Challenges of Record Management in two Health Institutions in Lagos State, Nigeria

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ABSTRACT

This paper examines Challenges of Record Management in two Health Institutions in Lagos State, Nigeria. Its specific objectives include: to investigate the challenges being faced in handling health records by the surveyed health institutions in Lagos State; and to suggest some solutions on the preservation and conservation of health records in the surveyed health institutions in the State. Also, the paper utilizes simple percentage method that was computed by the authors to analyze data from 70 health workers of the surveyed health institutions in Lagos State. Its findings show that the major challenges faced in handling health records in the surveyed hospitals include: poor funding, inadequate computer and other ICT devices, poor skill in computing, harsh environmental conditions, lack of preservation and conservation policy. Hence, the paper concludes as it recommends that: Owners of health institutions should inject more financial resources into the organization in order to solve the problem of inadequate funding of the health records management. It takes real money to acquire and maintain good health records. Besides, money should be injected in the infrastructure development and acquisition of modern equipment that would facilitate and sustain the general health condition of their patients. These could help in saving cost and manpower at the long run. Also, managers of the surveyed health institutions should intensify their efforts in encouraging their health workers to maintain good handling care of records; while some of the paper based records should be microfilmed in order to sustain their durability.

Keywords: Challenges of Record Management; Record Management; Health Institutions; Lagos State

INTRODUCTION

Health is wealth and one of the statutory institutions that provides and supports citizenry's health is hospital. Hospitals, according to Yeo (1999) are those institutions that deal with life and health of their patients. Good medical care relies on well-trained doctors and nurses and on high-quality facilities and equipment. Good medical care also relies on good record keeping. Without accurate, comprehensive up-to-date and accessible patient case notes, medical personnel may not offer the best treatment or may in fact misdiagnose a condition, which can have serious consequences. The author was of the view that associated records, such as X-rays, specimens, drug records and patient registers, must also be well cared for if the patient is to be protected. Good records care also ensures the hospital's administration runs smoothly: unneeded records are transferred or destroyed regularly; keeping storage areas clear and accessible; and key records can be found quickly, saving time and resources. Records also provide evidence of the hospital's accountability for its actions and they form a key source of data for medical research, statistical reports and health information systems (Yeo, 1999).

Records management according to NHO Healthcare Records Management Steering Committee (2007: 16) "is the systematic and consistent control of all records in which they are held throughout their lifecycle. Where: Systematic Records need to be managed in a planned and methodical way; Consistent approach Records of the same kind should be managed in the same way. Whether electronic or paper, the management of the record must be consistent; Consistency over time Managing records is always vital whether resources are adequate or scarce; Control Organisations

need to control how records are produced, received, organised, registered, stored and retrieved, retained, destroyed or permanently preserved and All Records that includes all documents, active and inactive, formal ones and informal regardless of the medium in which they are held.is the systematic and consistent control of all records throughout their lifecycle".

Therefore, the art of preservation and management of health records is an issue that has generated series on concern overtime. This is so because of its role in supporting medical care as well as a platform for monitoring the health history of patients. Many writers have argued that such effort is a basis for referral service and improved medical care delivery. It is therefore necessary to probe into some constrains that forestall the availability of health records in hospitals and suggest some necessary steps to the hospital managers on how to enhance its improvement. Unfortunately, many low-income countries, however, have struggled to initiate large-scale electronic medical record systems. While some low-income countries have been able to attract technical and financial resources to install patient information systems at some sites, these require significant investments for their successful implementation. In fact, these systems require abundant resources including skilled labour, technological, and financial means, all of which can be difficult to procure in low-income settings (World Health Organization, 2012).

To this end, Alegbeleye (2009) posited that in most African countries, the high producers of records are commercial companies, educational institutions, associations, governments and their agencies, industries, hospitals, the armed forces, hospitals etc. Naturally, the highest producer of records in the African countries and elsewhere is governments. Records are generated daily by various levels of government such as: Federal, State and Local Governments, and District Councils. In many sectors of records generation, it is discouraging to note that records-keeping has not been given the requisite attention by organizations and individuals. In most offices record filling is not done regularly; hence the problem of inability to retrieve the needed records. In other offices, records are not properly taken care of and deteriorate fast or even disappear as a result of exposure to the elements or through theft. A considerable amount of time is lost searching for records through manual systems as could be seen in most of our hospitals. It is important that records creators should cultivate the practice of keeping photocopies of original documents that are essential. Individuals and organizations which do not keep proper records spend a considerable amount of time searching for particular documents. This delays decision-making, wastes time and leads to frustration (Alegbeleye, 2009).

Therefore, successful record-keeping requires the service of top managers and middle managers who can organize the chaotic world of information in many organizations and hospitals. Through education and training, the new breed of records manager would be able to improve the present situation of information management in many businesses, hospitals, government offices and organizations in African countries (Larsen & Marstein, 2000).

STATEMENT OF PROBLEM

In most African countries like Nigeria, preservation and conservation of hospital documents and records has posed a serious problem. The deterioration of materials forms the basic problem of registries and gives rise to preservation and conservation of records. Therefore, knowledge of the causes of deterioration of materials and how to cater for these materials is essential for all librarians and others who are concerned about the preservation and conservation of information stored in books and non-book formats. Hence, it is in this premise that this paper is set to examine some challenges that affect the preservation and conservation of records in two health Institutions in Lagos State.

OBJECTIVES OF THE STUDY

The main purpose of this study is to examine the challenges that affect the preservation and conservation of records in two selected health Institutions in Lagos State. The specific objectives of the study are to:

• Investigate the challenges faced in handling health records in the surveyed health institutions in Lagos State.

• To suggest some solutions on the preservation and conservation of health records in the surveyed health institutions in Lagos State.

Research Questions

- What are the challenges being faced in handling health records in the surveyed health institutions in Lagos State?

- What are the probable measures of improving the preservation of health records in the surveyed health institutions in Lagos State?

Scope of the Study

The study sets out to investigate the challenges of record management in two health institutions in Lagos State; these include: Nigeria Army Reference Hospital, Yaba, Lagos and Ajayi Medical Centre, Ikorodu, Lagos. These are classified into one Military hospital and one private hospital.

Significance of the Study

This study will contribute to the body of literature on preservation and management of medical records in Nigerian health institutions. It will also provide a more effective and reliable tool for improving the management of records in the hospitals.

LITERATURE REVIEW

The health records in most Nigerian health institutions especially in hospitals has been facing some numbers of problems; these had affected the accessibility and utilization of health information in the treatment of people that have health challenges in those hospitals, as information needed on each patient is not being accessible on time or is not even available. Aljumah, Ahamad and Siddiqui (2013) observed that the main problems being faced by hospital authorities in preservation and management of records in most developing countries include: Use of outdated forms: Need of constant revision; Shortage of experienced personnel: Need of trained personnel; Lack of planning in storage of in-active records: Need of effective storage and control of in- active records; Lack of determination of records retention period: Need of determination of records retention period. The unwanted records should be destroyed to save the time and resources; also, Delay in transfer of records: transfer of record entail two stages i.e. dating of unimportant records for destructions and ultimate disposal and moving the records from active to in-active files and from there to the storage area.

Besser (1999) also remarked that there are various types of damage that affect paper documents. These are highlighted as follows: ageing document may become weak, sometimes paper gets so weak that it gets broken into pieces; there may be a colour alteration in it and it may get yellowed; dust and dirt may be present on the surface; insects of various types may have damaged the document; fungi may be actively present, or might have damaged the paper in the past; the document may have got stained by various means e.g.: water stains, fungus stains, oil stains, ink stains or simply dirt stains; water may have affected the paper at some time, and besides staining, it could make it limp; in prolonged contact with water it may become soggy; the sizing materials may have deteriorated, making the paper loose or soft; the document may not be complete and some part may be missing; and if the paper is kept folded, it may become weak or may break at the creases.

Additionally, Besser (1999) posited that preservation and conservation of archives and records is not without some constraints especially in developing countries like Africa where information and communication technology is gradually being incorporated into every sphere of information science operations. Some of these constraints according to him are:

CHANGES IN SOFTWARE AND HARDWARE

Frequent changes in software and hardware create greater pressure on archival institutions because preservation of digital archival collections centers on the interim mechanism for storing the digital information, migrating to new form and providing long-term access. One of the greatest issues facing the longevity of digital collections in developing countries is not only the storage media deterioration, but the problem of rapidly changing storage devices. Unlike analogue information which places emphasis on the preservation of physical artifacts, it is the informational contents of the digitized material that is preserved. It will therefore take a conscious effort of archivists in Africa and other developing countries in the world to make sure that the digital information is preserved since "continuously change in software and hardware creates headache for staff working on digital longevity" (Besser, 1999).

Inadequate Funding

Digital projects are expensive. Digitization of records requires enormous funding due to frequent hardware and software upgrades, and increasing cost of subscription to electronic databases, this makes them to be easily by information seekers globally (Jain, 2012).

Computer Phobia

Due to inadequate skills in information technology in Africa, many traditional librarians, record keepers and archivists are conservatives and have phobia for computers. Because of generation gaps between the new and old professionals, computers are perceived as a threat to their status as experts. Thus, they find it difficult to cope or measure up with the requirements of the electronic/digital age, and are at the same time 'too reluctant to jettison the old practices for new one' (Ayoku & Ojedokun, 2008). Successful application of information handling technologies in developing countries requires an ability to overcome staff and personal resistance to such innovation.

Technical Expertise

One of the biggest challenges to preservation and conservation of hospital records in developing countries is educating the record keepers in hospital community on the best ways to handle hospital records. This challenge is exacerbated by the fact that preservation of records is not at the center of most medical science curricula. There are few places or nowhere, for example in Nigeria where one can receive formal specialized education in preservation and conservation of archives and records. Added to this is the fact that inadequate technical expertise is prevalent in many African countries (Adeyemi, 2012).

Also, there is shortage of personnel/human capital. Those few librarians that possess basic knowledge in computer science and its applications work in archives and record units, hence the consequent frequent break down of ICT facilities and disruption of services in digitized record units. In many African countries, human resources with appropriate skills, competences and attitude are not readily available to initiate, implement and sustain digitization project, and most African states are still lagging behind in technological and telecommunications infrastructure (Chinyemba & Ngulube, 2005).

Inadequate Technology Infrastructures

Frequent power outage constitute serious bottleneck to digitization in Africa. This has the effects in damaging digital/ ICT equipment and where there is a standby electric generator, the cost of running them is prohibitive. Added to this is the harsh environment of Sub-Saharan Africa which is not always friendly with technology equipment. Zulu (2008) reports that most countries in Africa do not have adequate and reliable supply of electricity which consequently makes it impossible to maintain a conducive and sustainable technological environment suitable for digitization project in the continent. Again, telecommunications infrastructures in most African countries are either lacking or poorly developed, and few African states have modern digital and packet switching telecommunications facilities needed for data transmission.

Technological Obsolescence

The continuous changes in computer hardware and software cause technological obsolescence which is a threat to digitization and record preservation in Africa. It causes the loss of the means to access to information in digital form. Technological obsolescence is caused by continuous upgrade of operating system, programming language application and storage media. Hence, Alegbeleye (2009) suggested that digital archives should be transcribed every ten to twenty years to ensure that they will not become technologically obsolete.

Lack Of Legislation/Policy

Wamukoya and Mutula (2005) observed that legislators in Africa are neither aware of, nor conversant with the requirements of digital preservation and for that reason; they either ignore or inadequately cover digital preservation issues. The Internet links is also a challenge to digitization because of copyright legislation. The copyrights of software needed to access digital files, and the right to copy for preservation has not been adequately articulated in most national legislation, and if permission for digitization cannot be obtained, digitization of such materials should not proceed.

DETERIORATION OF DIGITAL MEDIA

Rapidly changing technology and continuous introduction of *new products*, which make it necessary for information professionals to keep abreast of these developments and assess how the technologies and products can be incorporated and exploited in their service. That is the more reason why Hazen, Horrell and Merril-Oldham (1998) in Hughes (2004) pointed out the reason why re-digitization is unavoidable and the likelihood that electronic resources created in previous years using older technologies may not be accessible or compatible with the new technologies. Deterioration of digital media is responsible for the disappearance of, or inaccessibility of digital information in the long run. This is because media deteriorates or decays within few years after digitization. Another challenge is that digital media get lost during disaster or virus attacks, and in Africa there may be absence of or inadequate organizational plans to manage e-records. These, in addition to the harsh environmental conditions of the Sub-Saharan Africa, which accelerates degradation of electronic equipment demand for re-digitization. Hazen, Horrell, & Merrill-Oldham (1998) in Hughes (2004), writing on the rational for re-digitization advocated that the reason why re-digitization is inevitable is the likelihood that electronic resources created in previous years using older technologies may not be accessible or compatible with the new technologies.

Research Design and Instrument

The research design that was used for this study is Ex-post facto design. The variables of the study are already in existence, so they only need to be observed in their natural occurrences, thereby the independent variables were not manipulated.

Population and Sample Size of the Study

The targeted population of this study was the entire employees of the surveyed hospitals. These include Doctors, Nurses, Health Record keepers, Specialists, Administrative Officers, Clerks, Personal Assistants, Accountants and Cleaners. The total enumeration method was used to select 70 respondents as sample size for the study. The classified respondents are presented in the table below:

Table1. *Distribution of Respondents from the Selected Hospitals*

Hospital	Doctor	Health record keeper	Specialist	Admin. Officers	Cleaners	Account Officer	Total
Ajayi Medical Centre, korodu	4	2	6	4	4	3	23
Army Hospital, Yaba	8	4	10	12	8	5	47
Total	12	6	15	16	12	8	70

Research Instrument

The researchers designed questionnaire instrument for this research work and it is divided into the following sections: A - Demographic Information; B - Health records available in the selected hospital; C - challenges being faced in handling health records in the selected hospitals and D- The probable measures of improving the preservation of health record in the selected hospital.

METHOD OF DATA ANALYSIS

The statistical methods used by the researchers for the analysis of data comprise of simple percentage, frequencies, mean and standard deviation.

DATA ANALYSIS AND DISCUSSION

This chapter section deals with the presentation and discussion of results. Descriptive statistical tools of frequency count and percentage were used for testing the research questions.

Demographic Data

Table2. *Distribution of Respondents by Gender*

Sex	Frequency	Percentage
Male	34	48.57
Female	36	51.43
Total	70	100

Table 2 above shows the distribution of respondents by gender. The result indicates that 34 (48.57%) of the respondents are male while 36 (51.43%) are female. By implication, the majority of the respondents surveyed are female.

Table3. *Distribution of Respondents by Marital Status*

Marital Status	Frequency	Percent
Single	25	35.71
Married	35	50
Widow	10	14.29
Total	**70**	**100**

Table 3 shows the distribution of respondents by marital status. The results show that 25 (35.71) are single, 35 (50%) are married while 10 (14.29%) are widow. The results indicate that majority of the respondents are married this made them to be more careful and mature in handling the health records than those respondents that are single who normally display some youthful exuberant.

Table4. *Distribution of Respondents by Working Experience*

Working Experience	Frequency	Percent
0-5yrs	15	21.43
6-10yrs	10	14.29
11-15yrs	5	7.14
16-20yrs	30	42.86
21-25yrs	8	11.43
Over 25yrs	2	2.86
Total	**70**	**100**

Table 4 above shows the distribution of respondents by working experience. The results indicate that 15 (21.43%) had working experience of 0-5yrs; 10 (14.29%) are within the range of 6-10yrs; 5 (7.14%) had 11-15yrs working experiences; 30 (42.86%) had 16-20yrs; 8 (11.43%) had 21-25yrs while 2 (2.86%) had more than 25yrs of working experience.

DATA ANALYSIS BY RESEARCH QUESTIONS

Research Question1.*What are the available health records in the selected hospitals?*

Table5. *Available Health Records in the Selected Hospitals*

Hospital Records	Frequency	Percentage
Admission Register	100	11.34
Patient case-notes	97	11
Nursing and wards	93	10.54
x-ray films	91	10.32
Financial records	87	9.86
Personnel records	87	9.86
Patient indexes/records	85	9.64
Pharmacy/drug records	84	9.52
Pathological specimen	83	9.41
Central administrative records	75	8.5
Total	**882**	**100**

Table 5 above shows the available health records in the selected hospitals. The results indicate that; admission register has 100 records (11.34%); patient case notes has 97 records (11%); nursing and wards has 93 records (10.54%); x-ray films has 91 records (10.32%); finance has 87 records (9.86%); personnel has 87records (9.86%); patient indexes has 85 records (9.64%); pharmacy/drug has 84 records (9.52%); pathological specimen has 83 records (9.41%) and central administrative has 75 records (8.5%) constitute the available health records in the selected hospitals in Lagos State.

Table 6 below shows the challenges being faced health workers in handling health records in the surveyed hospitals. From the results; inadequate funding as regards record management has the highest frequency of 81 (16.53%); inadequate supply of computer and other ICT devices for record preservation has the frequency of 76 (15.51%) and inadequate skill in computer utilization has the frequency of 74 (15.10%) constitute the major challenges faced in handling health records. Other challenges include: out-dated or non-existence of hardware, software and network connectivity has the frequency of 72 (14.7%); harsh environmental conditions accelerating record material depreciation has the frequency of 69 (14.08%); lack of preservation and conservation policy has the frequency of 60 (12.24%); while inadequate infrastructure to enhance record management has the least frequency of 58 (11.84%).

Research Question2. *What are the challenges facing the surveyed hospitals in handling health records?*

Table6. *Challenges Facing the Handling of Health Records in Hospitals*

Challenges faced	Frequency	%
Inadequate funding as regards record management	81	16.53
Inadequate supply of computer and other ICT devices for record preservation	76	15.51
Inadequate skill in computer utilization	74	15.10
Outdated or non-existence of hardware, software and network connectivity	72	14.70
Harsh environmental conditions accelerating record material depreciation	69	14.08
Lack of preservation and conservation policy	60	12.24
Inadequate infrastructure to enhance record management	58	11.84
Total	**490**	**100**

Research Question3. *What are the probable measures of improving the preservation of health records in the surveyed hospitals?*

Table7. *Measures of Improving the Preservation of Health Records*

Measures of improving preservation	Frequency	%
Good handling care of records	93	15.20
Instant filing and indexing of generated records	81	13.24
Physical security of records	78	12.75
Digitization	70	11.44
Exposure of staff to Computer & ICT skill training	67	10.95
Computerization	63	10.29
Refreshing (period from one physical medium to another)	56	9.15
Regular training of manpower in record management	55	8.99
Microfilming	49	8.01
Total	**612**	**100**

Table 7 above shows the probable measures of improving the preservation of health records in the surveyed hospitals. The results reveal that; good handling care of records has 93 cases (15.20%) this constitutes the most probable measures of improving the preservation of health records in the surveyed hospitals; instant filing and indexing of generated records has 81 cases (13.24%); physical security of records has 78 cases (12.75%) and digitization has 70 cases (11.44%). Other probable measures include: exposure of staff to computer & ICT skill training has 67 cases (10.45%); computerization has 63 cases (10.29%); refreshing (period from one physical medium to another) has 56 cases (9.15%); regular training of manpower in record management has 55 cases (8. 99%) while microfilming has the minimum cases of 49 (8.01%).

RESEARCH FINDINGS

The summary of findings from the study is as follows:

- The result revealed that needed health records are available in the surveyed hospital even though the proportion of availability varies

- The analysis of mechanism put in place for effective management of records in surveyed hospitals revealed that care in handling hospital records, Confidentiality of records, security of records and avoidance of water contact/bad weather are major mechanism employed in the hospitals.

- The major challenges faced in handling health records in surveyed hospitals are poor funding, inadequate computer and other ICT devices, poor skill in computing, harsh environmental conditions, lack of preservation and conservation policy.

CONCLUSION

Management and preservation of health records is an integral part of medical service delivery as it goes a long way in enhancing better service delivery as well as serving as a basis for following patient health trend overtime. It also serves as a basis for effecting referral service. Hence effort should be made to ensure regular preservation and management of hospital records.

The knowledge and skill of hospital record management and preservation should be incorporated into the hospital staff through training and re-training, formulation of record management policies, infrastructural development, proper funding, computer skill training, etc as these would help in ameliorating the problem of poor hospital record preservation and management and its attendants negative impact on health care delivery.

RECOMMENDATIONS

In view of the above findings, the authors proffer the following recommendations for owners and managers of the surveyed health institutions and to the entire health institutions in Lagos State, Nigeria.

- Owners of health institutions should inject more financial resources into the organization in order to solve the problem of inadequate funding of the health records management. It takes real money to acquire and maintain good health records.

- Besides, money should be injected in the infrastructure development and acquisition of modern equipment that would facilitate and sustain the general health condition of their patients. These could help in saving cost and manpower at the long run.

- Also, managers of the surveyed health institutions should intensify their efforts in encouraging their health workers to maintain good handling care of records; while some of the paper based records should be microfilmed in order to sustain their durability.

REFERENCES

Adeyemi, J. (2012). *Preservation of Medical Records and Refferral Service*. Onipanu, Lagos: Topmost Pub.

Alegbeleye, G.O. (2009). *Avoiding Technological Quicksand: Coming to Grips with the Preservation of Digital Information in Nigeria.* Paper Presented at the 47th National Conference and Annual General Meeting of the Nigerian Library Association.

Aljumah, A.A.; Ahamad, M.G. & Siddiqui, M.K. (2013). Application of data mining: Diabetes health care in young and old patients. *Journal of King Saud University - Computer and Information Sciences*, 25 (2): 127–136

Ayoku, A.O. & Ojediran, J.A. (2008). Transition to automated library information systems and the challenges for libraries in Africa. In Aina, L.O., et al. (Eds.) *Knowledge and information management in the digital age: Concepts, technologies and African perspectives.* Ibadan: Third World Information Service.

Besser, H. (1999). Implications in digitizing Special Collections Materials: The institution, scholarship, interoperability, longevity. Retrieved on 28/02/15 from: *http://sunsite.berkeley. ed/imaging/Databases/Conservation/RBMS99/ppframe.html*

Chinyemba, A. & Ngulube, P. (2005). Managing records at higher education institutions: a case study of the University of KwaZulu-Natal, Pietermaritzburg Campus. *South African Journal of Information Management,* 7 (1): 1- 19. Retrieved on 28/03/15from: http://www.sajim. co.za/ index. php/SAJIM/article/viewFile/250/241

Jain, P. (2012). Promoting open access to research in Academic libraries. *Library Philosophy and Practice.* Available online at http://www.unllib.unl.edu/lpp/.

Larsen, K.E. & Marstein, N. (2000). Conservation of historic timber structures: An Ecological approach. Retrieved on 4th May, 2015 from http://www.books.goggle.com/ books/about. conservation_of_timber...

NHO Healthcare Records Management Steering Committee (2007). *National Hospitals Office Code of Practice for Healthcare Records Management*. Ireland: National Hospitals Office. Available online at: www.hse.ie

Wamukoya, J. & Mutula, S. M. (2005). Capacity building requirements for e-records management: The case in East and Southern Africa. *Records Management Journal*, 15 (2): 71 – 79.

World Health Organization (2012). *Management of Patient Information: Trends and challenges in Member States*. Geneva: WHO Press. Retrieved on 24/03/15 from http://www.who.int/ about/ licensing/ copyright_form/en/index.html.

Yeo, G. (1999). *Managing Hospital Records*. London: International Records Management Trust. Available online at http://www.irmt.org.

Zulu, S.F.C. (2008). Intellectual property rights in the digital age. In Aina, L.O., et al. (Eds.) *Knowledge and information management in the digital age: Concepts, technologies and African perspectives.* Ibadan: Third World Information Service.

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