enabling environment for records management practices to operate was also reviewed.

As a matter of fact, legislation needs to be constantly reviewed to take into consideration records generated in networked environments. Finally, the chapter ended with a comparison of electronic and paper records in which the adoption of a hybrid approach is recommended in view of the challenges inherent with the media in which records are captured.

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CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter, the researcher discussed the procedures and methods that were used to carry out this study. It is of fundamental importance for researchers to clearly articulate their research methods (Bless and Higson-Smith 1995; Ngulube 2005). The aim of the study was to investigate records management practices at the Victoria Public Hospital (VPH) in order to establish whether the hospital was managing its records in accordance with established principles and practices of records management. This objective guided the design of the research in terms of what data was needed to answer the research questions including its collection and analysis. Basically, answers to these questions constituted the core of the research design which will be discussed in the next section.

There are several research methodologies that are applied in conducting research. The research methodologies can either be quantitative or qualitative. In this study the researcher combined the two in what is commonly referred to as the mixed methods approach. Combining the two approaches was meant to increase validity, reliability and trustworthiness of this research endeavour. Admittedly, there is a strongly held view that bringing together both quantitative and qualitative research so that the strengths of both approaches are combined leads to a better understanding of research problems than either approach alone (Creswell and Garret 2008).

Ngulube (2008:254) concurred and noted that mixed method research (MMR) involves collecting, analysing, integrating and interpreting qualitative and quantitative data concurrently or sequentially in a single study or in a series of studies investigating the same problem, irrespective of whichever research methodology is dominant, in order to exploit the benefits of combining them and to enhance the validity of the findings.

This triangulation of methods was designed to eliminate bias as each methodology has both its strengths and weaknesses and the research design was thus developed with this in mind. Consequently, questionnaires, interviews and observations were adopted as data collection tools.

3.2 RESEARCH APPROACH

In order to establish whether Victoria Hospital was managing its records in accordance with established principles and practices, it was necessary to study records management practices in the various units at the hospital. The survey approach was thus considered suitable for the collection of such data. Survey methodology includes instruments or procedures that ask one or more questions that may, or may not, be answered (Beam 2012).

A survey can be defined as a deliberate, well-planned research study of a selected number or group of individuals with respect to one or more variables, carried out in such a way as to significantly reduce the error inherent in all social science research by adhering to scientific research principles and methodologies. In a survey, the researcher gathers relevant data for his/her research either via a questionnaire which can be in printed or electronic format, or via recorded person to person interviews (Coetzer 2012).

The use of the survey approach enable the researcher to understand the records management practices at Victoria Hospital. The various administrative units that make up the hospital from which information would be collected were thus identified on the basis that these carried out the core activities of the hospital.

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3.3 THE CASE STUDY RESEARCH DESIGN

A research design is a plan, structure, and strategy of investigation so conceived to obtain answers to research questions and problems. It is thus an outline of what the investigator will do from conception of the research to the final analysis of data (Kerlinger 1986:279). Kumar (2005:84) agreed with the foregoing and noted that a research design is a blueprint or procedural plan that is adopted by the researcher to answer questions validly, objectively, accurately and economically.

It can be thus discerned that the research design serves a twofold purpose namely to identify the procedures and logistical arrangements required to undertake the study and secondly to enhance quality in the research process (Kumar 2005:84).

A research design is the plan according to which research participants are found and how information is collected from them. In the research design the researcher describes what he or she is going to do with the participants, with the view of reaching conclusions about the research questions (Welman, Huysamen, Mitchell 2005:52).

In a nutshell, as noted by Davis (2014:93), the research design is an outline of what one does, from formulating the question(s) or hypothesis to collecting information and completing the final analysis. In consequence the elements constituting the research design adopted for this study will now be examined and consist of the following:

- Research procedure;
- Study population;
- Data collection instruments;
- Reliability and validity;
- Data analysis; and
- Ethical considerations.

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3.4 POPULATION

Kumar (2005:165) stated that the class, families living the city or electorates from which one selects a few students, electors to question in order to find answers to one's research questions are called the study population and are usually denoted by the letter (N). The term population is thus a collective one used to describe the quantity and type of cases in the study. For the purpose of this study, the relevant population consisted of the various administrative units at Victoria Hospital and the respondents were personnel with records management responsibilities. The population for this study was drawn from the hospital units at Victoria Hospital namely records and information management, patient administration and the Chief Executive office. Eleven records management personnel were the units of analysis. Pilot testing was not done at VH.

(Babbie, Halley, and Zaino 2003:112) describe a population for a study as that group (usually people) about whom we want to draw conclusion.

However, with limited time and money researchers are unlikely to study the entire body of relevant facts about the whole group of people under investigation. Therefore the findings and conclusions in survey research are based on information gathered from a limited number of people from whom generalizations can be made about the whole number.

3.5 DATA COLLECTION METHODS AND INSTRUMENTS

In the collection of survey data, a number of methods can be used and these include interviews, observation and a questionnaire. The study thus employed both quantitative and qualitative approaches through the triangulation approach. This use of multiple methods was described by Denzin (1997:318) as the application and combination of several research methodologies in the study of the same phenomenon. Ngulube (2003:197), noted that the advantage of methodological triangulation is that it bridges issues of reliability and validity.

(Anderson, Poole, Wiley 2001:17) noted that self-administered questionnaires are easily distributed to a large number of people and they often allow anonymity. Data was collected by using an interview schedule, questionnaire and direct observation, which supplemented data obtained from the interviews and questionnaire.

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The researcher distributed a self-administered questionnaire at Victoria Hospital to the records management officials and collected it after ten days. During the time of collection the researcher visited the all the storage rooms for observation and the respondent assisted by giving more information that was not mentioned in the questionnaire.

3.5.1 Interview schedule

Interviewing is one method of collecting information from people. Unstructured interviews were done with The Chief Executive Officer. The purpose of the interview was to extract information about how VPH was managing its records from creation until disposal. A

semi-structured interview schedule was used (See Appendix B). Semi structured interview implies a questionnaire consisting almost entirely of open ended questions with probing instructions.

This provides a framework for a degree of consistency between interviews conducted by a number of different interviewers, whilst providing them with scope for greater exploration that is normally possible. In the questionnaire the researcher articulates the questions to which he or she wants to know the answers and, through the questionnaire the subject's answers are conveyed back to the researcher (Ian 2008).

Interviews are a qualitative method of gathering data through open-ended questions. Open-ended interviews, unlike questionnaires that have pre-determined response categories, allow respondents to express their minds thereby giving accurate points of view of their experiences and phenomena under investigation (Patton 2002).

3.5.2 Questionnaire

A self-administered questionnaire was chosen as the primary instrument to collect the data. Empirical studies by Kemoni (2007), Ndenje-Sichalwe (2010) and Marutha (2011) for instance employed the questionnaire in gathering data on records management practices as this was found appropriate. The self-administered questionnaires were personally distributed by the researcher in order to help with the response rate. The questionnaire was made of both open and closed ended questions to extract data about the management of records at Victoria Hospital (See Appendix A).

The questionnaire consisted of 37 items and the questionnaire was divided into four major sections corresponding to the specific objectives of the study. The first part sought to extract the demographic information about the respondents. The second part sought to identify the nature of records generated at Victoria Hospital. The third part focused on activities and strategies with regards to the management of records at VPH. The fourth part sought to determine how access was regulated in terms of securing the records from unauthorized personnel. The questionnaire and interview schedule were pre-tested to check the validity of the question items. Babbie and Mouton (2001:244) opined that in constructing a questionnaire for instance, there is always possibility of an error hence the

pretesting enabled the researcher to identify defects with the data collection instruments. The pretesting was done at Grey Hospital in King Williams Town, Eastern Cape and three respondents participated who happened to be records officers at this hospital.

Some of the concerns raised by respondents during pre-testing pertained to typographical errors, spelling errors and comments on the suitability of instruments. Participants noted that the questions had clarity and that instruments for filling in the questionnaire were clear and that it was not too long to retire respondents. Corrections were thus made taking into account the views received from the pre-testing exercise before a final version of the instruments were done to facilitate accurate data collection.

3.5.3 Observation

Kumar (2005:119) noted that observation is a systematic and selective way of watching and listening to an interaction or phenomenon as it occurs. Observation can either be participant or non-participant. For this study, simple observation or non-participant was employed. The researcher observed how manual records were filed in cabinets and whether the records offices had security controls for the records (See Appendix C for the observation schedule).

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Observation addressed the problem of distortion of data as a result of respondent's unawareness. Direct observation helped verify some of the information gathered from the interviews and documentation. Through observation the researcher collected data on activities and processes carried out in the establishments studied (Patton 2002: 5).

Observation facilitated the gathering of data that could not be captured by questionnaires and interviews, for example data relating to records data ranges, storage equipment, existence of computers and if they were networked.

3.5.4 Validity and reliability of the instrument

Reliability is the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as reliability and if the

results of a study can be reproduced under a similar methodology, then the research instrument is considered to be reliable Joppe (2000:1).

Crocker and Algina (1986) note that when a respondent answer a set of test items, the score obtained represents only a limited sample of behaviour. As a result, the scores may change due to some characteristic of the respondent, which may lead to errors of measurement. These kinds of errors will reduce the accuracy and consistency of the instrument and the test scores. Hence, it is the researchers' responsibility to assure high consistency and accuracy of the tests and scores.

Validity determines whether the research truly measures that which it was intended to measure or how truthful the research results are. In other words, does the research instrument allow you to hit "the bull's eye" of your research object? Researchers generally determine validity by asking a series of questions, and will often look for the answers in the research of others (Joppe 2000:1). For this study, reliability and validity of research instruments was achieved by pre-testing them. Pre-testing the questionnaire and interview schedule gave the researcher an opportunity to identify questionnaire items that tended to be misunderstood by participants, or that did not elicit the information needed. Pre-testing helped in identifying poor instructions and unnecessary and missing questions. The pre-testing of the questionnaire and interview schedule was conducted with four records management staff, and this took place in March 2017 over a two week period.

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Merriam (2009: 209) stated that all research is concerned with producing valid and reliable knowledge in an ethical manner. Merriam (2009: 220) also noted that reliability refers to the extent to which the researcher's findings can be replicated. The researcher faced challenges doing the pre-testing as most of the VPH staff as they have a busy schedule but was able to convince the four who participated and helped improves the content of the instruments.

3.6 DATA ANALYSIS

Data analysis enables a researcher to find answers to a research problem. Qualitative data was content analyzed and data obtained quantitatively was analyzed using Stat Excel and Statistical Package for Social sciences (SPSS).

The data was analyzed according to the objectives of the study. Data analysis entails categorizing, ordering, manipulating, and summarizing the data, describing them in meaningful terms (Brink 2006:171). Statistical methods enabled the researcher to reduce, summarize, organize, manipulate, evaluate, interpret and communicate quantitative data (Brink 2006:171).

The data obtained quantitatively was cleaned, coded, and checked for accuracy. SPSS and Sta Excel were used to present data statistically. On the other hand, data obtained qualitatively was content analyzed.

3.7 ETHICAL CONSIDERATIONS

University of Fort Hare ethical considerations state that every piece of research conducted in the Social Science and Humanities must be ethically cleared by the Faculty Ethics Committee first, and then by the University of Ethics Committee. The clearance for this research was granted 20 July 2016 before the researcher started collecting data from participant (see Appendix D).

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Ethical considerations refer to moral and ethical standard that should be followed in circumstances where there can be authentic or possible harm to an individual or a group (Churchill 1992:68). Ethical issues in research revolve around the researcher's accountability and privacy, anonymity and confidentiality of participants (Grbich 2004:88) and conduct in the writing process. Jacobs (2014:321) noted that plagiarism refers to the use of other ideas and presenting them as your own. It is intellectual theft and is considered a serious academic offence. The most common type of plagiarism is a direct copy and paste action. To address the issue of plagiarism, the researcher acknowledged the work of others by including in text citations and referencing of all cited sources. According to Louw (2014:273), the legitimacy and integrity of research is facilitated when there is a solid ethical foundation.

3.8 SUMMARY

This chapter described the procedures used with regards to the research methodology used in the study. The study used the survey approach with the questionnaire as the major instrument to collect the data. The preference for this approach was largely because the research sought to obtain information on records management practices at VPH which constituted the research problem that instigated this research. The chapter also explained how data was analysed using Stat Excel, SPPS and content analysis. The chapter concluded by making reference to ethical issues observed in an attempt to legitimize the study.

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CHAPTER FOUR

RESULTS PRESENTATION

4.1 INTRODUCTION

The purpose of this study was to investigate records management in support of service delivery in the Victoria Public Hospital (VPH). Thus, the study's objectives were to:

1. Determine the type of records are generated at the Victoria Public Hospital and some of activities and strategies used in their management;

2. Establish current processes and means used to make these records accessible and

3. Determine the professional knowledge and skills of staff in charge of these records.

A mixed method approach was applied in this study as self-administered questionnaires, observations and structured interviews were used to collect data from Victoria Public Hospital employees.

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This chapter therefore focuses on the findings of the study. Tables, bar charts and pie charts were used for data presentation. Accordingly, the results of this study are presented using the objectives to report the findings.

4.2 QUESTIONNAIRE

4.2.1 SECTION A: DEMOGRAPHIC INFORMATION

This section aimed at getting respondents' background information in order to understand whether records management practices at VPH supported service delivery. Out of 5 respondents that were targeted as respondents for the survey questionnaire, all 5 [N= 5] questionnaires were all returned, yielding a 100% response rate.

4.3 RESPONSE RATE

In this survey research, the rate of response is the ratio or percentage of number of people who answered the survey questionnaires to the total number of the sample. Table 4.1 provides the information on the response rate.

Table 4.1 Response Rate (N=5)

Variables	Measuring Group	Frequency	Percentage (%)
Sample category	-	Number	-
	Initial sample	5	100
	Unavailable	-	-
	Usable sample	5	100
	Total	5	100

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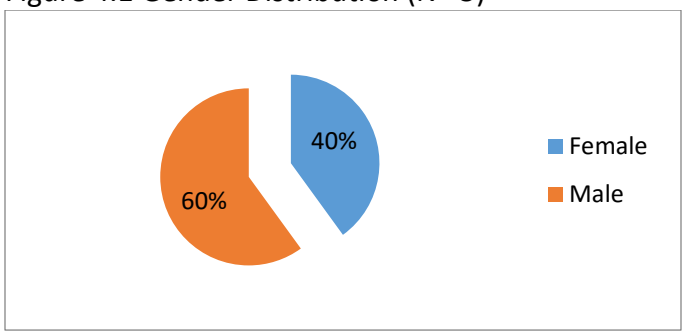
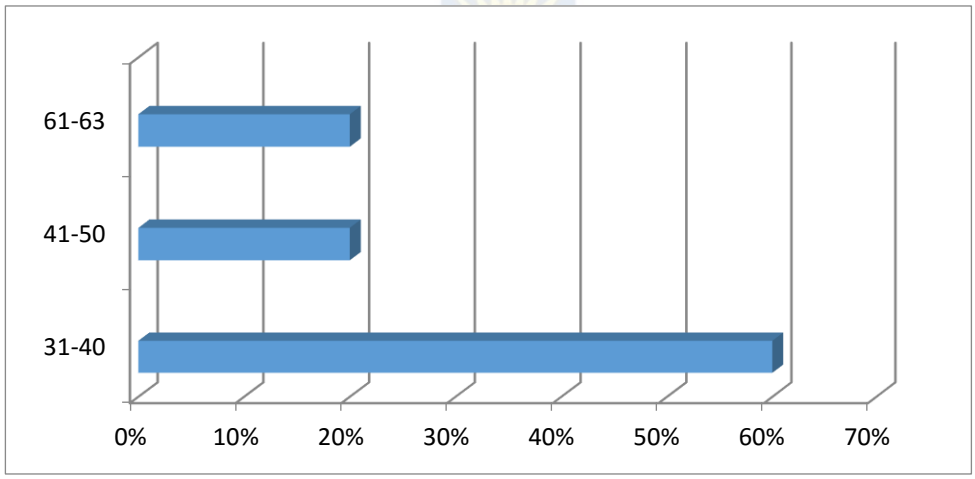
From the table 4.1 above, it can be noted that respondents were all available for the survey and this made 5 respondents available. Therefore, 100% of the respondents were available for the survey which provides an equal percentage of the response rate showing a true representation of the sample. Hence, there is no any reason for why the response rate could be low or high as the findings has showed that the researcher chose 5 respondents because there are very few personnel dealing with records management at the study area and all 5 questionnaires were returned. The next section examines the survey results.

Figure 4.1 Gender Distribution (N= 5)



The figure 4.1 above shows the gender distribution of the respondents that participated in the study. The finding shows that 2 (40%) of respondents were females while 3 (60%) were male. All of the respondents were junior staff.

Figure 4.2 Age Distribution (N=5)



The above figure 4.2 shows the age distribution of the respondents. The findings reveal that the majority 3(60%) of the respondents were within the age of (30-40) years, (41-50) years were 1(20%) and (61-63) years were 1(20%), in fact, these were the minority.

Table 4.2 Educational Qualification (N=5)

	Frequency	Percent	Valid Percent	Cumulative Percent
Diploma	2	40.0	40.0	40.0
Matric	2	40.0	40.0	80.0
Below matriculation	1	20.0	20.0	100.0
Total	5	100.0	100.0	

Table 4.2 shows the respondents' level of education and it reveals that 2 (40%) of the respondents had Diploma qualification, 2 (40%) had matric qualification, while 1 (20%) had below matriculation.

Table 4.3 Areas of expertise (N=5)

	Frequency	Percent	Valid Percent	Cumulative Percent
Records management	4	80.0	80.0	80.0
Administration and management	1	20.0	20.0	100.0
Total	5	100.0	100.0	

Table 4.3 above shows the areas of specialisation of the respondents that specifically participated in the study. The table reveals that 4(80%) of the respondents specialised in records management while 1(20%) of the respondents specialised in Administration and management.

Table 4.4 Designation at the Victoria Hospital (N=5)

	Frequency	Percent	Valid Percent	Cumulative Percent
Chief registry clerk	1	20.0	20.0	20.0
Senior registry clerk	2	40.0	40.0	60.0
Messenger	1	20.0	20.0	80.0
Records manager	1	20.0	20.0	100.0
Total	5	100.0	100.0	

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Table 4.4 above shows the designation of the respondents at the Victoria Hospital that participated in the study. The table reveals that 1 (20%) of the respondents was a chief registry clerk, 1(20%) a messenger, and 1 (20%) a records manager while 2 (40%) of the respondents were senior registry clerks.

4.2.2 SECTION B: RECORDS GENERATED AT THE VICTORIA HOSPITAL

Table 4.5 Type of records kept at VPH (N= 5)

	Frequency	Percent	Valid Percent	Cumulative Percent
Administrative records	1	20.0	20.0	20.0
Patient files	2	40.0	40.0	60
Personnel records	2	40.0	40.0	100
Total	5	100.0	100.0	

Table 4.5 above shows the type records created at the Victoria Hospital. The finding of the study revealed that patient files and personnel records were predominant compared to administrative records. During one interview session 1(20%) respondent confirmed that:

"Victoria hospital has patient, personnel and administrative records"

Table 4.6 How records are kept in the department (N=5)

	Frequency	Percent	Valid Percent
Paper records	5	100.0	100.0
Electronic records	0	0.0	0.0

The table 4.6 above shows the how records kept by the respondents at the Victoria Hospital. The finding of the study confirmed that all five respondents (100%) kept patient files and personnel records in paper records format at the Victoria Hospital.

Table 4.7 Availability of Departmental E-Document and Records Management (EDRM) system

	Frequency	Percent	Valid Percent
Yes	0.0	0.0	0.0
No	5	100.0	100.0

On the availability of EDRMS, all five respondents (100%) confirmed that they did not have one as shown in Table 4.7.

Table 4.8 Availability of officially adopted EDRM policy

	Frequency	Percent	Valid Percent
Yes	0.0	0.0	0.0
No	5	100.0	100.0

The table 4.8 shows the availability of an EDRM policy at the Victoria Hospital. On the availability of EDRMS policy, all five respondents (100%) confirmed that they did not have one.

Question 10 asked respondents about the electronic system (product name) used in their department. During one interview session all respondents confirmed that:

"*On the electronic system (product name) used, that they did not have one"*.

Figure 4.3 Email considered as a record (N=5)

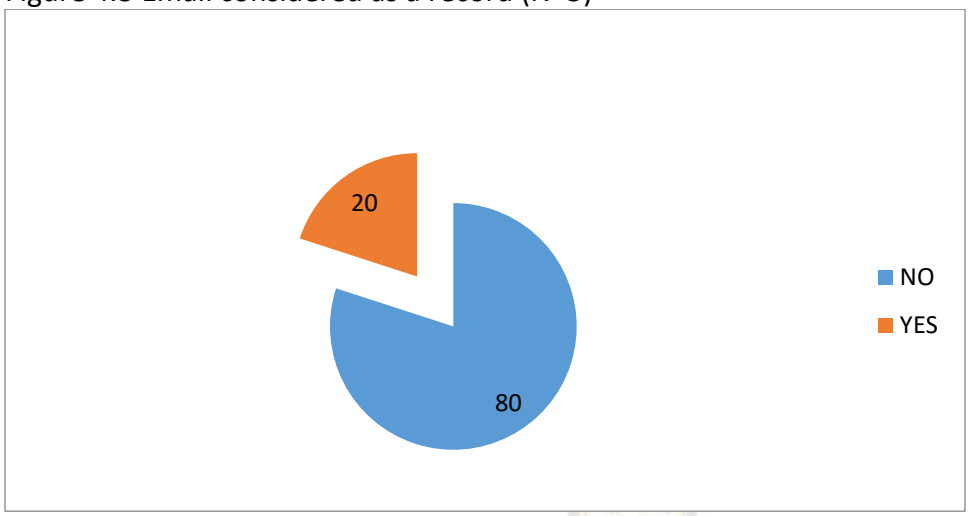

Figure 4.3 shows that the majority 4(80%) of the respondents stated that they did not consider email as a record while 1(20%) of the respondent said yes they do consider email as records.

Table 4.9 Number of employee responsible for records and archives management

	Frequency	Percent	Valid Percent
5	5	100.0	100.0
6	0.0	0.0	0.0
Total	5	100.0	100.0

Question 15 asked respondents' about number of employees responsible for records and archives management at the Victoria hospital. All the five respondents (100%) confirmed they were.

Figure 4.4 Sufficiency of allocated store space (N=5)

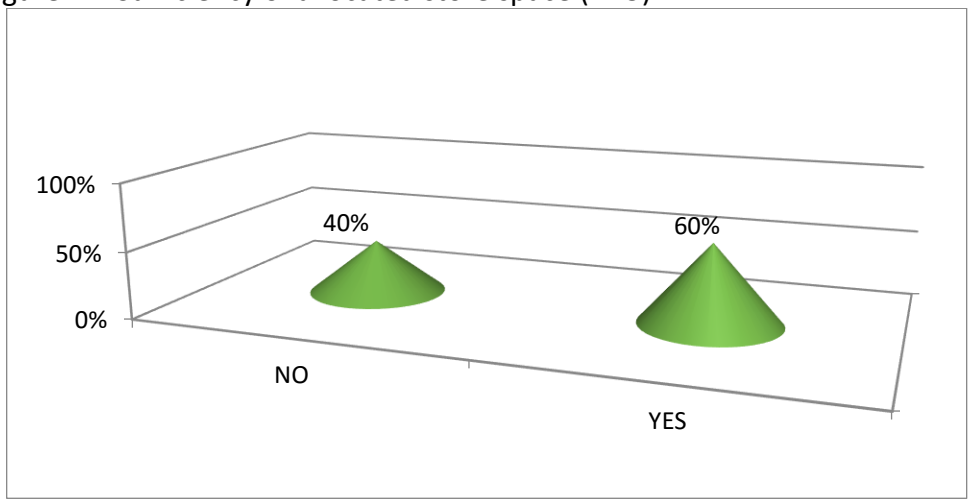

Figure 4.4 shows that the majority 3(60%) of the respondents confirmed they had sufficient allocated storage space at the Victoria Hospital while 2(40%) stated that they had not.

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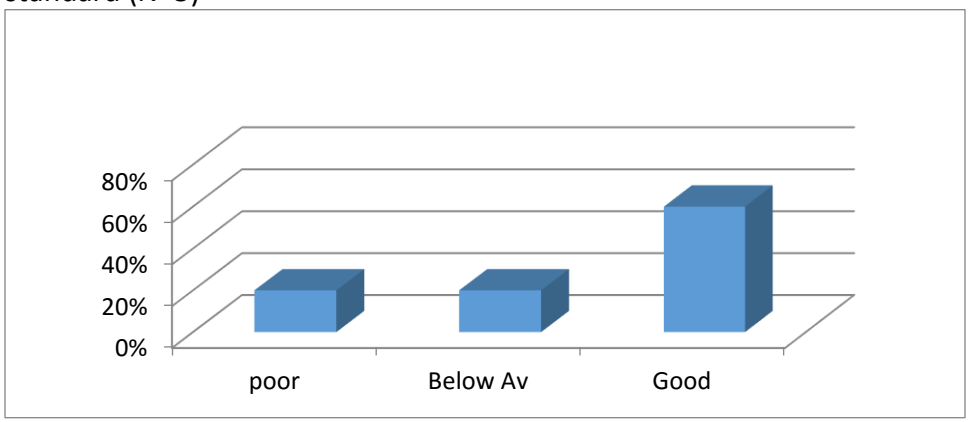
One of the respondents confirmed the insufficient storage space by remarking that:

"We keep them (records) in a small passage, if there can be a water leakage, they will be destroyed/damaged".

Figure 4.5 Storage conditions and equipment specifications compliant with international standard (N=5)



Question 18 asked respondents whether the storage conditions and equipment specifications were compliant with international standards. Figure 4.5 shows that the majority 3(60%) of the respondents emphasised that the Victoria hospital had good storage condition and equipment specifications compliant with international standard. 1(20%) said that the Victoria hospital have poor storage conditions and equipment specifications not compliant with international standard while 1(20%) of respondents noted that these were below average.

Question 20 asked respondents whether VPH had operational records management procedures and practices. Table 4.10 shows that records retention was prioritised.

Table 4.10 Operational records management procedures and Practices (N=5)

	Frequency	Percent	Valid Percent	Cumulative Percent
Correspondence management	1	20.0	20.0	20.0
Records Classification	1	20.0	20.0	40.0
Records retention	3	60.0	60.0	100.0
Total	5	100.0	100.0	

Table 4.11 Specific procedure for identifying and protecting vital records

	Frequency	Percent	Valid Percent
Yes	5	100.0	100.0
No	0	0.0	0.0

Question 21 asked respondents' whether they had in place specific procedures to identify vital records. All the five respondents (100%) confirmed they had.

4.2.3 SECTION C: ACTIVITIES AND STRATEGIES USED IN THE MANAGEMENT OF RECORDS AT THE VICTORIA HOSPITAL

Table 4.12 Year of service in records management (N=5)

	Frequency	Percent	Valid Percent	Cumulative Percent
3 - 4 years	1	20.0	20.0	20.0
5 years	1	20.0	20.0	40.0
>5 years	3	60.0	60.0	100.0
Total	5	100.0	100.0	

Table 4.12 shows the respondents' year of service in records management at the Victoria hospital. The finding shows that 3(60%) of the respondents have spent more than 5 years in service in records management at the Victoria hospital, 1(20%) has spent 5 years while 1(20) has also spent 3-4 years.

Table 4.13 Victoria hospital record management policy

	Frequency	Percent	Valid Percent
Yes	5	100.0	100.0
No	0	0.0	0.0

With regards to the existence of a records management policy at VPH, table 4.13 shows that response was in the affirmative as five (100%) agreed.

Table 4.14 Victoria hospital procedure manual (N=5)

	Frequency	Percent	Valid Percent
Yes	5	100.0	100.0
No	0	0.0	0.0

Table 4.14 shows that all five respondents (100%) further confirmed that they had a procedure manual used in records management at the VPH and this confirmation also applied to the existence of a filing plan.

Figure 4.6 Length of time it takes to access information (N=5)

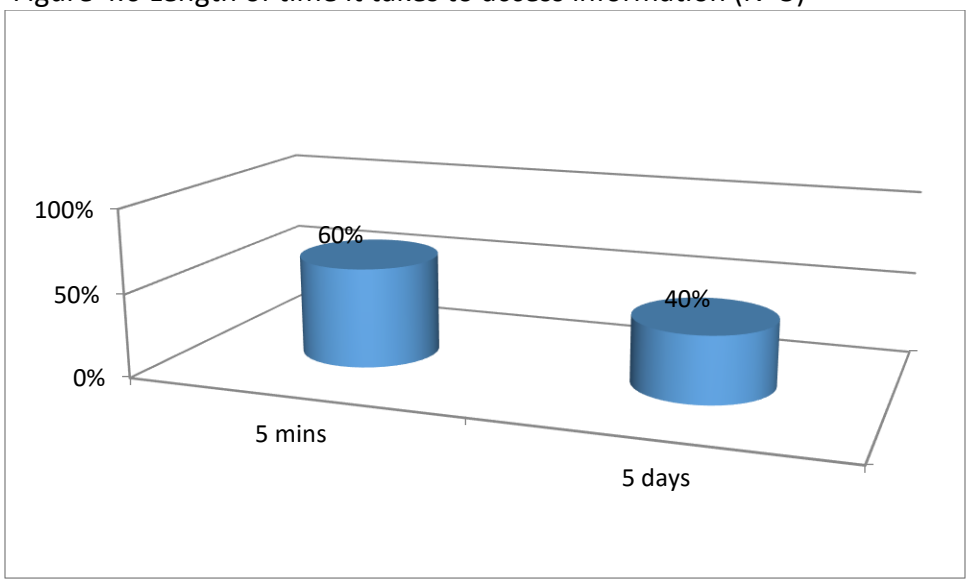


Figure 4.6 reveals that the majority 3 (60%) of the respondents spent 5 minutes in accessing information while 2 (40%) spent 5 days to access information in their department at the Victoria hospital. One respondent noted that:

"We go to the office to collect some records that are kept there even though it is hard to get those records".

Two respondents also noted that: "*We use filing index and storage boxes that are written; patient information outside to access specific records".*

In addition, it took records personnel 15 minutes to get their patients' folders. With regards to applying for storage disposal authority, five respondents (100%) confirmed they had not.

With regards to file plan approvals from the Provincial Archives office, the majority 4(80%) of the respondents stated that the Provincial Archival office had approved file plan, while 1(20%) confirmed that they did not have one.

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Table 4.15 Type of classification SCHEMA used at VPH (N=5)

	Frequency	Percent	Valid Percent	Cumulative Percent
Organisational based classification	2	40.0	40.0	40.0
Document type classification	3	60.0	60.0	100.0
Total	5	100.0	100.0	

Table 4.15 shows the respondents' type of classification SCHEMA used at VPH. The findings revealed that 3 (60%) of the respondents used document type classification while 2 (40%) of the respondents used organisational based classification. Observation findings done by the researcher confirmed this as well.

4.2.4 SECTION D: CURRENT PROCESSES AND MEANS USED TO MAKE RECORDS ACCESSIBLE AT THE VICTORIA HOSPITAL

Figure 4.7 Awareness of regulatory body on records management

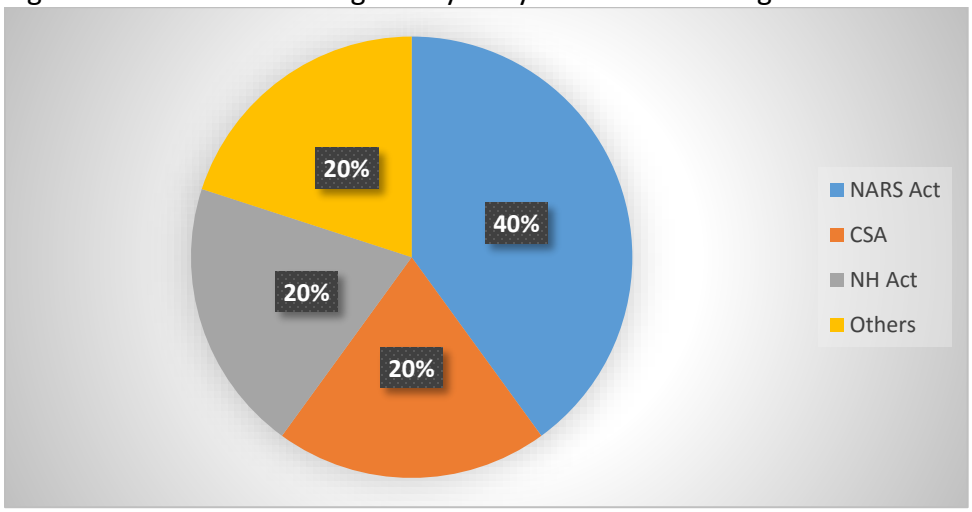
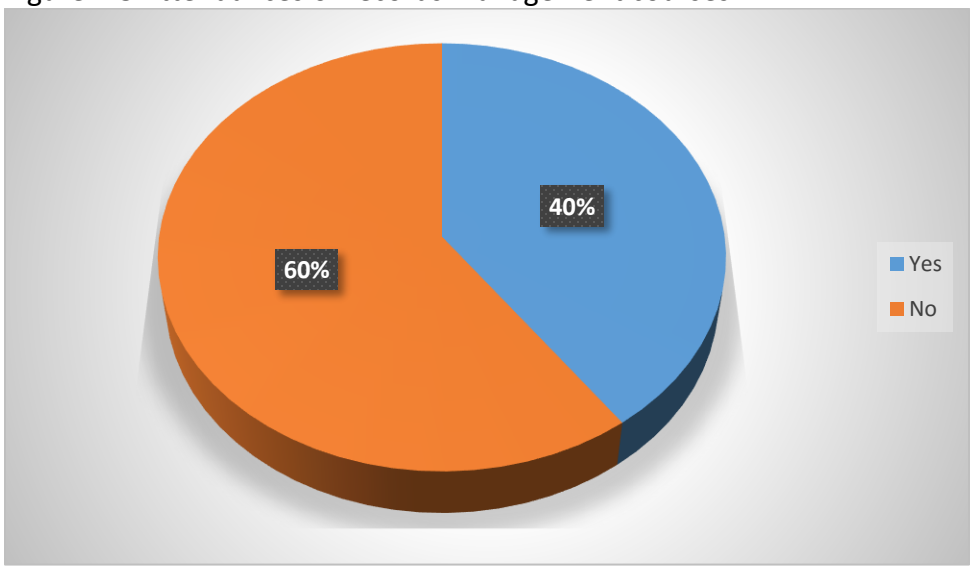


Figure 4.7 shows the respondents' awareness of regulatory body on records management. The findings revealed that the majority 2 (40%) of the respondents were aware of NARS Act SA as one of the regulatory laws on records management, 1 (20%) was aware of CSA, 1(20%) was aware of NH Act while 1(20%) was aware of other regulatory laws on records management.

Figure 4.8 Attendances of records management courses



On refresher courses in records management, figure 4.8 shows that 3 (60%) have not attended any compared to 2 (40%) who had. For those who attended, the focus of the course was on records classification and knowledge management. Upon further inquiry, as to when they last attended such courses, this was in 2013.

Figure 4.9 Professional organisation

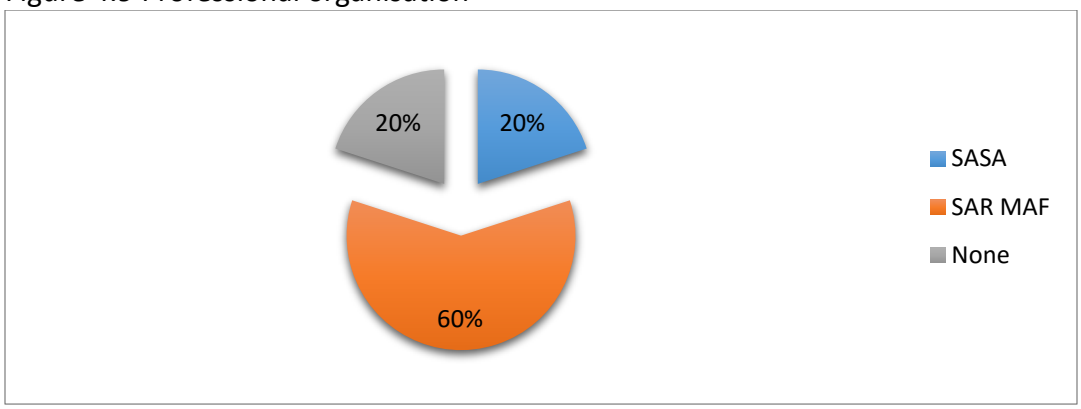


Figure 4.9 shows the respondents' professional organization they belong to. The finding of the study shows that 3 (60%) of the respondents belong to SAR MAF, 1 (20%) belong to SASA while 1 (20%) did not belong to any organisation.

Question 36 asked respondents as regards last conference or workshop attended

One of the respondents confirmed that:

"He last attended a conference in 2015 in King Williams Town, Eastern Cape. In addition, this conference was hosted by the Department of Sport, Recreation, Arts & Culture. Interestingly, the focus of the workshop was to bring new knowledge to records management practice in government organisations"

Similarly, another respondent emphasised that:

"*She attended a workshop last in 2007 at a File launch programme/play in Bhisho. This workshop was also hosted by the Department of Sport, Recreation, Arts & Culture. Interestingly, the focus of the workshop was to examine the importance of records management practice in government organisations"*

With regards to suggestions to ensure effective records management at VPH, the following were noted by respondents:

- the management should organise more training on records management in order to learn more or acquire more skills on how to maintain records;
- the management should have a qualified records manager who can assist them ; and
- hospital management should ensure that all employees in the department are computer literate. This would facilitate effective use of electronic records management in the department.

4.3 SUMMARY

In this chapter the researcher presented results of the data collected. The findings showed that the type of records generated at the Victoria hospital include patient, personnel and administrative records. The results of the study revealed that policy issues, lack of infrastructure and irregularity of training, absence of a qualified records manager were identified by the respondents as some of the challenges faced by the VPH in order to effectively executive records management practices in their organization. In addition, the results also showed that the majority of personnel were affiliated to SARMAF from a professional point of view.

The next chapter provides interrogation of these results based on the literature review presented in Chapter two.

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CHAPTER FIVE

DISCUSSION OF RESULTS

5.1 INTRODUCTION

This study was driven by the need to establish the records management practices at VH and the research sought to find the following:

1. Determine the type of records are generated at the Victoria Public Hospital
2. Determine some of the activities and strategies used in their management;
3. Establish current processes and means used to make these records accessible and
4. Determine the professional knowledge and skills of staff in charge of these records.

In this chapter the researcher discusses results and findings gathered through interviews, observation and questionnaires. Research aims and questions in the research study are based on gaps in knowledge that need to be filled (Stomel and Wills 2004:340).

The literature review covered related studies in records management with reference to the purpose of records management, electronic records management, electronic document management, legislative framework governing records management in South Africa, electronic records disaster management planning, records management education, introduction of Information Technology (IT) in records management, training and the different processes of records management that are available in the public sector. The literature review also relates proper records management to the improvement of service delivery since proper records keeping improves business administration in any organization (Marutha 2011). In nutshell, this chapter therefore provides interpretation of the findings by relating them to the literature to confirm or dispute the findings.

5.2 QUESTIONNAIRE RESULTS

5.2.1 Records generated at the Victoria public hospital and some of active strategies used in their management

Wamukoya and Mutula (2005) state that records are a vital asset in ensuring that the institution is governed effectively and efficiently, and is accountable to its staff, patients and the community that it serves. Records support decision making, provide evidence of policies, decisions, transactions and activities, and support the hospital in cases of litigation. Searching for a document or record that cannot be easily retrieved is one problem that affects many organizations and also consumes time for the individual searching for that particular document.

The findings of the study reveal that 40% patient files and personnel records were predominant compared to administration records. 20% respondent confirmed that VH has patient, personnel and administration records.

5.2.2 Types of storage

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Luthuli and Kalusopa (2017) observe that South Africa is one of the many developing countries that continue to battle with ways to improve state owned facilities so that the best public service may be provided to its citizens. The issue of public service delivery remains a contentious issue in the country. Since the fall of apartheid, many citizens have complained about service rendered by various government facilities. Among other sectors of the economy, health service delivery continues to receive such attention. Numerous complaints have been presented regarding the poor service delivery of public hospitals. At the core of the delivery of service has been the need for effective records and information management delivery systems of reliable and authentic information so that patients are able to receive quality medical services. Issues of negligence and poor diagnosis and treatment have been linked several times to ineffective and poor record keeping (Marutha 2011, Katuu 2015, Pyrene 2015, and Marutha 2016).

Green (2011:10) posits that a centralized records system is one where records are put together in one place for easy access. A centralized filing system for medical records is also recommended by the International Records Management Trust (1999:23).

The results shows that the VH has a decentralized system. The majority 3(60%) of the respondents emphasized that the VH had a good storage condition and equipment specifications compliant with international standards. 1 (20%) said that the VH has poor storage conditions equipment specifications not compliant with international standard, while 1(20%) of respondents noted that these were below average.

5.2.3 Legislative framework

Legislation provides an enabling environment in the management of records. Consequently literature pertaining to the legislative framework for medical records was reviewed to determine how this affects policy making and practice.

Luthuli and Kalusopa (2017) observed that in South Africa, the formulation of the National Health Act (NHA), no 61 of 2003:2 was meant to bring about uniformity and direction in the health service practice of the country, as stipulated and mandated in the constitution and other laws related to service. Furthermore, Luthuli and Kalusopa (2017) cited Katuu (2015:125) who noted that the National Health Act of South Africa 2003 section 68 and section 90 states that the Minister may make regulations on how a particular record should be manage.

Section 27 (1) (a) of the Constitution of the Republic of South Africa, 1996 provides that everyone has the right to have access to health care services, including reproductive health care. The National Archives and Records Services of South Africa Act of 1996 provides for the proper management and care of the records of government bodies, and the preservation and use of a national archival heritage; and to provide for matters connected there with.

With regards to the existence of a records management policy at VH, the study shows that the response was in the affirmative as 5 (100%) agreed they do have records management policy. This is an agreement with the literature as Ngoepe (2008) stated

that government departments are required to develop a records management policy that regulates records management activities. The policy has to compel officials to practice proper records management. For the policy to be effective, it has to be endorsed by the head of the government department as well as the top management team. It should also be communicated and implemented throughout the organization.

5.3 CURRENT PROCESSES AND MEANS USED TO MAKE THESE RECORDS ACCESSIBLE

Mampe (2013) and Luthuli (2017) note that records support accountability, security, integrity and comprehensiveness and are critical to effective service delivery to the community. The IRMT (1999) agrees that, if records are not properly managed, health service may be affected in a negative way.

The results shows that 3 (60%) of the respondents spent five minutes in accessing information while 2 (40%) spent five days to access information in their department at VH. One respondent noted that *"we go to the offices to collect some records that are kept there even though it is hard to get those records"*.

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5.3.1 Presence of EDRMS

Azad (2008) notes that in recent years there has been a worldwide shift towards electronic government and delivering citizens services online, using the internet, one stop shops, centralized call centers etc. without the need for people to be physically present at offices. This in turn means that public sector organizations need to be able to access information quickly, easily, and efficiently. The vast majority of public sector organizations worldwide have used paper files and folders for hundreds of years, and hence this has become part of their ingrained culture.

VH does not have EDRMS so far they are still using paper based documents which is creating a lot of work and it is easier to lose some of documents when they misplaced them. The study shows that all five (100%) respondents confirmed that they do not have one.

5.3.2 Classification scheme

In terms of section 13 (2) (b) (i) of the NARS Act, the National Archivist shall determine the records classification systems to be applied by governmental bodies. A records classification system provides a means of knowing what records exist and where they are kept in an organization. It also facilitates easy access to records (Ngoepe 2008).

The study findings revealed that 3 (60%) of the respondents used document type classification meaning the document is the patient folder, x-ray scan while 2 (40%) of the respondents used organizational based classification. Observation findings done by the researcher confirmed this as well.

5.4 RECORDS RETENTION AND DISPOSAL

As indicated by The National Archives of South Africa (2000:27) it is important for organisations to arrange with the National Archives for the transfer of inactive records before attempting to do so. Such a step would avoid any possible transfer problem likely to be experienced during the transfer process. A normal practice as stipulated in the above act is that only a records manager with approval from the National Archivist may dispose of the records (Makhura 2005).

It is worth noting that any record management function should focus much on the records retention and disposition since they were fundamental to effective and efficient records management. In this case records growth will be controlled, legislation for records retention will be complied with and risk for financial liabilities and litigation will be reduced (Chachage and Ngulube 2006:12). The research at VH confirmed records retention and disposition was prioritised which is in line with standard practices.

5.5 PROFESSIONAL KNOWLEDGE AND SKILLS OF STAFF

The IRMT (2009:2) as cited by Luthuli and Kalusopa (2017) stated that hospitals should employ qualified medical records managers to manage a centralised records management system.

According to the study done at VH results showed respondents level of education with 2 (40%) with diploma qualification, 2 (40%) with matric qualification, while 1 (20%) had below matriculation.

Employing qualified medical records managers to manage records at VH as advocated by the IRMT (2009) would help in promoting best practices in as far as records keeping is concerned.

Professional associations help with promoting the interests of the profession, best practices and safeguard ethical conduct. Records staff at VH showed preference for SARMAF and to some extent SASA. While this right of choice is enshrined in the constitution of South Africa and needs to be respected, SASA is a more vibrant, active and visible professional body compared to SARMAF as can be witnessed with its membership, conference and workshop activities (annually held in every province) and publications (Journal of the South African Society of Archivist).

5.6 SUMMARY

This chapter discussed the findings of the study at VH. Records that are generated at VH include patient files, personnel, and administration records. Equipment used to house records at VH was compliant with international standards. VH does have a records management policy for paper records which augurs well for best practices in terms of recordkeeping. However, VH does not have an EDRM policy for electronic records. Document type classification was the most used at VH and the hospital did prioritise retention and disposition of records which is positive. However, staffs is ill-equipped to manage records throughout their lifecycle and employing qualified medical records managers could be the solution. Finally, with regards to professional associations, staff are affiliated to SARMAF and not SASA which was an interesting finding considering that SASA is currently the most active, vibrant and visible association for records professionals in South Africa.

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CHAPTER SIX

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

This study was conducted with the aim of discovering the extent of which Victoria Hospital in Alice, in the Eastern Cape is managing its records. This study was based on the life cycle and records continuum concepts as both paper and electronic records were the focus of the study. The discussion in this chapter is categorized as per the study's research questions outlined in chapter one (see section 1.5).

6.2 SUMMARY OF THE FINDINGS BASED ON THE STUDY'S RESEARCH QUESTIONS

This section provides a summary of the findings relating to records management practices at Victoria Hospital. From these findings, conclusions are drawn, based on the research questions the study aimed to answer, as outlined in Chapter One.

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6.2.1 Type of records generated at the Victoria Public Hospital and some of activities and strategies used in their management;

The findings showed that the type of records generated at the Victoria hospital include patient, personnel and administrative records. VH is using storage boxes, still cabinets and wooden shelves for filing. The results of the study revealed that policy issues, lack of infrastructure and irregularity of training, absence of a qualified records manager were identified by the respondents as some of the challenges faced by the VPH in order to effectively executive records management practices in their organization.

The findings showed that equipment used to house records at VH was compliant with international standards. VH does have a records management policy for paper records which augurs well for best practices in terms of recordkeeping. However, VH does not have an EDRM policy for electronic records. Document type classification was the most

used at VH and the hospital did prioritize retention and disposition of records which is positive. However, staff is ill-equipped to manage records throughout their lifecycle and employing qualified medical records managers could be the solution.

6.2.2 What current processes and means are used to make these records accessible?

Retrieving records at VH was a long process and the hospital does not have an EDRMS. On a positive note, records retention and disposition were a priority in line with standard practices to create space.

6.2.3 Professional knowledge and skills of staff in charge of these records.

The findings revealed that the registry official's level of education consist of diploma qualification, matric qualification, and some had below matriculation. Employing qualified medical records managers to manage records at VH as advocated by the IRMT (2009) would help in promoting best practices in as far as records keeping is concerned. With regards to professional associations, staff are affiliated to SARMAF and not SASA which was an interesting finding considering that SASA is currently the most active, vibrant and visible association for records professionals in South Africa.

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6.3 CONCLUSIONS REGARDING THE RESEARCH PROBLEM

Most South African public hospitals have poor record keeping practices, and records are not being taken seriously. In these hospitals, patients wait in a long queue because their files are missing and it's not easy to get proper treatment due to missing records as it becomes difficult to trace the patient's medical history.

Government produces, collects, disseminates and utilizes a larger volume of records and information than any other organizations. These records are important for the lives of the public and are also used to hold government accountable for service delivery (Tafor 2003:72; Ngulube and Tafor 2006:58).

6.4 RECOMMENDATIONS

An important element of records management is that records are created and kept so that they can be made available to their intended users wherever required (Shepherded and Yeo 2003). The authors further suggested that an essential element in records registration is giving the record a unique identifier that set it apart from all other records within a records management system. With this in mind, the following recommendations are provided:

6.4.1 Need to set up control measures for records

VH is responsible for the protection of health records and the person in charge in charge of health establishment in possession of a user's health records must set up control measures to prevent unauthorized access to the records and to the storage facility or system where records are kept. Any person who fails to perform a duty imposed on them or falsifies any record by adding, deleting or changing any information contained in the record that is an offence and she or he is liable on conviction to a fine or to imprisonment for a period not exceeding one year or to both fine and such imprisonment (NHA 2003).

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The hospital should improve the state of records management by ensuring a shorter retrieval turnaround time for proper management of bulk files request and limit paperwork by introducing proper electronic records system. They should also ensure proper planning, organizing and supervision to avoid losing files unnecessarily. They should improve infrastructure and they should recruit and fill posts with qualified staff. The findings in this study clearly illustrate the value of establishing key policies, activities and control framework necessary for proper records management. Setting up correct policies, procedures and practices is important for building a culture of proper records management in the organization.

6.4.2 Training of employees

This research showed that there is a shortage of staff. The training took place long time ago. There is no support from management. Hospitals should consider providing relevant formal training or courses for at least more than 75% officials earmarked for or engaged in the implementation of e-health and e-records. Victoria hospital should consider hiring more qualified records managers and registry staff. Records management training should take place at least twice a year so that staff is kept motivated.

Top management must ensure that they support records management in terms of finance including the ensuing challenges. This study has revealed that an enormous benefit for the implementation of a records management system is the commitment of top management. Indeed, without the support of top management, the attempts to implement a records management system are doomed to failure (Ngoepe 2008).

6.4.3 Storage space

Space to store physical records was found to be a challenge at VH. Funds permitting, they must create their own records room to keep records or alternatively send files to NARSSA for storage. Disposal should be done every year to create more space. The hospital also needs to upgrade is records management systems to electronic, rather than manual, and should also set a turnaround time for records requested. The electronic records management systems must capture and provide access to all the information/records about the patient. The hospitals should also consider scanning the current paper patient records to electronic documents and integrated them into the electronic records in one system, known as EDRMS.

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6.4.4 Legislative framework

The findings show that VH has a file plan. This is an agreement with the literature as Ngoepe (2008) stated that government departments are required to develop a records

management policy that regulates records management activities. The policy has to compel officials to practice proper records management. For the policy to be effective, it has to be endorsed by the head of the government department as well as the top management team. It should also be communicated and implemented throughout the organization.

6.4.5 Presence of EDRMS

The findings reveal that VH does not have EDRMS so far they are still using paper based documents which is creating a lot of work and it is easier to lose some of documents when they misplaced them. According to the all registry staff they confirmed that it takes a lot of time to retrieve information when using paper based documents.

6.5 SUGGESTION FOR FURTHER RESEARCH

This study focused on VH, which on its own is a limitation and the findings can thus not be generalized that this is the status quo in the Eastern Cape Province. Future research should therefore broaden the scope of the study to include other government hospitals in the Eastern Cape Province.

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Secondly, this study was conducted in a public institution and future research could be carried out in private and municipal hospitals to investigate the present status of records management and to compare findings.

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APPENDIX A

QUESTIONNAIRE COVER LETTER FOR VH EMPLOYEES

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Questionnaire to gather information on records management practices in public hospitals in Eastern Cape: the case of Victoria Hospital, Raymond Mhlaba Municipality.

The Records Manager/Registry Officer

Dear respondent

I am a student at the University of Fort Hare studying for a Master in Library and Information Science for my dissertation, I am conducting a study titled: Records management practices in public hospitals in Eastern Cape: the case of Victoria Hospital, Raymond Mhlaba Municipality under the supervision of Dr. F. Garaba.

The purpose of this study is to examine records management practices at Victoria Hospital and propose some recommendations for the efficient management of your information. The study will gather data on policies, storage and handling of records and archives, access, education and training of archivist/records managers, formats and conditions of media on which records and archives are captured.

Thus, I would gladly appreciate if you could spare a few minutes of your valuable time to answer as carefully and completely as possible all the questions in this questionnaire. Please, be rest assured that all your responses will be kept confidential and only used for the purpose of this research. Data will be presented only in aggregate; responses will not be attributed to particular respondents or organizations and data will be used for this study only. Please note that I will personally pick up the completed questionnaire or alternatively send it to:

Bongeka Sosibo

Library and Information Science

University of Fort Hare

Tel: 073 797 1733

If you have any questions regarding the survey, please contact me at bongekasosibo1@gmail.com or my supervisor at garaba@ukzn.ac.za

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Yours faithfully

Bongeka Sosibo

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

- Please fill in the gaps (----------) where appropriate and give additional information if and when necessary, on separate paper.
- Please tick appropriate bracket(s) [√] that represent your choice(s) or answer(s) to each question.

SECTION A: DEMOGRAPHIC INFORMATION

1. Name of institution----------
2. Address----------

   ----
3. Telephone----------
4. Fax----------
5. E-mail address----------
6. Website address----------

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1. GENDER?

FEMALE	
MALE	

2. HOW OLD ARE YOU?

18-25	
26-30	
31-40	
41-50	
51-60	
61-63	

3. YOUR EDUCATIONAL LEVEL?

DOCTORATE	
MASTER'S	
HONOURS	
DEGREE	
DIPLOMA	
MATRICULANT	
BELOW METRICULATION	

4. WHAT IS YOUR SPECIALITY?

Archival science	
Records management	
Librarianship	
Information Technology	
Administration and management	
Other (please specify)	

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5. YOUR POSITION WITHIN THE VICTORIA HOSPITAL?

RECORDS MANAGER	
CHIEF REGISTRY CLERK	
SENIOR REGISTRY CLERK	
MESSENGER	
MACHINE OPERATER	

OTHER: SPECIFY……

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SECTION B: RECORDS GENERATED AT THE VICTORIA HOSPITAL

6. Which type of records do you create at Victoria Hospital?

Patient files	
Personnel records	
Financial records	
Administrative records	
Other (please specify)	

7. How are the above records kept in your department?

Exclusively in paper format	
Exclusively in electronic format	
both	

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8. Does your department have an electronic document and records management system
(EDRM)?

Yes	
No	

9. Is there any officially adopted EDRM policy?

Yes	
No	

10. What is the electronic system (product name) used in your department?

---

11. What are reasons for the choice of this system? (please select all that apply)

Cost benefit	
Required by top management	
Officials	
Easy to use	
Based on benchmark	
Comparison	
Other (please specify)	

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12. Is the system integrated to another electronic system?

In both systems	
In the original	
In the EDRMS and read from the original generating system	
Other (please specify)	

13. How often is the electronic records system migrated to new software and hardware?

14.

Every 1 year	
Every 2 years	
Every 3 years	
Every 4 years	
More often than once every 5 years	
Other	

15. Does your department consider email as a record?

Yes	
No	

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16. What is the number of dedicated employees for records and archives management in your institution?

1 to 3	
4 to 6	
7 to 10	
More (specify)	

17. Does your department have a records store room for semi and non-active records?

Yes	
No	

18. Is the allocated storage space sufficient?

Yes	
No	

If no, how are you dealing with the surplus of quantities of records?

---

19. Are storage conditions and equipment specifications complaint with international standard?

Poor	
Below average	
Average	
Good	
Excellent	

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20. Does your department have operational records management procedures and practices for? (please select all that apply)

Correspondence management	
Records classification	
Records retention	
Records transfer	
Records disposition	
Document scanning	
Other (please specify)	

21. Does your department have specific procedure for identifying and protecting vital records?

Yes	
No	

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SECTION C: ACTIVITIES AND STRATEGIES USED IN THE MANAGEMENT OF RECORDS AT THE VICTORIA HOSPITAL

22. How long is your service in records management

Less than 1 year	
1-2 years	
3-4 years	
5 years	
More than 5 years	

23. Does Victoria hospital have records management policy?

Yes	
No	

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24. Does Victoria hospital have a procedures manual?

Yes	
No	

25. Do you use file plan when filing?

Yes	
No	

26. How long does it take to access the information?

5 minutes	
3 hours	
5 days	
1 month	
Other (please specify)	

27. Have you ever applied for disposal authority?

Yes	
No	

28. If yes was it approved?

Yes	
No	
Not yet	

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29. Is the file plan approved by Provincial Archivist?

Yes	
No	

30. What type of classification schema is in use at your department?

Organizational (departmental/section names) based classification	
Subject based classification	
Document type classification	
Business (functional) classification	
Other (please specify)	

31. How long does it take for the patients to get their folder?

5 minutes	
10 minutes	
15 minutes	

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SECTION D: CURRENT PROCESSES AND MEANS USED TO MAKE RECORDS ACCESSIBLE AT THE VICTORIA HOSPITAL

32. Which regulatory legislation are you aware of which deals with records management?

National Archives and Records Services Act of South Africa	
Constitution of South Africa	
Promotion of Access to Information(PAIA)	
Electronic and Communications Transaction Act	
National Health Act	
None	
Other (please specify)	

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33. Have you ever attended any records management course?

Yes	
No	

34. If yes, what was the focus of the training?

Records classification	
Records appraisal	
Disaster management	
Preservation	
Legislation awareness	
Knowledge management	
Other (please specify)	

35. When was the last time you attended the course?

2000-2005	
2006-2009	
2010-2013	
2014-2017	

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36. To which professional organization do you belong to?

Society of South African Archivists (SASA)	
South African Records Management and Archives Forum (SARMAF)	
South African Preservation and Conservation Group (SAPCON)	
Corporate Archivists Forum (CAF)	
Other (please specify)	

37. When last were you at a conference or workshop held by any of the above. Please give details below

……
……

……
……

38. In your opinion what suggestions do you have to ensure there is effective records management in your department

……
……

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APPENDIX B

INTERVIEWS

Arising out of these objectives the following research questions informed the study:

1. What type of records are generated at the Victoria Hospital?

2. What are some of the activities and strategies used in their management?

3. What current processes and means are used to make these records accessible?

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APPENDIX C

OBSERVATION

Date of observation ----------

No.	Items to be observed	Observation details
1	**Records groups** Quantity Date Range Media Format	
2.	**Storage** Equipment Layout and design Space for storage of semi-current and non-current records	
3.	**Appraisal and retention scheduling** Presence of retention schedules Overdue records earmarked for disposal Policies	
4.	**Computers** Existence of computers No. of computers if networked Computer applications in records and archives management	
5.	**Electronic records**	

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	EDRMS Storage equipment Back-ups	

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APPENDIX D

ETHICAL CLEARANCE CERTIFICATE

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ETHICAL CLEARANCE CERTIFICATE
REC-270710-028-RA Level 01

Certificate Reference Number:	GAR011SSOS01
Project title:	**Records management practices in public hospitals in Eastern Cape: the case of Victoria Hospital, Nkonkobe Municipality.**
Nature of Project:	Masters
Principal Researcher:	Bongeka Sosibo
Sub-Investigator:	N/A
Supervisor:	Dr F Garaba
Co-supervisor:	N/A

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

Special conditions: Research that includes children as per the official regulations of the act must take the following into account:

Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principal or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office

The Ethics Committee wished you well in your research.

Yours sincerely

Professor Gideon de Wet
Dean of Research

20 July 2016

APPENDIX E

APPROVAL TO CONDUCT THE STUDY AT THE VICORIA HOSPITAL

Eastern Cape Department of Health

Enquiries:	Madoda Xokwe	Tel No:	040 608 0856
Date:	27 February 2017	Fax No:	043 642 1409
e-mail address:	madoda.xokwe@echealth.gov.za		

Dear Ms. B. Sosibo

Re: Records Management Practices In Public Hospitals in Eastern Cape: The Case of Victoria Hospital, Nkonkobe Municipality (EC_2017RP12_110)

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

SECRETARIAT: EASTERN CAPE HEALTH RESEARCH COMMITTEE

PGDP EASTERN CAPE 2014 - 2019

Ikamva elisesandileyo!