

Effect of Professional Malpractice on Health Information Management Practice by Health Information Management Personnel in Selected Hospitals in Rivers State

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Abstract

Efficient health records and information management is a fulcrum upon which quality healthcare delivery revolves for sustainable development. Professional malpractice is a dangerous catalyst bedeviling medical profession. The frequency of patient's right violations associated with breach of patient's privacy, confidentiality, assault and battery, mutilations, theft and unauthorized disclosure of patient's medical information has become a source of concern. Thus, this study sought to examine the effect of professional malpractice on health information management practice by health information management personnel in selected hospitals in Rivers State. The descriptive survey design was used for the study. The population of the study was made up of 108 health information management personnel in the two selected hospitals. The total enumeration technique was adopted due to the manageable size of the population. The questionnaire was the instrument for data collection. The result showed that effects of professional malpractice on Health Information Management practice were poor turnover of patients and generation of fund, litigation against hospitals and loss of confidence. Furthermore, the constituents of professional malpractice included breach of patient rights, rapid deterioration of patient records and patient long waiting time. Finally, the factors responsible for professional malpractice were inadequate working tools, employment of quacks, poor leadership style and lack of training. It is necessary that hospital management should employ only licensed and skillful Health Information Officers and re-training the existing ones.

Keywords: professional malpractice, health information management practice, and health information management personnel

Introduction

Professional malpractice in health information management is a pertinent and devastating challenge in health care service delivery. Health information management constitutes the swivel on which professionalism in information dissemination and exchange as well as successful attainment of patient quality health care goals revolve (Abioye & Ifejirika, 2018). Health information management is a hub on which other departments in the hospital hinge on to carry out routine functions. The medical record is a large and ubiquitous physical and intellectual property of the hospital, which is no doubt the citadel of health information storage, dissemination and exchange among the healthcare providers of the hospital system. Patient medical records constitute corporate memory of the hospitals' asset which required coherent and efficient management for quick access for attainment of patient's diagnosis and continuation of treatment, referral, effective planning, and decision making by the attending physicians and other paramedical staff in the hospital (Ifejirika & Adias, 2020).

Professionalism in health records management can be deduced from the degree to which patient medical records are proficient of accomplishing the medical information needs of the attending physicians, paramedical personnel, Government and its agencies and other partners in health industry without any breach of patient bill of rights visa-vise patient privacy and confidentiality, which are tantamount to litigations in the hospital. Indeed, medical records management practices have evolved from the ancient world (traditional) to modern times (electronic health records management)

(Skirbekk, 2003; Goebel & Zwick, 2009). Unethical practices in health information management are seen as professional malpractice that falls outside what is considered morally right for a member of health information management profession. It occurs when a healthcare provider neglects to provide appropriate treatment or omits to an appropriate action or gives substandard treatment that causes harm, injury or deaths to a patient. This malpractice or negligence usually involves a medical error, unauthorized access to patient medical information, breach of privacy and confidentiality, mutilation of records, information theft and wanton destruction of patient's medical records. Medical malpractice is an unethical behaviour that is contrary to societal norms and values (Akussah, 2002).

Professional malpractice is synonymous to wrong doing, dereliction of duty, professional misconduct, breach of ethics, unprofessional behaviour, unprofessionalism, unethical behaviour, negligence, carelessness, and incompetence. Health care delivery system is a complex system with different professions coming together to work as a team towards providing a holistic care to the patients. Among these professions comes health information management, defined as practice of acquiring, analyzing and protecting digital and traditional medical information vital to providing quality patient care (American Health Information Management Association, 2018). It is a practice of controlling the patient health records from the creation to the final disposal. It supplies much needed information to users such as attending physician, other health care providers, Health care Administrators, Insurance Companies, Healthcare Agencies for planning and decision making in the hospital (Popoola, 2006). Kanzi (2010) stressed that health information management professionals plays a critical role in ensuring proper documentation of patient's data, protecting and preserving them from deterioration to ensure speedy availability and access to the authorized users for planning, research, monitoring and evaluation, high-quality assurance, statistics gathering and management decision making.

Professional mal-practice occurs mostly in healthcare institution due to poor workforce planning, and development and monitoring and evaluation. Health workforce planning and development is a dynamic process where the right staff with the right skills are in the right place at the right time (Katu, 2009). Malpractice is associated with poor health workforce planning. It is seen as a major issue recently due to workforce disparities. This provides an obstacle to many health organizations towards achieving their desired objectives. Health information management practice is affected by poor hiring of personnel, saddled with the responsibilities to undertake the task of records management in the hospital. It is known that a skilled HIM workforce is a critical component of a well-functioning healthcare system, and education is a cornerstone in supplying the health care system with qualified and trained health information workforce to provide a high quality data (Cox, 2001). Though, professional mal-practice cut across other professions, perhaps, mostly affects health information management practice in Nigeria as it leads to sub-standard practices and had its effects on the healthcare delivery.

Health information management personnel are the first point of call in the health sector, which determines the performance of the service delivery of such hospital. If at arrival of patients, they were not properly received at the first instance, the services rendered will not be reciprocated by them (the patients). More so, due to this professional mal-practice carried out by health information management personnel in health care delivery, this has resulted to poor recognition by private hospitals as they tend to use administrative staff who are trained on etiquette, ethics and resource management in replacement of medical records officers, for they felt the profession is centered on filing and documentation only. Having been myopic in thinking, the profession is not widely known by most specialist and private hospitals and they feel they can still move on. Some practical examples of these professional mal-practice includes; rudeness of HIM staff to patients, poor documentation, disclosure of patients information to an unauthorized person (third party), quackery, misfiling of patients case-notes, incorrect numbering system, Nepotism, electronic fraud, duplication of folders, bribe, folder fraud (selling and hiding of folders), frequent picking of phone calls on duty, discrimination, separation of folders (executive folders), speaking of jargons etc (Palakurthi & Parks, 2010). The issue of professional malpractice among HIM personnel during discharged of duties is as a result of loosed leadership style beginning from the board to the various head of departments (HOD) and the directors in the health sector. When an enforcing body is not set-up to monitor the practices of

HIM professionals, the spirit of laissez faire takes over and unprofessionalism becomes the talk of the day.

Health Information Management (HIM) is the practices of maintaining the traditional Health records (paper based) and electronic health records which contain clinical, epidemiological, demographic, financial, reference and coded health data suitable for patient care evaluation, planning and decision making. Health information management is a discipline or field of study concerned with creation, storage, and maintenance of patient health records as well as collection, collation, presentation, analysis, dissemination and reporting of data on disease and health relevant events. Health information professional is defined as a person working in a health Information management position and who had undergone a course of training for at least a diploma or graduate degree levels. The individual must acquire relevant graduate degree levels. An individual who has acquired relevant practical course of training and has been certified or licensed by established regulatory authority to practice and manage health Information or records in the country of domicile he/she works in hospital, health departments basic and community health centres, nursing homes, mental health facilities and public health agencies, health insurance companies and other facilities that provide healthcare or maintenance of health records (HRORNB code of ethics 2014).

Health Information Management profession is at the centre of health care service delivery. It provides a means of communication between the members of healthcare team. HIM professionals play a critical role in completing, protecting and ensuring the availability of high-quality clinical information for patient care reimbursement, quality assurance, research, statistics gathering and management decision making. Professional malpractice is the failure of a professional to act within their profession's standards or a failure to foresee consequences that another professional of the same kind is expected to foresee. The most ethical challenges for health information management practice pertain to patient informed consent, confidentiality, trust and trustworthiness. The development of Genomics has widened the knowledge gap between the different stakeholders and increased the complexity of ethical issues regarding the consent process of data sharing and return of results to donors (Tabor et al., 2014). Challenging conflicts in moral norms have emerged: beneficence Versus harm when providing information, respect for patrons' autonomy Versus their questionable capacity to assimilate information, and a lack of fairness in the access to support or education for interpretation of genomics information. The American Health Information Management Association (AHIMA) was formed to define and oversee the training and educating of Registered Health Information Technicians (RHIT) and Registered Health Information Administration (RHIA) certifications.

According to (Adeleke, 2019), some professional malpractice on health Information Management practice are as follows; Breach of confidentiality and patient privacy, rudeness to patient, unauthorized disclosure and access which results in patient's dissatisfaction contributed to research misconducts, medical errors and dearth of quality health data. Apart from these, there are other practical professional malpractice among health information management personnel., they are; quackery, misfiling of patients records, delay of patient's (patient's waiting time), speaking of foul language, electronic fraud, duplication of folders, unethical dressing, handling of phone calls, Nonchalant attitude etc. Quackery can be described as dishonest practices and claims to have special knowledge and skill in some fields. Adeleke et al. (2008) affirmed that engagement of unqualified personnel in all health care institution including the health information management profession is a particular problem in developing nation such as Nigeria, where this trend has the potential to undermine the quality of healthcare service delivery, the confidentiality of health information and trust between patients and healthcare professionals.

In the context of health information management, Quackery is the promotion of deceitful or ill-informed health information practice. Adeleke (2019) viewed quackery as the promotion of unsubstantiated methods that lack a scientifically plausible rationale. Quackery violates the Act that establishes the health records practice. Quacks are those people that received informal training from untrained personnel or rather jump to learn a job without compliance to the code of ethics of the profession or rather formal certification and licensing.

The following as the causes of quackery; loss of priority on criteria setting in terms of monitoring and evaluation, lack of political will towards the health sector professions, lack of knowledge and awareness about quackery by the victims, cheaper services provided by the quacks

interdisciplinary rivalry leading to compromised standards and socio-economic challenges and low income earners. Quackery is one of the major problem of professional malpractice having the following negative effects on health information management practice; misfiling of patients case note, bad image of the profession, misplacement of patient case notes, documentation errors, breach of confidentiality, patient dissatisfaction, loss of confidence on the departments, duplication of patients records, accreditation issues, roles substitute and poor quality of health data. Other effects include; endangers human well-being, leads to hazard on quality of service, they pretend to have a knowledge they do not possessed, they violate the act that establishes the health information profession, leads to unemployment of qualified HIM personnel, they take advantage of public needs and lack of knowledge on the part of the victims of quackery (Encyclopedia Britannica, 2019).

Some of the roles of health information professionals as enshrined in the code of ethics for health information professionals formulated by Nigeria Health Records Association include:

- Place service before material gain, the honour of the profession before personal advantage, the health and welfare of patient above all personal and financial interest, conduct himself in the practice of the profession as bringing honour to himself, his associates and to the health Information profession.
- Reserve and protect the medical records in his custody and hold inviolate the privilege contents of the records and any other information of a confidential nature obtained in his official capacity, taking due account of applicable status and of regulations and policies of his employers.
- Serve his employer loyally, honourably discharging the duties and responsibilities in giving his employer notice of intent to resign his position.
- Refuse to participate or conceal mythical Practice or procedures.
- Report to the proper authorities but disclose to no one else any evidence of conduct or Practice revealed in the medical records in his custody that indicate possible violation o established rules and regulations of the employer or of professional Practice.
- Preserve the confidential nature of Professional determination made by the staff committee which he serves.
- Accept only those fees that are customary and lawful in the area for services rendered in his official capacity.
- Avoid encroachment on the profession of assuming right to make determination area outside the scope of his assigned responsibilities.
- Strive to advance the knowledge and Practice of medical record science including continual self-improvement in order to contribute to the best possible medical care.
- Participate appropriately in developing and strengthening Professional manpower and in representing the profession to the public.
- Discharge honourably the responsibilities of any association post to which appointed or elected, and preserve the confidentiality of any privilege information made known to him in the official capacity.
- State truthfully and accurately his credentials, Professional education and experience in any official transaction with the Nigeria Health Records Association and with any employer or prospective employer. The above listed roles of health information management practitioners in the hospitals has been jeopardize especially the first in number is at high association in the government hospitals and indirectly practice at ignorant of the patients in the private hospitals.

Furthermore, the effects of malpractice on patient health care, whether or not they are actually involved in a legal suit, can be substantial. News or rumor of malpractice for a medical practice or hospital can be turnoff for potential patients, making them reluctant to seek help. Concerns regarding negligence can make patients nervous and impede a trustworthy and open interaction the cornerstone of doctor-patient relationship. Malpractice also affects the cost of Health. The effects of malpractice

on health professionals is substantial, malpractice leads to questioning of professionals abilities as it affects both psychological and social effects on patients and healthcare providers at every level, It results to loss of vital patient information in the hospital, leads to breach of patient privacy and confidentiality, brings about litigation against the hospital, also lead to delay in accessing patient information, and finally results to doubt and questioning of the profession.

Carrie (2021) states eight common root factors responsible for professional malpractice.

- (a) Communication Problem: Poor communication that arises among medical practitioners or patients often results to malpractice.
- (b) Inadequate Information: insufficient information can lead to poor coordination of attention which in turns lead to malpractice.
- (c) Human Problem: Is another Professional malpractice that occurs when standards of care, policies, processes, or procedures are not followed properly or efficiently. Example includes poor documentation. Knowledge-based malpractice also occurs when individuals do not have adequate knowledge to provide the care that is required at the time it is needed (that is quack in information).
- (d) Patient-related issues: These may include inappropriate patient identification, inadequate patient assessment, failure to obtain consent, and insufficient patient education
- (e) Lack of organizational transfer of knowledge: These issues can include insufficient in training and inconsistent or inadequate education for those providing care. Transfer of knowledge is critical in most areas specifically where new employees or temporary help is used.
- (f) Staffing patterns and workflow: Inadequate staffing alone does not lead to professional malpractice but can put healthcare workers in situation where they are more likely to make a mistake.
- (g) Technical failure: This implies electronic fraud in HIM Practice
- (h) Inadequate policy: In Health Information Management practice, it emphasizes on poor documentation.

Other factors responsible for health information management malpractice include: lack of trained personnel and re-training, inadequate updated working materials, professional rivalry, lack of professionalism with quackery and incompetence. According to Lord Atkin (1932), case of *Donoghue V. Steven* that stated that the medical or professional malpractice is hinged on the tortuous principle of negligence. It bestows pride on members of the group and makes them stand out in the crowd of occupational groups. It also brings with it a lot of duties, responsibilities and societal expectations which keep the true professional always on their toes, on their guard always ready to fight for and protect the ideas for which the profession is known. Health information management is known to have been the hinges on which other profession relay on as they are the first point of contact in health care delivery.

Research Questions

1. What is the effect of professional malpractice on health information management practice in selected hospitals in Rivers State?
2. What are the factors responsible for professional malpractice by health information management personnel in selected hospitals in Rivers State?

Methodology

The study adopted descriptive research design. The population of the study comprised of 73 health information management personnel (HIMP) in University of Port Harcourt Teaching Hospital (UPTH) and 35 health information management personnel (HIMP) in Rivers State University Teaching Hospital (RSUTH) Port Harcourt giving a total of 108 HIMP in the selected hospitals. Total enumeration of the entire 108 HIMP was undertaken due to the manageable size of the population. The instrument used for data collection was the questionnaire. The expected mean response per item

was 2.50. Data collected were analyzed using descriptive statistics such as percentage frequency table and percentage distribution mean with the aid of SPSS version 20.

Results

Research question 1: What is the effect of professional malpractice on health records management practice in selected hospitals in Rivers State?

Table 2: Effect of professional malpractice on HIM Practice

STATEMENT	SA	A	D	SD	Mean (\bar{x})
Leads to poor outflow of patient and generation of fund in the hospital	94 (90.4%)	10 (9.6%)	0(0%)	0(0%)	4.3
Leads to delay in accessing patient vital information	12 (11.5%)	92 (88.5%)	0 (0%)	0 (0%)	3.2
It can bring about litigation against the healthcare provider and the hospital	80 (96.9%)	24 (23.1%)	0 (0%)	0 (0%)	3.8
It leads to breach of patient privacy and confidentiality	16 (15.4%)	88 (84.6%)	0 (0%)	0 (0%)	3.1
It can lead to difficulty in accessing patient information for decision making	30 (28.8%)	66 (63.5%)	8 (7.7%)	0 (0%)	3.1

Criterion Mean= 2.50
Weighted Mean= 3.0

NB: SD- Strongly disagree, D-Disagree, A-Agree, SA-Strongly Agree, mean (\bar{x})

Table 2 reveals that the effects of professional malpractice on HIM Practice in selected hospitals in Rivers State are; poor outflow of patient and generation of fund in the hospital (N = 104, x= 4.3), delay in accessing patient vital information (N=104, x = 3.2), litigation against the hospital (N=104, x = 3.8), breach of patient privacy and confidentiality (N= 104 x=3.1) and difficulty in accessing patient medical information. However, the extent to which the professional malpractice affects health records management practice in selected hospitals is high, this was attested by test of criterion validation which shows that the criterion mean 2.50 is less than the values of weighted mean 3.0

Research question 2: What are the factors responsible for professional malpractice by HIM personnel in selected hospitals in Rivers State?

Table 3: Factors responsible for professional malpractice by HIM personnel in selected hospitals

STATEMENT	SA	A	D	SD	Mean (x̄)
Employment of unprofessional personnel (quack) in health records department	75 (72.4%)	29 (27.9)	0(0%)	0(0%)	3.7
Lack of training and other motivational incentives	37 (35.6%)	51 (49.0%)	13 (12.50%)	3 (2.9%)	3.2
Poor leadership styles	69 (66.3%)	28 (26.9%)	6 (5.8%)	1 (1%)	3.8
Incompetence, lack of knowledge and innovative skills	33 (31.7%)	53 (51.0%)	0 (0%)	0 (0%)	3.1
Inadequate working tools	24 (23.1%)	36 (34.6%)	30 (28.8%)	14 (13.5%)	3.1
Work load and stress	88 (84.6%)	10 (9.6%)	6 (5.8)	0(0%)	3.8
Financial inducement	37 (35.6%)	51 (49.0%)	13 (12.5%)	3 (2.9%)	3.2

Criterion Mean= 2.50

Weighted Mean= 3.4

Table 3 reveals that the factors responsible for professional malpractice in HIM Practice in the hospitals include; employment of quack (N = 104, \bar{x} = 3.7), lack of training (N=104, \bar{x} = 3.18), poor leadership style (N=104, \bar{x} = 3.6), incompetence and lack of knowledge and innovative skills, (N= 104 \bar{x} = 3.1), Inadequate working tools (N= 104 \bar{x} = 2.6) and inadequate working tools (N=104, \bar{x} = 3.8), work load (N= 104 \bar{x} = 3.8) work and stress (N= 104 \bar{x} = 3.8) and financial inducement (N= 104 \bar{x} = 3.2

Discussion of Findings

The finding revealed that the effects of professional malpractice on HIM Practice in selected hospitals are; poor outflow of patient and generation of fund in the hospital, delay in accessing patient vital information, litigation against the hospital, breach of patient privacy and confidentiality and difficulty in accessing patient medical information.

The finding is in conformity with the submission of Baicker and Chandra (2004); they posited that the growth of medical malpractice has the potential to affect the delivery of health care. If growth in malpractice payments results in higher malpractice insurance premiums for physicians, these premiums may affect the size and composition of the physician workforce. The growth of potential losses from malpractice liability might also encourage physicians to practice "defensive medicine. Swart et al. (2005) elaborated on training as a means of dealing with skill deficits and performance gaps as a way of improving records management personnel's performance against malpractice

The finding further revealed that the factors responsible for professional malpractice were employment of quack, lack of training, poor leadership style, incompetence and lack of knowledge and innovative skills, inadequate working tools and inadequate working tools, work load and stress and financial inducement. The finding is in conformity with the findings of Wamukoya and Mutula (2005); Mnjama (2005) cited in Mnjama and Wamukoya (2004); identified some challenges such as lack of records management plan, inadequate knowledge about the importance of records

management for organizational efficiency and a lack of accountability. Wamukoya (2007) further stated that bad records management is compounded by a number of factors such as the lack of national policy on records management, lack of records management standards, lack of records management guides/manuals, and lack of trained staff in records management who should provide guidance or assistance to institutions. The finding is also in line with the assertion of Kottewari and Sharief (2014) and Iskandar et al. (2014) that maximum performance from employee can be achieved when an organisation provides the needed tools and the right atmosphere to perform expected tasks.

Conclusion

The style of leadership of hospital administrators is one of the influencing factors that stimulate personnel inherent potentials, knowledge and skills to enhance efficient health records management devoid of malpractice in the hospital. The failure of hospital administrators to adopt appropriate leadership styles that are goal-oriented and anchored on training healthcare providers to avoid professional malpractices in the hospital is a bottleneck to modern health records management practice in both public and private hospitals.

Recommendations

Arising from the conclusion drawn from the findings, the study recommended the following:

1. Hospital administrators must adopt effective styles of management that are goal oriented, and sensitive to the plight of the personnel and capable of ameliorating those factors associated frequent professional malpractices in the hospital.
2. Since efficient records management practice does not occur arbitrarily or in a vacuum, hospital administrators and its leadership should employ trained and qualified health information management personnel as well as train the existing personnel to reposition and curtail the rate of professional malpractice among health information management personnel in hospitals.
3. Hospital administrators and its leadership should ensure that those barriers or factors that affect smooth implementation of modern records management practice in the hospital, as work should be designed with a commensurate salary packages in a way that is capable of improving personnel's feeling of satisfaction and commitment to their work and by implication, avoid the temptation of involving in any kind of malpractices in the hospital.

References

- Abioye, A. A., & Ifejirika, P. C. (2018). Influence of management styles and job stress on job performance of records management personnel in selected ministries in Rivers State civil service. *Ibadan Journal of Education Studies*, 15(2): 11-19
- Adeleke, I. T. (2019). The Significance of effective physician patient communication to positive treatment outcomes. *Intl Journal of Health Records and Information Management*, 2(1).
- Ajewole, B. (2001). *Records and information resource management in the public service: A theoretical and practical framework*. The Administrative Staff College of Nigeria (ASCON).
- American Health Information Management Association (2018). *Code of ethics*
- Akussah, H. (2002). Records management and preservation in government ministries and departments in Ghana. *African Journal of Library, Archives and Information Science* 12. 2: 155–165.
- Health Records Officers Registration Board of Nigeria (2014). *Code of ethics*
- Cox, R. J. (2001). *Managing records as evidence and information*. Quorum.
- Göbel, C., & Zwick, T. (2009). Age and productivity-evidence from linked employer employee data. ZEW discussion paper 09–024. Mannheim
- Ifejirika, P. C., & Adias, S. (2020). Influence of work stress on job performance of health information management personnel in selected hospitals in Rivers State. *Journal of Health, Applied Sciences and Management*, 3, 69-75

- Iskandar, M., Ahmad, R., & Martua, R. H. (2014). Factors Influencing Employees' Performance: A Study on the Islamic Banks in Indonesia. *International Journal of Business and Social Science*, 5(2).
- Baicker, K., & Chandra, A. (2004). *The effect of malpractice liability on the delivery of health care*. California Center for Population Research
- Kanzi, N. (2010). *An investigation of the role of records management with specific reference to Amathole District Municipality*. Master's Thesis, Nelson Mandela Metropolitan University
- Katuu, S. (2009). Archives and records management education and training: What can Africa learn from Europe and North America? *Information Development Journal* 25(2), 133-145. <http://idv.sagepub.com/content/25/2/133.full.pdf+html>
- Katuu, S. (2009). Archives and records management education and training: What can Africa learn from Europe and North America? *Information Development Journal* 25(2), 133-145. <http://idv.sagepub.com/content/25/2/133.full.pdf+html>
- Kotteswari, M. & Sharief, S. T. (2014). Job stress and its impact on employees' performance: A study with reference to employee working in BPOS. *Journal of Business Administrative Research Review*, 2 (4), 1-25.
- Palakurthi, R. R. & Parks, S. J. (2000). The effect of selected socio-demographic factors on lodging Demandin the USA. *International Journal of Contemporary Hospitality Management*, 12(2), 135-142.
- Popoola, S. O. (2000). Records management programmes in Nigeria: A survey of the Osun State Civil Service, *Nigerian Libraries*, 34, 1-38.
- Popoola, S. O. (2006). Personal factors affecting organizational commitment of records management personnel in Nigerian State Universities. *Ife Psychologia: An Int. J. Psychol. Afr*, 14 (1), 183-197.
- Popoola, S. O. & Oluwole, D. A. (2007). Career commitment among records management personnel in a state civil service in Nigeria. *Records Management Journal*, 17(2).
- Skirbekk, V. (2003). *Age and individual productivity: A literature survey*. <http://www.demogr.mpg.de>
- Swart, J., Mann, C., Brown, S. & Price, A. (2005). *Human resource development: Strategy and tactics*. Elsevier Butterworth-Heinemann.
- Wamukoya, J. (2000). *Records and archives as a basis for good government: Implications*.
- Wamukoya, J. & Mutula, S. M. (2005). E-records management and governance in East and Southern Africa. *Malaysian Journal of Library and Information Science*, 10(2), 67-83.
- Wamukoya, J., & Mutula, S. M. 2005. *Transparency and integrity in government: Building capacity for managing electronic records in the East and Southern African region*. Proposal submitted to the International Records Management Trust, London.