

Records Retention Practices in the Health Records Department of the University of Ilorin Teaching Hospital, Kwara State, Nigeria

Oluwatoyin Salihu Ibraheem¹, O. S. Michael², Wasiu Adeyemi Adeoye³ and Ruth Onajite Owolabi⁴

¹Department of Health Information Management, Kwara State University, Kwara State, Nigeria.

²Kwara State University, Malete, Nigeria.

³School of Health Information Management, University of Ilorin Teaching Hospital (UITH), Ilorin, Nigeria.

⁴Information Resources Management Department, Babcock University Ilishan-Remo Ogun State Nigeria.

Corresponding Authors Email: Toyeenibraheem@gmail.com; ORCID ID: <https://orcid.org/0009-0003-8991-3585>, Michaelbestwisdom@gmail.com, Adeyemiadeoye3@gmail.com; ORCID: <https://orcid.org/0009-0009-7856-650X>, owolabir@babcock.edu.ng; ORCID ID: <https://orcid.org/0000-0002-0543-7952>

Direct Research Journal of Public Health and Environmental Technology



Vol. 11(3), Pp. 41-46, August 2026

Author(s) retains the copyright of this article

This article is published under the terms of the Creative Commons Attribution License 4.0.

<https://journals.directresearchpublisher.org/index.php/drjphet>; <https://www.ajol.info/index.php/drjphet>

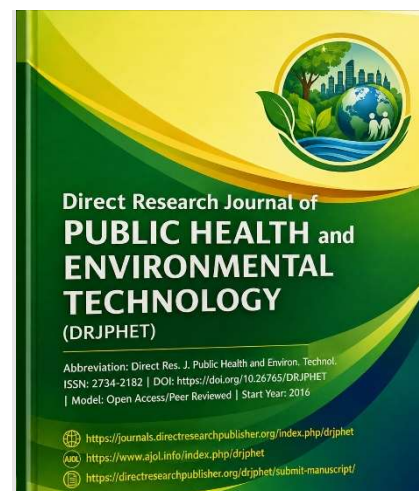
Research Article
ISSN: 2734-2182

Received 22 June 2026, Accepted 25 July 2026, Published 11 August 2026

ABSTRACT

This study evaluated the current records retention practices and associated challenges in the Health Records Department of the University of Ilorin Teaching Hospital (UITH), Kwara State, Nigeria. A descriptive survey design was employed with a target population of 96 Health Information Management (HIM) professionals in the department, all of whom were included through total enumeration. Eighty-six valid questionnaires were returned (response rate = 89.6%; Cronbach's alpha = 0.82). Data were analysed using frequency counts, percentages, and mean scores, with a criterion mean of 2.50 adopted as the threshold for agreement. To formally test the null hypothesis (H_{01}) that records retention practices in the department are not significantly effective a one-sample t-test was conducted comparing item and pooled response scores against the criterion mean. Findings showed that basic retention practices are in place, including adherence to retention schedules ($M = 2.81$, $t(85) = 3.23$, $p = .002$) and use of proper indexing and filing systems ($M = 3.12$, $t(85) = 6.99$, $p < .001$), with an overall pooled mean of 2.66 that differed significantly from the criterion ($t(429) = 3.54$, $p < .001$), leading to rejection of H_{01} for retention practices considered collectively. However, at the individual-item level, digital records backup ($M = 2.36$) and staff training on retention procedures ($M = 2.42$) did not differ significantly from the criterion mean, indicating these specific practices are neither clearly adequate nor clearly inadequate in the sampled population, and should be treated as areas of concern rather than confirmed failures. Challenges identified, all statistically significant relative to the criterion mean, include dependence on paper-based records ($M = 3.42$, $p < .001$), lack of adequate storage space ($M = 3.38$, $p < .001$), lack of periodic monitoring and audits ($M = 3.17$, $p < .001$), insufficient staff ($M = 3.16$, $p < .001$), and inadequate training ($M = 2.99$, $p < .001$). The study recommends regular review and enforcement of retention schedules, investment in digital backup infrastructure, continuous staff training, expansion of physical and digital storage capacity, institutionalized periodic audits, and gradual, phased adoption of electronic records management systems. As a single-institution study, findings are context-specific and are not intended to represent records retention practice across Nigerian teaching hospitals generally.

Keywords: health records, records retention, retention schedule, Health Information Management, teaching hospital, Nigeria



Citation: Ibraheem, S. O., Michael, O. S., Adeoye, W. A. & Owolabi, R. O. (2026). Records Retention Practices in the Health Records Department of the University of Ilorin Teaching Hospital, Kwara State, Nigeria. *Direct Research Journal of Public Health and Environmental*. Vol. 11(3), Pp. 41-46. <https://doi.org/10.4314/drjphet.v11i3.5>

INTRODUCTION

Effective records retention is a foundational requirement for the reliable functioning of health information systems in any healthcare institution. Healthcare organizations generate and maintain large volumes of patient data daily, and the need for structured, legally defensible, and operationally reliable retention practices has become increasingly urgent in the face of rising patient loads, regulatory demands, and technological change. Health records serve not only as clinical tools that guide patient care but also as legal and administrative documents whose existence, accessibility, and eventual disposal are governed by professional standards and, in many jurisdictions, statutory obligations. Retention schedules, which specify the minimum periods for which different categories of records must be preserved, are the principal mechanism through which health records departments manage this responsibility, and their consistent implementation is essential for ensuring that records remain available when clinically, legally, or administratively needed (Osundina, Kolawole, & Abolaji, 2016).

Despite this well-established importance, records retention practices in Nigerian public hospitals continue to face serious implementation challenges. In one of the few large-scale empirical assessments of this specific issue, Oweghoro (2015) surveyed twenty Nigerian hospitals and found that no comprehensive national policy governs the maintenance, retention, and disposal of patients' health records, a gap that leaves individual institutions to develop and enforce retention practices largely on their own initiative, with widely varying degrees of consistency and rigour. This absence of unified national guidance compounds more familiar operational constraints: inadequate storage infrastructure, continued reliance on paper-based systems poorly suited to the volume of records generated by busy tertiary hospitals, limited staff training, constrained digital backup capacity, and uneven policy enforcement (Osundina et al., 2016). More recent qualitative evidence from clinicians across referral and university teaching hospitals in Nigeria similarly documents persistent workflow reliance on paper-based processes and gaps in the digital literacy needed to sustain electronic alternatives, even as institutions express clear appetite for digital transformation (Onyeabor, Onwuasoigwe, Okenwa, Schaaf, Pinkwart, & Balzer, 2025). Complementary evidence from a comparative before-and-after study of electronic health records adoption in tertiary facilities in Kogi State found that the shift from paper-based to electronic systems produced measurable, statistically significant improvements in health information management practice, underscoring both the scale of the paper-based problem and the practical benefit of addressing it (Adebayo, Raimi, Uduak, Wegbom, & Mcfubara, 2026).

The University of Ilorin Teaching Hospital (UITH), as one of Nigeria's major federal tertiary healthcare institutions, is not immune to these challenges. This study was therefore

undertaken to empirically evaluate the current records retention practices in UITH's Health Records Department, to identify the challenges constraining their effectiveness, and to generate evidence-based recommendations for improvement. Because retention practice in Nigerian teaching hospitals has been shown to vary considerably by institution in the absence of national standardization (Oweghoro, 2015), this study is framed explicitly as a single-institution case rather than a claim about Nigerian teaching hospitals generally.

Statement of the Problem

The persistence of paper-dominated records systems, inadequate storage infrastructure, and uneven training frameworks for health records staff creates a gap between the retention standards that health information management practice requires and the actual practices implemented in individual health records departments across Nigeria. National-level survey evidence indicates that, in the continued absence of a unified national retention and disposal policy, Nigerian hospitals have developed markedly inconsistent retention practices, with implications for records availability, patient confidentiality, and regulatory compliance (Oweghoro, 2015). At UITH specifically, preliminary observation suggests that while formal retention policies exist, their consistent and effective implementation may be constrained by structural and capacity challenges similar to those documented elsewhere in the Nigerian literature. This study systematically investigates this gap using primary survey data collected directly from HIM professionals within the department.

Objectives of the Study

1. To evaluate the current records retention practices in the Health Records Department of the University of Ilorin Teaching Hospital.
2. To identify the challenges faced by Health Information Management professionals in implementing records retention and disposal practices at UITH.

Research Questions

1. What are the current records retention practices in the Health Records Department of the University of Ilorin Teaching Hospital?
2. What challenges are encountered in the implementation of records retention and disposal practices at UITH?

Hypothesis

H₀₁: Records retention practices in the Health Records Department of the University of Ilorin Teaching Hospital are not significantly effective (i.e., do not differ significantly

from the criterion mean of 2.50 on the four-point response scale).

Literature Review

Records management encompasses the identification, classification, storage, protection, retrieval, retention, and eventual disposal or preservation of an organisation's records (Osundina et al., 2016). Within this broader process, records retention refers specifically to the practice of storing and maintaining health records for a defined period, determined by clinical relevance, administrative need, and applicable legal requirements. Retention schedules specify the minimum duration for which particular categories of records must be preserved, and their consistent application is intended to ensure that records remain available for clinical consultation, continuity of care, and any legal proceedings for as long as they are genuinely needed, while permitting the orderly disposal of records that have outlived their institutional value (Osundina et al., 2016). The empirical literature on retention practice specifically, as distinct from the broader literature on records or electronic health record management generally, and remains comparatively limited in the Nigerian context. The most directly relevant large-scale study, Oweghoro (2015), surveyed health information heads of department across twenty Nigerian hospitals and found that eighteen responded with usable data; the study's central finding, that no national policy governs the maintenance, retention, and disposal of patients' health records in Nigeria, has significant implications for any single institution's retention practice, since it means individual hospitals are effectively left to define their own retention standards without a common regulatory floor. This absence of standardization is consistent with the pattern of institution-specific variation that studies such as the present one are designed to document.

A closely related and more recent body of literature addresses the broader challenge of transitioning from paper-based to electronic records systems, which bears directly on retention practice because electronic systems typically offer more reliable backup, audit trail, and long-term preservation capabilities than paper files. Onyeabor et al. (2025), in a qualitative study of clinicians' experiences with digital healthcare interventions across referral and university teaching hospitals in southeastern Nigeria, found that despite growing institutional interest in digital transformation, paper-based workflows remain deeply entrenched, and clinicians frequently cited limited training and inconsistent system support as barriers to sustained electronic engagement, findings that parallel this study's own results on training and digital backup gaps. In a directly comparative quantitative design, Adebayo et al. (2026) examined health information management practice before and after electronic health records adoption across tertiary facilities in Kogi State, using a facility-based cross-

sectional sample of 327 healthcare workers and paired-sample statistical comparison; the study found that EHR adoption was associated with measurable, statistically significant improvement in HIM practice relative to the prior paper-based baseline, providing a concrete empirical benchmark for the present study's recommendation that UITH pursue a phased transition toward electronic records management. Similarly, in an earlier but still relevant large-sample Nigerian study, Ayilegbe, Alegbeleye, and Madukoma (2020) surveyed 467 HIM professionals across teaching hospitals in Nigeria's six geopolitical zones and found that electronic health records use had a moderate, positive, and statistically significant influence on service delivery, while also identifying inadequate training and insufficient budgetary allocation for system maintenance as constraints, again echoing the training and resourcing gaps identified in the present study's findings. On the legal and governance dimension of retention practice, Osundina et al. (2016), in a correlational study of 282 records managers across ten tertiary hospitals in South-West Nigeria, found that records managers gave close attention to records creation and storage but that legal considerations around retention and disposal were less consistently embedded in routine practice, a pattern consistent with the present study's finding that formal retention schedules exist but their enforcement, monitoring, and staff training components remain comparatively weak.

Theoretical Framework

The Theory of Organizational Information Processing (OIP), developed by Weick (1979) in *The Social Psychology of Organizing*, provides the theoretical framework for this study. OIP posits that organizations function as information-processing systems that must develop mechanisms for interpreting, filtering, and storing information in ways that support effective decision-making and reduce uncertainty in the face of an inherently ambiguous and information-rich environment. Applied to health records management, OIP explains why records retention practices are organizationally essential: they constitute the formal mechanisms through which clinical information is preserved, made accessible, and protected from premature loss, thereby ensuring that decision-makers within the hospital, from clinicians providing direct patient care to administrators managing institutional risk, have reliable and complete information available when needed. Weak or inconsistently enforced retention practices, from this theoretical perspective, represent a breakdown in the organization's information-processing capacity, with the specific challenges identified in this study, particularly continued paper dependence and constrained digital backup, understood as structural limitations on the department's capacity to reliably interpret, retain, and retrieve information over time.

METHODOLOGY

A descriptive survey research design was adopted for this study. This design was appropriate because it enabled the researcher to collect data describing existing conditions, practices, and relationships as they occur in their natural setting, without manipulating variables. The target population comprised all 96 Health Information Management (HIM) professionals working in the Health Records Department of the University of Ilorin Teaching Hospital (UITH), Ilorin, Kwara State. A total enumeration (census) technique was employed, including all 96 professionals in the study, ensuring comprehensive coverage and eliminating sampling error. Of the 96 questionnaires administered, 86 were returned and valid for analysis, representing a response rate of 89.6%. The primary instrument for data collection was a self-developed structured questionnaire titled the "Health Records Retention and Disposal Practices Questionnaire (HRRDPQ)," comprising closed-ended demographic items and four-point Likert-scale items (Strongly Agree = 4, Agree = 3, Disagree = 2, Strongly Disagree = 1). The questionnaire was validated by the research supervisor and subject-matter experts in Health Information Management and research methodology, who reviewed the instrument for face and content validity, clarity, and alignment with the study's objectives. Reliability was established through pilot testing on a group of health records professionals outside the study area, yielding a Cronbach's alpha coefficient of 0.82, indicating good internal consistency. The questionnaire was administered personally by the researcher to enhance response rate and reduce ambiguity.

Data were analyzed using frequency counts, percentages, and mean scores. A criterion mean of 2.50 and above was adopted as the threshold for agreement (Mean $\geq$ 2.50 = Agreed; Mean $<$ 2.50 = Disagreed) for descriptive interpretation of individual items and research questions. To formally test the study's null hypothesis, a one-sample t-test was conducted for each item and for the pooled set of retention-practice item responses, comparing observed mean scores against the fixed test value of 2.50, with significance assessed at the 0.05 level. This approach, rather than descriptive mean comparison alone, allows a statistically defensible determination of whether observed departures from the criterion mean reflect genuine differences or are consistent with sampling variation.

Ethical Considerations

Ethical approval for the study was obtained through the researcher's academic institution prior to data collection, and informal permission to administer the questionnaire was secured from the Head of the Health Records Department at UITH. Participation was voluntary, and respondents were informed of the purpose of the study

before completing the questionnaire. No personally identifying information was collected on the questionnaire; responses were coded and analyzed in aggregate to preserve respondent anonymity. Respondents were free to decline participation or withdraw at any point without consequence, and completed questionnaires were stored securely and used solely for the purposes of this research.

Limitations of the Study

This study is subject to several limitations that should inform the interpretation of its findings. First, the study was confined to a single institution, UITH, and findings should not be generalized to Nigerian teaching hospitals generally without further comparative research; institution-specific variation in retention practice is, in fact, a documented feature of the Nigerian context (Oweghoro, 2015). Second, data were collected through self-report questionnaire, which is subject to social desirability bias and may not fully capture actual departmental practice as it would appear under independent audit or direct observation. Third, while a one-sample t-test was used to test the null hypothesis formally, this approach evaluates whether mean responses differ from a fixed criterion value and does not, by itself, establish causal relationships between the challenges identified and the practice gaps observed; the relationships discussed in this paper should therefore be understood as associative rather than causal. Finally, the cross-sectional design captures departmental practice at a single point in time and cannot speak to how retention practices may have changed following any institutional interventions before or after data collection.

RESULTS AND DISCUSSION

Demographic Characteristics of Respondents

Of the 86 respondents, 48 (55.8%) were female and 38 (44.2%) were male. The majority were aged 26–35 years (39.5%), followed by 36–45 years (31.4%). Most respondents held HND/B.Sc./BNSc. qualifications (60.5%), and the largest work experience bracket was 6–10 years (36.0%), indicating that respondents had sufficient practical exposure to health records management to provide reliable and informed responses.

Research Question One: Records Retention Practices

Table 1 shows that respondents affirmed that records are retained according to the departmental retention schedule ($M = 2.81$, $t(85) = 3.23$, $p = .002$) and that proper indexing and filing systems are in use ($M = 3.12$, $t(85) = 6.99$, $p < .001$); both departures from the criterion mean are statistically significant, indicating genuine, rather than merely descriptive, agreement. These findings align with Osundina et al. (2016), whose correlational study of

Table 1: Current Records Retention Practices in the Health Records Department of UITH (N = 86)

Items	SA F (%)	A F (%)	D F (%)	SD F (%)	Mean	SD	T (85)	p	Decision
Records are retained according to departmental retention schedule.	20 (23.3)	38 (44.2)	20 (23.3)	8 (9.3)	2.81	0.90	3.23	.002	Agreed
Proper indexing and filing systems are used for easy retrieval.	30 (34.9)	40 (46.5)	12 (14.0)	4 (4.7)	3.12	0.82	6.99	<.001	Agreed
Old patient records are reviewed periodically for relevance before retention.	14 (16.3)	34 (39.5)	27 (31.4)	11 (12.8)	2.59	0.91	0.95	.347	Agreed (n.s.)
Digital records are regularly backed up to prevent data loss.	12 (14.0)	25 (29.1)	31 (36.0)	18 (20.9)	2.36	0.97	-1.34	.185	Disagreed (n.s.)
Staff are trained on proper records retention procedures.	10 (11.6)	30 (34.9)	32 (37.2)	14 (16.3)	2.42	0.90	-0.84	.404	Disagreed (n.s.)
Grand Mean (item-level)					2.66				Agreed
Pooled test of H_{01} (N = 430 responses)					2.66	0.94	3.54	<.001	Reject H_{01}

Source: Field Survey, 2026.

* $p < .05$, statistically significant departure from criterion means; n.s. = not statistically significant.

Table 2: Challenges in Records Retention and Disposal at UITH (N = 86)

Items	SA F (%)	AF (%)	D F (%)	SD F (%)	Mean	SD	T (85)	p	Decision
Lack of adequate storage space for patient records.	45 (52.3)	31 (36.0)	8 (9.3)	2 (2.3)	3.38	0.75	10.87	<.001	Agreed
Insufficient staff to manage records retention properly.	34 (39.5)	36 (41.9)	12 (14.0)	4 (4.7)	3.16	0.84	7.33	<.001	Agreed
Inadequate training on records management.	28 (32.6)	35 (40.7)	17 (19.8)	6 (7.0)	2.99	0.90	5.03	<.001	Agreed
Poor adherence to hospital retention/disposal policies.	25 (29.1)	31 (36.0)	22 (25.6)	8 (9.3)	2.85	0.95	3.40	.001	Agreed
Dependence on paper-based records complicates disposal and retrieval.	47 (54.7)	30 (34.9)	7 (8.1)	2 (2.3)	3.42	0.74	11.46	<.001	Agreed
Lack of periodic monitoring and audits.	36 (41.9)	33 (38.4)	13 (15.1)	4 (4.7)	3.17	0.86	7.30	<.001	Agreed
Grand Mean					3.16				Agreed

Source: Field Survey, 2026. * $p < .05$, statistically significant departure from criterion means.

Nigerian tertiary hospital records managers similarly found that records creation and storage practices were comparatively well established relative to other dimensions of records management. The periodic review of old records for continued relevance was also numerically above the criterion ($M = 2.59$), but the one-sample t-test indicates this difference is not statistically significant, $t(85) = 0.95$, $p = .347$. This item should therefore be interpreted cautiously: while the raw mean exceeds 2.50, the data do not provide statistically reliable evidence that this practice is genuinely embedded above a chance-level midpoint response pattern, and it is treated here as an area warranting further institutional attention rather than a confirmed strength.

Two items fell numerically below the 2.50 threshold: digital backup ($M = 2.36$) and staff training on retention procedures ($M = 2.42$). Notably, neither difference reached statistical significance at the item level (digital backup: $t(85) = -1.34$, $p = .185$; staff training: $t(85) = -0.84$, $p = .404$), meaning that, considered individually and with this sample size, these items cannot be confidently characterized as significantly below the criterion either. However, when all retention-practice item responses are pooled ($N = 430$ individual item responses across the five items), the composite mean of 2.66 differs significantly from the criterion mean, $t(429) = 3.54$, $p < .001$, supporting rejection of H_{01} for retention practices considered collectively, even though this composite result should not be read as implying that every constituent practice is individually strong; the digital backup and staff training gaps documented here are consistent with the training and infrastructure barriers reported by Onyeabor et al. (2025) and Ayilegbe et al. (2020) in comparable Nigerian teaching

hospital settings.

Research Question Two: Challenges in Records Retention and Disposal

Table 2 reveals that all six identified challenges were affirmed by respondents at statistically significant levels (all $p < .01$), with a grand mean of 3.16. Dependence on paper-based records was the most strongly and significantly endorsed challenge ($M = 3.42$, $t(85) = 11.46$, $p < .001$), followed closely by lack of adequate storage space ($M = 3.38$, $t(85) = 10.87$, $p < .001$), and lack of periodic monitoring and audits ($M = 3.17$, $t(85) = 7.30$, $p < .001$). These findings are consistent with Oweghor's (2015) national survey finding that the absence of a unified retention policy framework across Nigerian hospitals leaves individual institutions to manage storage and monitoring largely on their own, and align with Onyeabor et al.'s (2025) qualitative documentation of persistent paper-based workflow dependence in Nigerian teaching hospitals more broadly. The challenge of insufficient staff ($M = 3.16$, $t(85) = 7.33$, $p < .001$) and inadequate training ($M = 2.99$, $t(85) = 5.03$, $p < .001$) further corroborate Ayilegbe et al. (2020) large-sample Nigerian finding that training gaps and resourcing constraints limit the extent to which HIM professionals can translate available systems and policy into consistent practice, while the comparative evidence from Kogi State (Adebayo et al., 2026) suggests that structured investment in electronic systems, paired with the training that must necessarily accompany such a transition, is associated with measurable improvement in the very practice areas UITH respondents identified as most constrained.

Conclusion

The study established that basic records retention practices exist at UITH, particularly in the use of retention schedules and filing systems, and that, considered collectively, current retention practice differs significantly from the criterion threshold in a positive direction. However, the department faces significant, statistically confirmed challenges around paper-based dependence, storage capacity, staffing, training, and audit frequency, and two specific retention practices, digital backup and staff training, do not show statistically reliable evidence of being adequately embedded, representing priority areas for institutional attention. Dependence on paper-based systems, together with inadequate storage space, emerged as the most pressing and most strongly affirmed structural challenges. The study recommends that hospital management provide secure digital backup infrastructure, institute regular staff training on retention procedures, update and strictly enforce retention schedules, expand physical and digital storage capacity, institutionalize periodic monitoring and audit mechanisms, and pursue a phased transition toward electronic records management systems, informed by the demonstrated benefits of such transitions documented in comparable Nigerian tertiary healthcare settings (Adebayo et al., 2026).

Recommendations

Based on the findings of this study, the following recommendations are made:

- i. Retention schedules: The Health Records Department should sustain and regularly review and update its retention schedules to reflect current legal, clinical, and institutional requirements, with clear, written guidance available to all staff.
- ii. Digital backup infrastructure: Hospital management should invest in a secure, redundant digital backup system to prevent data loss arising from damaged, misplaced, or deteriorated physical records, prioritizing this given the statistically confirmed gap identified in this study.
- iii. Staff training: The department should institute regular, structured training programmes on records retention and disposal procedures for all HIM staff, addressing the training gap identified as both a specific practice weakness.

REFERENCES

- Adebayo, C. O., Raimi, O., Uduak, P., Wegbom, A. I., & Mcfubara, K. G. (2026). Comparative assessment of health information management efficiency before and after electronic health records adoption in tertiary healthcare facilities in Kogi State, Nigeria. *World Journal of Public Health*. <https://doi.org/10.11648/j.wjph.20261102.13>
- Ayilegbe, B. K., Alegbeleye, G. O., & Madukoma, E. (2020). Electronic health records use on service delivery by health information management professionals in government teaching hospitals in Nigeria. *International Journal of Social Sciences and Humanities Review*, 10(3), 110–121. <https://www.ijsshr.com/journal/index.php/IJSSHR/article/view/619>
- Onyeabor, U. S., Onwuasoligwe, O., Okenwa, W. O., Schaaf, T., Pinkwart, N., & Balzer, F. (2025). Exploring user experiences of clinicians engaged with the digital healthcare interventions across the referral and university teaching hospitals in Nigeria: A qualitative study. *Frontiers in Digital Health*, 7, Article 1488880. <https://doi.org/10.3389/fdgth.2025.1488880>
- Osundina, K. S., Kolawole, J. A., & Abolaji, J. A. (2016). Legal issues in the management of patients' records in tertiary hospitals in Nigeria. *IOSR Journal of Nursing and Health Science*, 5(5), 82–90. <https://doi.org/10.9790/1959-0505018290>
- Oweghoro, B. M. (2015). Health records retention and disposal in Nigerian hospitals: Survey of policies, practices and procedures. *African Journal of Library, Archives and Information Science*, 25(1), 15–26. <https://doi.org/10.4314/ajlais.v25i1>
- Weick, K. E. (1979). *The social psychology of organizing* (2nd ed.). Addison-Wesley.