Direct Research Journal of Health and Pharmacology
Vol. 10(7) Pp. 53-59, November 2023
ISSN: 2449-0814
DOI: https://doi.org/10.26765/DRJHP038046912
Article Number DRJHP038046912

https://journals.directresearchpublisher.org/index.php/drjhp

Health Information Managers Quality Service Delivery in Ahmadu Bello University Teaching Hospitals Zaria, Kaduna, Nigeria

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Received 5 October 2023; Accepted 27 October 2023; Published 2 November 2023

ABSTRACT: This study therefore, examined the Quality Service Delivery of Health Information Managers by Patients Attendance in Ahmadu Bello University Teaching Hospitals Zaria, Kaduna, Nigeria. The study employed survey research design. The population comprised 43,155 Patients Attendance in Ahmadu Bello University Teaching Hospitals Zaria, Kaduna, Nigeria. Proportionate stratified sampling was used for selecting the patients for the study. This technique was based on the proportion of sample representation in the population of the study. This technique was used to divide the patients sample by inpatients and Out patients to enable the researcher administer the questionnaires without biased to the patients in the study area. The sample size was 169in and out Patients Attendance. Data were collected with structured and validated questionnaires. Findings showed that showed that the extent of quality service delivery in Ahmadu Bello University teaching hospital, was high ($\bar{x}$=3.30), on a scale of 4. Further details from the analysis depict that all the indicators of quality service delivery show high values: assurance ($\bar{x}$=3.32), empathy ($\bar{x}$=3.31), tangibles ($\bar{x}$=3.30), responsiveness ($\bar{x}$=3.29) and reliability ($\bar{x}$=3.26). The study concluded that for health information managers to deliver quality service in their job the barriers militating against quality service delivery in ABU teaching hospitals Zaria must be addressed to improve quality service delivery. The study recommended that quality service delivery in ABU teaching hospital Zaria was high. Management of the teaching hospitals should make continual efforts to sustain key indicators of quality service delivery such as security of patients' files, protection of request forms, easy retrieval of patients' records and availability of physical infrastructures.

Keywords: Health information managers, ABU teaching hospital, quality service delivery

Citation: Umar F. A. (2023). Health Information Managers Quality Service Delivery in Ahmadu Bello University Teaching Hospitals Zaria, Kaduna, Nigeria. Direct Res. J. Health Pharm Vol. 10(7), Pp. 53-59. https://doi.org/10.26765/DRJHP038046912. This article is published under the terms of the Creative Commons Attribution License 4.0.

INTRODUCTION

Generally, teaching hospitals work in larger teams than in general hospitals to handle a greater variety of patients' health issues. These teams are made up of qualified professionals who work together to provide service to patients with diverse needs. Professionals such as the doctors, nurses, dental therapists, radiographers, pharmacists, physiotherapists, medical laboratory scientists, optometrists, audiologists environmental and public health workers, dental technologists, and health information managers work in the various sections of the teaching hospital to provide quality services at all time. Teaching hospital services and support cannot be complete without the medical doctor and Health Information Manager (HIM) persistent efforts to bring succor to patients. HIM personnel are people trained in the practice of acquiring, analyzing and protecting digital and traditional medical information vital to providing quality patients care (American Health Information Management Association (AHIMA, 2019). There are basically two groups of HIM in the teaching hospitals namely those with basic Diploma certificates and those with Higher National Diploma (HND) or Bachelor's degrees. In addition to the acquisition of these qualifications, the health information manger must possess the license to practice. HIMs usually practice in various units of health information management

department in the teaching hospitals namely coding and indexing, statistics office, medical correspondence, central health records, outpatient and inpatient, admission and discharge, ward health records, accident and emergency. One of the major tools of HIM personnel in teaching hospital is health records. The role of HIM is to protect patients' health records and ensure that records are available when required by the doctor for treatment and effective health information management system. Globally, the prevailing issues around health information management continue to affect the quality service delivery of HIM in ensuring the proper use of patients' data. Emerging economies such as Brazil, China and India have introduced electronic medical records into their health systems but despite these good initiatives, the quality of health information management seems to be poor across low income countries (World Health Organization WHO, 2012). Some low-income countries have struggled to initiate large-scale electronic medical record systems while others have been able to attract technical and financial resources to install patient information systems. Despite the increasing use of patients' information record management system, many countries still rely on paper-based systems for health data collection. The report of WHO showed that all regions have a high use of paper-based systems, particularly the African Region and South-East Asia Region. Countries within the Regions of the Americas, Eastern Mediterranean, and the Western Pacific reported a higher use of electronic transmission of health records. This may be due to the use of fax or scanned image technology where the communication is electronic but the origin and destination are paper (World Health Organization, 2012). In Australia, the health information management profession is facing many challenges that need to be addressed in order for the profession to remain relevant, responsive to change and continually add value to the healthcare system (Wissmann, 2015).

The Nigerian health information management system is not left out in the issues plaguing the global healthcare system. The recent complexity of modern medical and surgical treatments existing in the Nigeria tertiary hospitals also requires accurate and adequate patients' health information management. American Health Information Management Association (AHIMA, 2019) stated that, health information management involves not only maintaining patient files, but also coding the files to reflect the diagnoses and operations of the conditions affecting the patients. It can therefore be seen that when files are not properly maintained or coded, this could lead to misdiagnoses and affect the quality of service rendered to patients in the teaching hospitals. The HIM must therefore adapt to the dynamism of the health information workplace environment to keep abreast of global best practices. Illegal use of patients' records, inaccurate record keeping and other forms of invasion of patients' fundamental human rights which are regarded as illegal issues that may have negative impact and grave consequences on the management of patients' records and service delivery of HIM. Owolabi and Ojo (2015) argued that if a patient's health records are not complete and in good condition with all the laboratory test results intact it can lead to the patient repeating a treatment that has commenced previously. Without doubt, this could in turn influence patient's perception of service quality as regards services. It then becomes obvious that, the objectives of teaching hospitals are unachievable without the unending support, and quality service delivery by HIM professionals. Hence, teaching hospitals have realized that achieving quality service delivery may be difficult without capable and competent staff.

Service can be described as the act of doing something for someone tangibly or intangibly (Akanmidu, 2021). Services provided by HIM are important in ensuring the safe keeping of patients records needed for continuity of care. On the other hand, quality is an essential component of health service in the teaching hospital. Quality of service can be understood as a comprehensive customer evaluation of a particular service and the extent to which the service meets expectations and provides satisfaction. Therefore, HIM in teaching hospitals are expected to provide effective and efficient services that would match and satisfy patients' health needs. HIM personnel should adopt patient-centered mindset based on the reason that patients are major recipients of the service rendered and their perception on service delivery is key to ensuring attainment of satisfaction and organizational goals. Asubonteng, McClearry and Swan (2014) pointed out that quality service delivery is the extent to which a service meets and exceeds customers' expectations. It is therefore expedient that, patients' perception is necessary when considering service delivery by administrators of teaching hospitals. In addition, the perception of the need of patients is also important because it would bring a clear understanding in the areas of patients' service needs.

To further underscore the importance of quality service delivery, Alzaydi, Al-Hajla, Nguyen and Jayawardhena (2018) assert that increasing attempts to identify and understand quality of service have been undertaken in the last three decades by companies to improve organizational growth. Therefore, it is vital that teaching hospitals have highly competent staff who can offer quality service to ensure patients satisfaction. In the light of these positions, it becomes clear that the key determinants of success or failure in the teaching hospitals revolve around several factors relating to HIM that carry out the day-to-day health information management activities. Ayilegbe (2020) argued that quality service delivery by HIM has become a big concern for management in teaching hospitals due to reasons such as unconducive work environment, lack of good management policy on health records computerization,

staff shortage, lack of system maintenance culture, inadequate computers and lack of management sponsorship for workshop. Whenever HIM professionals perform poorly in their jobs, the organizational progress usually suffers a setback. In the light of this submission, it is therefore crucial to identify means of ensuring quality service delivery of HIM personnel. AHIMA (2019) identified the different types of services provided by health information managers as filing and documentation, coding and indexing, registration and documentation of patients, clinics appointment system management, filing and documentation, electronics health records. Hence, it is expected that HIM should perform excellently their roles and responsibilities for teaching hospitals to achieve its stated goals and objectives.

Statement of the problem

The role of HIM is to protect health records and ensure that records are available when required by the doctor for treatment and effective health information management system. Health information managers are expected to ensure accurate not only to create, maintain and dispose patient files, but also code the files to reflect the diagnoses and surgical operations of the conditions suffered by patients. Every patient deserves the best services from HIMs in order to achieve the desired level of health care outcome.

Despite, the key roles played by HIM in the healthcare system, personal observation by the researcher indicates that there are still cases of quality service delivery issues as is shown in areas of poor storage and handling of case folders containing patients' health information that have not been frequently used and are massively dumped in any available unused structure resulting in destruction by termites, and in some cases, the area becomes infected by snakes. Health information managers' documentation error has sometimes led to inaccurate diagnostics, therapeutic and medication problems often causing deaths. Studies have reported poor service delivery among health information managers (Adeleke and Erinle, 2015; Ayilegbe, 2020; Owolabi and Ojo, 2015; Wissmann, 2015). This study is investigating the Quality Service Delivery of Health Information Managers by Patients Attendance in Ahmadu Bello University Teaching Hospitals Zaria, Kaduna, Nigeria.

Objective of the Study

The main objective of the study is to examined the Quality Service Delivery of Health Information Managers in Ahmadu Bello University Teaching Hospitals Zaria, Kaduna, Nigeria. The specific objective is to:

1. Determine the extent of quality service delivery of HIMs by patients in Ahmadu Bello University Teaching Hospitals Zaria, Kaduna, Nigeria

METHODOLOGY

The study adopted survey research design.The population of this study comprised 43,155 Patients (in Ahmadu Bello University Teaching Hospitals Zaria, Kaduna, Nigeria. Taro Yamane sampling formula was employed and Proportionate stratified sampling was used for selecting the patients for the study. This technique was based on the proportion of sample representation in the population of the study. This technique was used to divide the patients sample by in-patients and Out-patients to enable the researcher administer the questionnaires without biased to the patients in the study area. The sample size was 169 Patient:
Ahmadu Bello University Teaching Hospital, Zaria = Population 43,155 = Sample size 169.
Structured questionnaire was used as an instrument for data collection. The data gathered from the field treated with frequency, percentage, mean and standard deviation, SPSS is chosen for analysis of this study because of its popularity as being used for both academic and business research data analyses (Arkkelin, 2014).

RESULTS

The study examined Quality Service Delivery of Health Information Managers by in Ahmadu Bello University Teaching Hospitals Zaria, Kaduna, Nigeria.

Research Question: **What is the extent of quality service delivery in Ahmadu Bello teaching hospitals Zaria?**

Research question one was analysed with frequency counts, percentage, mean and standard deviation statistics. The results of the analysis are reported in (Table 1). In (Table 1), the research findings indicate that the extent of Quality Service Delivery of Health Information Managers by Patients Attendance in Ahmadu Bello University Teaching Hospitals, Zaria, Kaduna, Nigeria, was generally high, with an overall mean score ($\bar{x}$) of 3.30 on a 4-point scale. When we delve into the specific components of quality service delivery, all indicators displayed notable scores. Assurance, which includes the healthcare professionals' ability to instil confidence and trust, received the highest mean score at 3.32, showcasing the strong sense of assurance provided to patients. Empathy, which relates to the sensitivity and compassion of the healthcare staff, received a commendable score of 3.31. Tangibles, representing the physical aspects of service delivery, also had a high mean score of 3.30, indicating the hospital's good infrastructure and facilities. Responsiveness, reflecting the hospital's ability to address patient needs promptly, received a mean score of 3.29, demonstrating a high level of attentiveness to patients. However, reliability, which measures the consistency and dependability of

Table 1: Extent of quality service delivery in ABU teaching hospitals (and other evaluated teaching Hospitals in North West Nigeria).

Statements The extent to which ….	Very High extent (4)	High Extent (3)	Low Extent (2)	Very Low Extent (1)	Mean	Std.
Assurance					**3.32**	**0.59**
Patients files are secured in the health information management department is	218(53.7%)	130(32.0%)	43(10.6%)	15(3.7%)	3.36	0.815
Request forms are protected by HIM is	208(51.2%)	149(36.6%)	36(8.8%)	14(3.4%)	3.35	0.783
Confidentiality of patient information are safeguarded in this hospitality is	219(53.8%)	130(31.9%)	32(7.9%)	26(6.4%)	3.33	0.874
Prescription forms are secured in this facility is	198(48.6%)	153(37.6%)	41(10.1%)	15(3.7%)	3.31	0.799
Patients always receive reliable information for their health information management from the right sources in this hospital is	181(44.5%)	165(40.5%)	40(9.8%)	21(5.2%)	3.24	0.832
Empathy					**3.31**	**0.61**
HIM always show care about communication materials (patients folders, request forms, and prescription form) when requested is	215(52.8%)	145(35.6%)	34(8.4%)	13(3.2%)	3.38	0.772
HIM give attention to patients in this facility is	200(49.2%)	158(38.8%)	33(8.1%)	16(3.9%	3.33	0.788
HIM personnel seek to understand the need of patients' who visit the hospital is	202(49.6%)	153(37.6%)	34(8.4%)	18(4.4%)	3.32	0.808
HIM always show concern about patients health challenges is	193(47.4%)	157(38.6%)	42(10.3%)	15(3.7%)	3.30	0.799
HIM in this hospital always understand patient anxiety is	177(43.6%)	158(38.8%)	57(14.0%)	16(3.6%)	3.22	0.822
Tangibles					**3.30**	**0.50**
Health information managers (HIM) are always available to give the patients care at all times is	214(52.6%)	163(40.0%)	21(5.2%)	09(2.2%)	3.43	0.694
Physical infrastructures are always available for the delivery of quality health information management services in this facility is	198(48.6%)	162(39.8%)	42(10.4%)	05(1.2%)	3.36	0.715
Communication materials such as patients folders, request forms, and prescription form are always available on request is	184(45.2%)	157(38.5%)	56(13.7%)	10(2.6%)	3.27	0.787
Appearance of HIM enables mutual interaction between health information managers and patients in this facility is	163(40.0%)	192(47.3%)	36(8.8%)	16(3.9%)	3.23	0.770
Equipment is available for the delivery of quality health information management in this hospital is	161(39.6%)	170(41.7%)	70(17.2%)	06(1.5%)	3.19	0.768
Responsiveness					**3.29**	**0.58**
Patients folders are retrieved by HIM without delay is	197(48.4%)	156(38.3%)	44(10.8%)	10(2.5%)	3.33	0.765
Request forms are retrieved by HIM without delay is	197(48.4%)	158(38.8%)	35(8.6%)	17(4.2%)	3.31	0.800
HIM in this hospital give patients the relevant information they need for their appointment booking	198(48.6%)	143(35.2%)	55(13.5%)	11(2.7%)	3.30	0.802
Prescription forms are retrieved by HIM without delay is	202(49.6%)	142(34.9%)	41(10.1%)	22(5.4%)	3.29	0.856
HIM in this hospital always render the required health information services needed by patients within the time frame is	156(38.3%)	195(47.9%)	42(10.4%)	14(3.4%)	3.21	0.762
Reliability					**3.26**	**0.56**
Patients health records are easily retrieved always for the primary use of patient care in this facility is	200(49.1%)	166(40.8%)	25(6.2%)	16(3.9%)	3.35	0.767
Patients folders are always retrieved for the primary use of patient care is	191(46.9%)	171(42.0%)	32(7.9%)	13(3.2%)	3.33	0.755
Patients prescription form are always retrieved for the primary use of patient care is	173(42.5%)	168(41.3%)	48(11.8%)	18(4.4%)	3.22	0.821
Patients request forms are easily retrieved always for the primary use of patient care in this facility is	161(39.6%)	194(47.7%)	30(7.3%)	22(5.4%)	3.21	0.801
Patients referrals management are always carried out with patients consents in this facility is	167(41.0%)	168(41.3%)	55(13.5%)	17(4.2%)	3.19	0.823

Quality service delivery (Average Weighted Mean = 3.30)
Source: Researcher's Field Survey, 2022
Decision Rule:1.0-1.49 = Very Low Extent; 1.50-2.49 =Low Extent; 2.50-3.49 = High Extent; 3.50-4.0= Very High Extent.

services, received a slightly lower score of 3.26, indicating an area that might require some improvement. Notably, among the four dimensions of quality service delivery, assurance had the highest score, while reliability had the lowest score in the context of Ahmadu Bello University Teaching Hospital in Zaria.

DISCUSSION

Research question one sought to find out the extent of quality service delivery in ABU teaching hospitals Zaria, was high. The findings revealed that HIM in the teaching hospitals in the study area scored high in quality service delivery. This finding also supports Charles (2014) who found that 41.1% of patients were seen immediately on arrival at hospital facility and did not spend any time waiting for the services, however, of those who were waiting for the services, 24.9% had awaiting time less than 15 minutes for health services which seemed to be reasonable waiting time. The likelihood of respondents coming back to same facility when sick was at 100% while the willingness of recommending another person to the facility was at 93% implying the population has confidence in service delivery standards provided by the public facilities. In congruence with this study, a research carried out by Obasohan and Ayodele (2014) on the perceived effect of telemedicine on medical service delivery by the Federal Medical Centres in North Central Nigeria, revealed that 1. All the nine Telemedicine services in Federal Medical Centres in North Central Nigeria are available to a high extent. 2. there is high degree of application of telemedicine in federal medical centres in north central Nigeria. 3. Telemedicine has effects on medical service delivery in federal medical centres in north central Nigeria. 4 It was also found that eight 5. Further analysis of data revealed that availability of telemedicine significantly affects medical service delivery in federal medical centres in north central Nigeria.

Similarly, corroborating this study, Nemati et al (2020) aimed to compare hospital service quality based on the HEALTHQUAL model and trusting nurses at university and non-university hospitals in Iran, and concluded that the mean values of real quality (perceptions) and ideal quality (expectations) were 3.89 ± 0.69 and 4.55 ± 0.47, respectively, also the gap between the real and ideal quality (-0.64) was also larger at non-university hospitals from the patients' viewpoints. As evidenced in this study, tangibles which implies the appearance of physical facilities, equipment, appearance of health information management workers, and communication materials such as patients' folders, request forms, and prescription form is more directly linked to job quality service delivery of HIM. Tangibles are important to health information management, as there should be good storage facilities put in place to facilitate easy access and retrieval of health records (Owolabi and Ojo, 2015). The findings of a research carried out by Kalaja, et al (2016) on the quality of services in the public regional hospital of Durres, in Albania, supporting this study, suggest that patients were satisfied in all service dimension. One explanation for this result is low expectations of patients due to the service they had encountered when hospitalized in previous years.

On the other hand, this finding contrasts Obotu (2019) whose study reported poor service delivery by the Federal Medical Centres in North Central Nigeria. The study further showed that fourteen (14) challenges are associated with the use of telemedicine in federal medical centres in north central Nigeria some of which are inadequate medical practitioner, inadequate patient record, insufficient medical records, difficulty in retrieving record, poor internet facilities and ethics and legal issues. Also, in contrast to this study, some other studies rated quality service delivery of health information managers' low due to factors such as inaccurate, poor and inadequate patients' health information management (Wissmann, 2015; Owolabi and Ojo, 2015). The finding also contrasts Ayilegbe (2020) who argued that quality service delivery by HIM has become a big concern for management in teaching hospitals due to reasons such as unconducive work environment, lack of good management policy on health records computerization, staff shortage, lack of system maintenance culture, inadequate computers and lack of management sponsorship for workshop. The study implicated the service delivery of HIM; that is, they performed below expectations.

Conclusion

This study scrutinized the Quality Service Delivery of Health Information Managers through the lens of Patients Attendance at Ahmadu Bello University Teaching Hospitals in Zaria, Kaduna, Nigeria. The research emerged as a success, accomplishing its predetermined aim and objectives. It became evident that to enhance the quality of service rendered by health information managers, it is imperative to confront and overcome the barriers that currently impede quality service delivery within the ABU teaching hospitals in Zaria. This recognition emphasizes the critical need for targeted interventions and reforms aimed at refining the overall quality of service provision in the healthcare context, ultimately benefiting both patients and the healthcare professionals involved.

Recommendation

In view of the finding of this study, the following recommendation are suggested for policy intervention and practice:

1. The extent of quality service delivery in ABU teaching hospital Zaria was high. Management of the teaching hospitals should make continual efforts to sustain key indicators of quality service delivery such as security of patients' files, protection of request forms, easy retrieval of patients' records and availability of physical infrastructures.

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