



(RESEARCH ARTICLE)



Influence of health information management practices on the quality of healthcare service delivery in OAUTHC Ile-Ife, Osun State Nigeria

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Abstract

Introduction: Medical records are crucial and vital in the continuity of patient care because physicians need them to attend to patients each day and it is impossible for them to recall the details of each separate case at the same time. This study is therefore necessitated by the need to have a change of orientation about health records management practice and the profession and to have better work productivity and improved quality of care. The study aims at assessing the influence of health information management practices on the quality of health information management service delivery in OAUTHC Ile-Ife, Osun State Nigeria.

Methods and Materials: A descriptive survey research design was conducted. Stratified random sampling technique was used to select 317 respondents for the study. The respondents include; Health information managers, Doctors, Nurses, Medical laboratory scientists and Pharmacists.

Results: Findings from the study show that majority of the respondents assented that the quality of health information management practice in this institution is satisfactory (28.43%) and very satisfactory (68.30%). Study also shows that the greatest HIM service quality the patients and other services seekers enjoyed in the hospital is service reliability with the average response rate of mean 2.69.

Conclusion: It is concluded from the study that health information management (HIM) practices have a great influence on the overall quality of healthcare services.

Keywords: Health Information Management Practice; Health Information Service Delivery; Quality of HealthCare

1. Introduction

Delivering of quality healthcare services to their citizens has been the main focus of most countries of the World through their public healthcare facilities. Nevertheless, people's views of the meaning of quality healthcare services differ. Judson and Harrison (2010) considered quality as the extent at which standard healthcare services are rendered or offered to the targeted clients (Alegbeleye, 2021). In the same vein the Institute of Medicine [IOM] (2001) considered quality as the degree at which healthcare services are delivered to individual clients and populations at large thereby increasing the likelihood at which the desired health outcomes are consistent with current professional knowledge. Similarly, Ovretveit (2009) painted quality healthcare service delivery as the provision of care that goes beyond patients' expectations and attains the highest conceivable clinical outcomes commensurate with the available resources. According to Faloudah, Qasim and Bahumayd (2015), quality health care service is one a suitable person receives at the appropriate time. In a different perspective, Ladhari (2009) grouped quality healthcare service delivery into intangibles,

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inseparable, and heterogeneous. However, this study's point of view of quality healthcare service delivery will be based on five (5) dimensions of quality identified by Cronin and Taylor (1992) cited in (Ikonne, 2021) which include; (1) tangibility, (2) responsiveness, (3) reliability, (4) assurance, and (5) empathy. Danso (2015) empirically studied records management practice at health facilities in the Upper Denkyira West District of Ghana showed that improper records management practices significantly affect responsiveness, effectiveness, and quality of health care service delivery.

Healthcare service delivery is revealed in terms of the appropriateness of illness diagnosis, accuracy of laboratory investigation, correctness of medication and follow-up treatment rendered to the patients. The place of an effective records management in the overall quality of healthcare services can never be overemphasized. According to Kemoni & Ngulube (2007) an effective records management is a significant factor in successful delivery of service in health care institutions. Hence, achieving quality service delivery necessitates that healthcare organizations develop, cheerlead and facilitate effective records management policies and practice (Adegboyega, 2019).

The quantity and quality of information at the reach of healthcare professionals in the course of patient care is impactful on the outcome and continuity of patient care (Attah, 2017). In achieving the main goal of every healthcare institution which is the provision of efficient and reliable services that facilitate healthy living and prolong patients' life, there is need for accurate and standard patients' records and health records practices (Adegboyega, 2019). The records of an organization hold her corporate/intellectual memory which substitute and complement human memory and serve as platform for effective planning and decision making (Sophia, Stein, Zwass, 1995; Jennex, Olfman, Panthawi & Tong-Tae, 1998; Baird & Cross, 2000). Zegers (2011) stated in his study that the primary aim of recording information in patient's medical records is to ensure the delivery of quality care, clinical decision making, communication among healthcare professionals and between professionals and patients and to facilitate continuity of care (Amin, 2020). Adebayo and Orimoleye (2019) asserted that health records management practices has strong connection with the quality healthcare service delivery in health organizations (Ikonne, 2021). In the same vein, Osundinan (2015) submitted that Information is the life blood of the health care delivery system. Asinor and Leung (2016) study captioned health records management practices in Ghana, the study revealed that managing health records well is essential to improving health service delivery in less developed countries such as Ghana.

Furthermore, Huffman (2001) emphasized that the whole idea "behind medical records is to provide better care to the patient through careful recording of every detail having to do with his/her case. It is an important primary tool in the practice of medicine as it contains information about who, what, why, where, when, and how of the patient care during clinic visits and hospitalization. He further added that the medical record is the major template for measuring the work being carried out by the healthcare professionals as it contains information on the progress of the patient care and recovery, and it is the source of information for many other secondary purposes. In the same vein, Adeleke (2014) opined that medical record is valuable to the patient because physicians attend to many patients a day and it is impossible for them to recall the details of each separate case at the same time. The patient of today may become ill in the future and get admitted to the same or another hospital with the same or another illness, and then may be examined by the same or a different physician (Garba, 2016).

According to Hussain (2013) and Edeki (2021) Health Information Management (HIM) is the practice of acquiring, analyzing, protecting and preserving digital and traditional medical information vital to providing standard/quality patients care. It is concerns with statutory and non-statutory functions such as health records classification, filing, security, confidentiality, staffing, and organization of sequence of activities that improve the protection of traditional paper-based and digital health/medical information necessary to providing quality healthcare services (Ate, 2004 & Mogli, 2009) in (Ikonne, 2021). Health records management practice include; creation, usage, documentation, retention, maintenance and disposal of patients records. Patients records created in an appropriate manner, documented, used, and maintained in an approved format and place facilitates proper records retention and promote the delivery of equitable, efficient, reliable and sustainable patients care and other related healthcare services throughout the continuum of healthcare deliveries across the different categories of healthcare facilities (Danso, 2015) cited in (Ikonne, 2021).

The group of people in charge of management and custodian of patients' records are health information management professionals. Health information management professionals work in diverse settings and job titles. They often serve in bridge roles, connecting together the clinical, operational, and administrative functions. These professionals enhance the quality of patient information and contribute to patient care at every touch point in the healthcare delivery cycle. Any organization that can boast of having skilled HIM professionals at its reach is at the advantage of having the right information at hand whenever and wherever it is needed while maintaining the highest standards of data integrity, privacy, confidentiality, and security. HIM professionals are highly trained and certified in the existing traditional paper based health records practice as well as the newly introduced information management technology applications and

have good understanding of the workflows of these systems in any healthcare provider organization right from large hospital systems to the private physician practice. Their existence is vital to the daily operations of health information management and electronic health records (Hussain, 2013).

The level of healthcare service delivery in major parts of developing countries especially African is relatively low and this is evident in the high preventable death rate recorded in most hospitals and this remains a source of worries for the citizens especially the poor or the average income earners who cannot afford the exorbitant medical bills for medical tours in abroad or healthcare services by private practices (Nwakeze & Kandala, 2011). The observed problems that prompted this study is related to healthcare providers such as nurses and doctors who are having it hard to render prompt and effective healthcare services to their clients as a result of ineffective records management system. Poor records management system usually contributes to long waiting time experienced by the patients in their bid to receive healthcare services. The healthcare professionals usually end up not rendering the expected standard of care because the history of previous treatments is not available in their medical files. Pyrene (2015) empirically investigated the management of medical records for healthcare service at the Victoria Public Hospital in the Eastern Cape Province: South Africa, the findings revealed that misfiling and missing patients' folders sometimes lead to the creation of new folders for patients and also the time spent in the retrieval of patient folders has negative effect on the timely delivery of healthcare services.

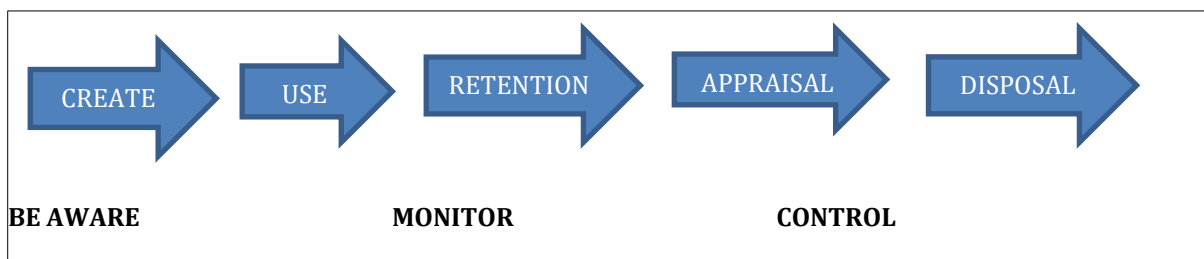
In traditional paper based records management systems, the health records management practitioners spent a lot of time looking for missed or misfiled patients' records, which is detrimental to the standard of healthcare delivery and the overall quality of care. Other attributes of paper-based records are loss of vital information; records get deteriorated with time, illegible handwriting e.t.c. There is a need for an effective record management programme to upgrade the records keeping system for easy and timely retrieval of information, and improved office efficiency and productivity (Robek, Brown & Stephens 1995) in (Marutha, 2012). In other to improve the quality of health records services and patients care, there is a need to change the existing system to an IT compliance system which has been established in many developed nations to have contributed to high standard of practice and quality of patients' care.

This study is necessitated by the need to have a change of orientation about health records management practice and the profession and to have better work productivity and improved quality of care. The outcome of this study will inform the appropriate policies to support the health information management profession and healthcare institution. The results will also directly point to the development and management of health records and their use in achieving maximum output and good service delivery.

2. Theoretical Review

The term "Records Life Cycle" describes the life of a record right from its creation to the point of final disposal. According to Ferguson (2015), the key components of records management are; Record creation, Record keeping and use, Record maintenance, Access and disclosure, Appraisal, Retention and Archiving and Disposal or archival preservation.

2.1. Record Lifecycle Management



It is imperative that records are closely monitored and managed throughout their lifecycle. Records creation, documentation, use, maintenance, retention, and disposal are fundamental practices in health records management so as to ensure that quality healthcare service delivery is rendered to patients. Effective and efficient records creation and documentation policy help health information management practitioners to determine records classification process, records numbering and filing system to be adopted for easy storage and retrieval of pertinent records for easy access by authorized persons at the right time and place (Amoah-Binfoh, Agyeman & Lakhawat, 2018). Proper records creation and documentation facilitates records use and maintenance for quality health care service delivery in every health facility and beyond. The next phases of records lifecycle in healthcare organizations are Records use and maintenance. These practices include usage, retrieving, filing, duplication, printing, conservation and preservation, dissemination,

release, or exchange of the information in accordance with the approved operating procedure. Appropriate records created, documented, used, and maintained in the right format and place facilitates records retention and promotes the delivery of equitable, efficient and reliable continuous health and related health care services throughout the continuum of health system levels across the different categories of health facilities (Danso, 2015). Retention periods of records are based on legal, regulatory, and operational requirements and specifications in line with best practices. In the event of non-existence of records retention schedule in an organization resulting effects can be detrimental as it could lead to poor quality health care service delivery and a high rate of morbidity and mortality (Alegbeleye & Chilaka, 2019). Records disposal is the final stage of the records life cycle. It is a stage whereby records are assessed to determine their retention value using a records disposal schedule (Njeru, 2018) (Ikonne, 2021).

According to Faloudah, Qasim and Bahumayd (2015), quality health care service is one that is rendered to the right person at the appropriate time. Ladhari (2009) grouped quality healthcare service delivery into intangibles, inseparable, and heterogeneous. However, this study's point of view of quality healthcare service delivery will be based on five (5) dimensions of quality identified by Cronin and Taylor (1992) cited in (Ikonne, 2021) which include; (1) tangibility, (2) responsiveness, (3) reliability, (4) assurance, and (5) empathy.

Tangibility is the availability and accessibility of physical facility with requisite infrastructure, serene and enabling work environment; adequate functioning equipment/tools, effective channel of communication; enthusiastic healthcare professionals and medical personnel of sound pedigree. Responsiveness is based on the willingness and readiness of healthcare providers to deliver equitable, worthwhile, effective, and timely healthcare services to the beneficiaries of the services without prejudice. Reliability is the abilities and competence of healthcare providers to render the needed healthcare services to patients in an accurate, consistent, evidence-based, and dependable manner (Alshammary, 2017). Furthermore, assurance is good public relation attribute portrayed by healthcare providers based on their skill and knowledge which often instill confidence and trust in the healthcare services beneficiaries. Finally, empathy has to do with employees' abilities to show compassion for patients, be attentive to their complaints and suggestions, and carrying them along in decision-making with respects to their health situational management. This empathy dimension is also centered on patients' interest and takes into accounts the preferences and aspirations of healthcare beneficiaries and the cultures of their communities (WHO, 2006) in (Ikonne, 2021).

Objectives of the study

The study aims at assessing the influence of health information management practices on the quality of health information management service delivery in OAUTHC Ile-Ife, Osun State Nigeria. The specific objectives are to:

- Assess the physiognomies of health records management practices in OAUTHC Ile-Ife, Osun State.
- Examine the quality of health information management services delivery in OAUTHC Ile-Ife, Osun State.
- Examine the challenges of health records management practice in OAUTHC Ile-Ife, Osun State.

Research Hypotheses

Two null hypotheses were formulated to guide this research study and would be tested at a 0.05 level of significance.

- Ho:1 Health records management practices do not significantly influence the quality of HIM service delivery in OAUTHC Ile-Ife, Osun State.
- Ho: 2 The challenges of health records management have no significant effect on the quality of health records management practice in OAUTHC Ile-Ife, Osun State.

3. Materials and methods

3.1. Research design

This study adopted a descriptive survey research design in which self-reported data were collected from sampled participants in order to describe the population based on the variables of interest in the study.

3.2. Study population

The population for this study comprised of healthcare professionals who are involved in routine patients care at OAUTHC Ile-Ife and Patients of the two selected outpatients' clinics. The aggregated population of healthcare professionals was 1798, included in these are Health Information Management Professionals (120), Nurses (892), Doctors (642), Pharmacists (50) and Medical Laboratory Scientists (94).

3.3. Sampling Technique and Sample Size

Stratified random sampling technique was adopted for the study because of the composition of the study participants. The strata (i.e the study participants) are heterogenous in nature and the composition of each stratum is homogenous in nature. Online sample size calculation software (www.surveysystem.com) was used to compute the sample size with the formula read thus.

$$SS = \frac{Z^2(P)(1 - P)}{C^2}$$

When Z = z- value (e.g 1.96 for 95% confidence level)

P= percentage picking a choice, expressed as decimal (.5 used for sample size needed).

C= Confidence interval expressed in decimal (0.05).

The sample categories of selected employee was determined by:

$$\text{Category sample size} = \frac{\text{category population} \times \text{total sample size}}{\text{Total population}}$$

The total sample size (n) = 317

The proportionate stratified sampling was however gotten as follows:

$$\text{Sample fraction} = \frac{n}{N}$$

$$\text{To pick 317 from 1798, Sample fraction} = \frac{317}{1798} = 0.1763$$

Table 1 Distribution of Study Population and Sample

Cadre	Total	Sample Population (%)
Nurses	892	0.1763 x 892 = 157
Health Information Managers	120	0.1763 x 120 = 21
Medical Laboratory Scientists	94	0.1763 x 94 = 17
Doctors	642	0.1763 x 642 = 113
Pharmacists	50	0.1763 x 50 = 9
Total	1798	317

Thus, a total of 317 questionnaires were distributed

3.4. Research Instrument

The instrument for data collection was a self-developed structured questionnaire. The questionnaire was divided into two sections with section A contain the demographic characteristics of the respondents and section B contains general information about variables of interest in the study and sub-divided into three parts: Part A contains information on the physiognomies of health records management practices in OAUTHC Ile-Ife; Part B contains information on the quality of health information management services delivery in OAUTHC Ile-Ife; part C contains information on the challenges of health records management practice in OAUTHC Ile-Ife.

3.5. Validity of the instrument

The research questionnaire was subjected to content and face validity by the supervisor to ensure that all ambiguities are removed. The supervisor confirmed the clarity of expression used, the appropriateness of language and the relevance of contents to the objective of the study.

3.6. Data collection procedure

The questionnaires were administered personally to the participants by the researcher and research assistant. The questionnaires were filled by the respondents and collected on the spot by the researcher in order to ensure high return rate. A total number of 311 questionnaires were administered to the selected healthcare professionals and patients in the hospital and ...questionnaires were retrieved back given a total response rate of....

3.7. Data analysis and management

Data were analyzed using the Statistical Package for Social Sciences (SPSS) version 16. The baseline characteristics of the respondents were analyzed in a spreadsheet using a simple proportion of respondents. Descriptive data including frequency, percentage and mean score was obtained. The inferential statistical data analysis using Chi-square statistic and regression analysis was carried out to establish relationships between Health records management practices and quality of health care service delivery; the relationships between the challenges of health records management and the quality of health records management practice, testing the significance of the contingency coefficient. All levels of significance were set at $p < 0.05$.

3.8. Ethics considerations

An informed consent was obtained from the healthcare practitioners who participated in the study. Strict anonymity was ensured.

Table 2 Socio-demographic Characteristics of the Respondents

S/n	Parameters	Frequency	Percentage	Chi-square
1.	Age-Group			Age-Group and Service quality $\alpha^2 = 11.905$ df = 6 p-value= 0.064
	25 and less	140	45.8	
	26-34	74	24.2	
	35-44	68	22.2	
	45 and more	24	7.8	
	Total	306	100.0	
2.	Sex Group			Sex-Group and Service quality $\alpha^2 = 4.136$ df = 2 p-value= 0.126
	Male	97	31.7	
	Female	209	68.3	
	Total	306	100.0	
3.	Marital Status			Marital status and Service quality $\alpha^2 = 12.977$ df = 6 p-value= 0.043
	Single	94	30.7	
	Married	199	65.0	
	Divorced	7	2.3	
	Widowed	6	2.0	
Total	306	100.0		
4.	Ethnicity			Ethnicity and Service quality $\alpha^2 = 2.022$ df = 4 p-value= 0.732
	Yoruba	247	80.7	
	Igbo	51	16.7	
	Hausa	8	2.6	
	Total	306	100.0	
5.	Highest Academic Qualification ND/PD	51	16.7	Academic qualification and service quality $\alpha^2 = 2.368$

	HND/BSc	108	35.3	df = 8 p-value= 0.968
	MBBS	103	33.7	
	MSc	35	11.4	
	PhD	9	2.9	
	Total	306	100.0	
6.	Designation			Designation and service quality $\alpha^2 = 2.728$ df = 8 p-value= 0.950
	HIM Professional	21	6.9	
	Medical Laboratory Scientist	17	5.6	
	Pharmacist	9	2.9	
	Nurse	151	49.3	
	Doctor	108	35.3	
	Total	306	100.0	
7.	Years of Work Experience			Years of experience and service quality $\alpha^2 = 4.750$ df = 8 p-value= 0.784
	10 and less	154	50.3	
	11-15	65	21.2	
	16-20	29	9.5	
	21-25	48	15.7	
	26 and more	10	3.3	
	Total	306	100.0	

Table 2 showed the socio-demographic characteristics of the respondents. It was revealed from the table that the majority of the respondents are 25 years and below with response rate of 45.8%. The majorities (68.3%) are female and the highest academic qualifications of the respondents are HND/BSc and MBBS with response rate of 35.3% and 33.7% respectively. The result also revealed that the majority (65.0%) of the respondent are married and predominately (80.7%) Yoruba by tribe. It was also revealed that the respondents are predominately Nurses and Doctors with response rate 49.3% and 35.3% respectively. Finally, the majorities have below 10 years and between 11-15 years' work experience with response rates of (50.3 and 21.2%) respectively. The chi-square test result ($p\text{-value } 0.043 < 0.05 \text{ S. L}$) revealed that only respondents' marital status has significant relationship with service quality, other socio-demographic characteristics do not significantly relate to the service quality of HIM professionals.

3.9. Analysis of research questions

Figure 1 showed the quality of health information management practice in OAUTHC Ile-Ife. It was revealed from the study that the majorities of the respondents assented to the fact that the quality of health information management practice in this institution is satisfactory and very satisfactory with response rates of 28.43% and 68.30% respectively.

Figure 2 revealed the health information management practices parameters. The table showed that health information professionals demonstrated the highest quality of practice in records usage with average response rate of (mean 2.65). The other practices in order of quality are records documentation process (mean 2.64), records creation technique (mean 2.64), records maintenance technique (mean 2.58), records retention technique (mean 2.55) and disposal technique being the least of the practices quality with average response rate of (mean 2.48).

Figure 3 showed the overall healthcare service quality of HIM Practitioners in OAUTHC Ile-Ife. As revealed in the table, the patients and other services seekers enjoyed both good and fair quality of health information management services in the hospital with the percentage response rates of 66.01% and 25.16% respectively.

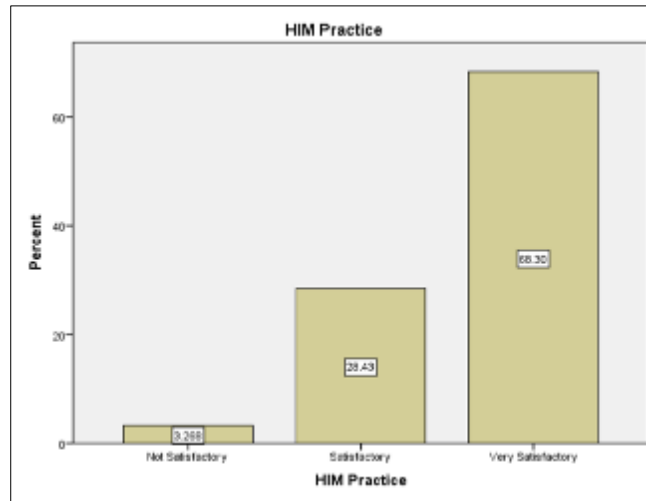


Figure 1 Quality of HIM Practice

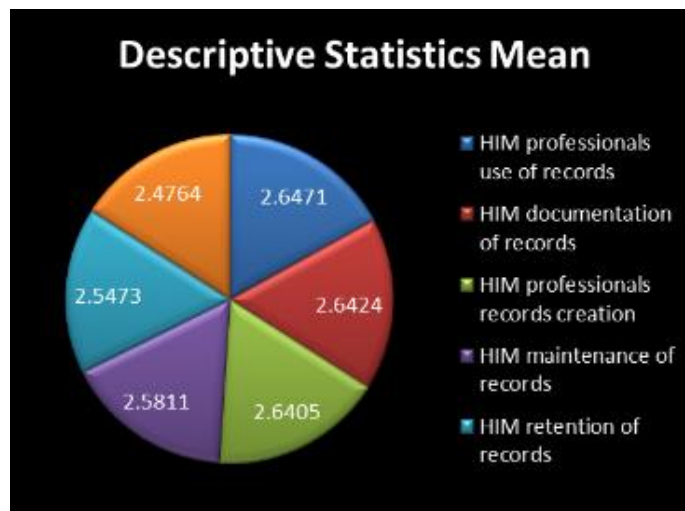


Figure 2 HIM Practice Parameters

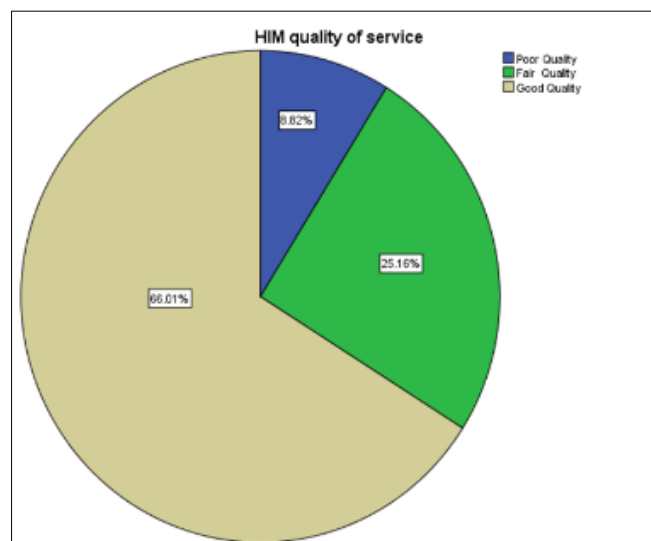


Figure 3 Quality of HIM Service

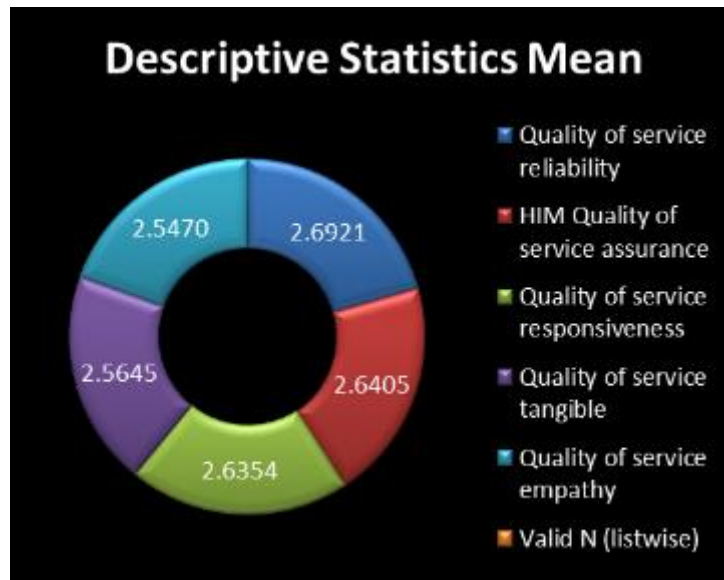


Figure 4 Quality of HIM Service Parameters

Figure 4 revealed the HIM services quality parameters the patients enjoyed at OAUTHC Ile-Ife. As shown in the table, the greatest HIM service quality the patients and other services seekers enjoyed in the hospital is service reliability with the average response rate of (mean 2.69). This implies that there is consistency, dependability and trustworthiness in the services offered by health information management practitioners. Other services enjoyed by the patients in magnitude of the services qualities are; the service assurance (mean 2.64), i.e the patients are assured of good quality services; service responsiveness (mean 2.63) i.e the patients enjoyed prompt service response from HIM practitioners; the service tangibles (mean 2.56) this implies the physical, noticeable and real services patients enjoyed in the hospital, and the service empathy (mean 2.55), i.e the sympathy and understanding shown patients by HIM professionals, and this is the least of all the quality of services enjoyed by the patients.

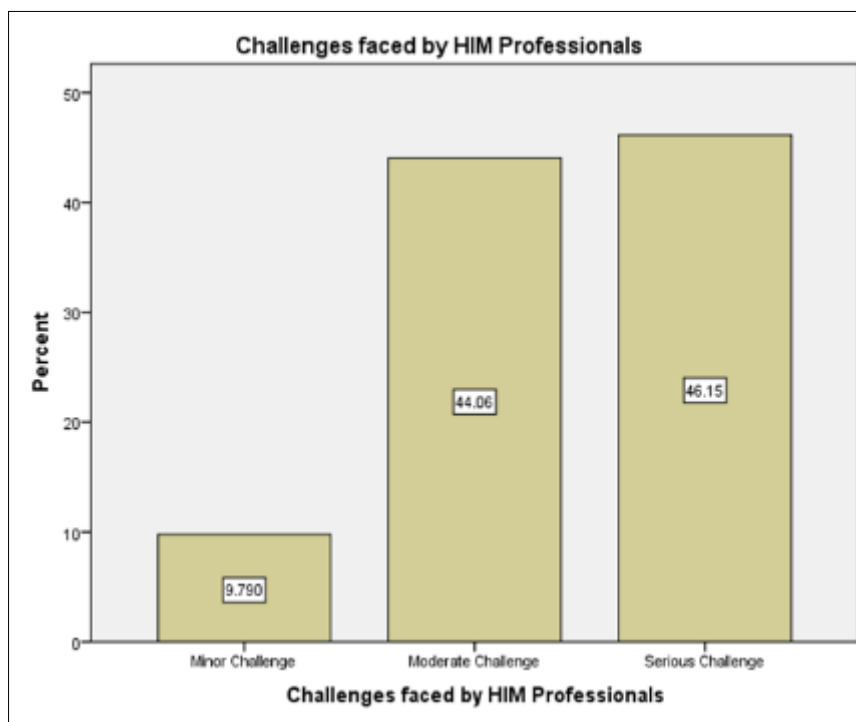


Figure 5 Gravity of Challenges facing HIM Practitioners

Figure 5 showed the gravity of the challenges faced by health information management practitioners in OAUTHC Ile-Ife. The figure revealed that health information management practitioners are faced with serious challenges with the percentage response rates of (46.15%).

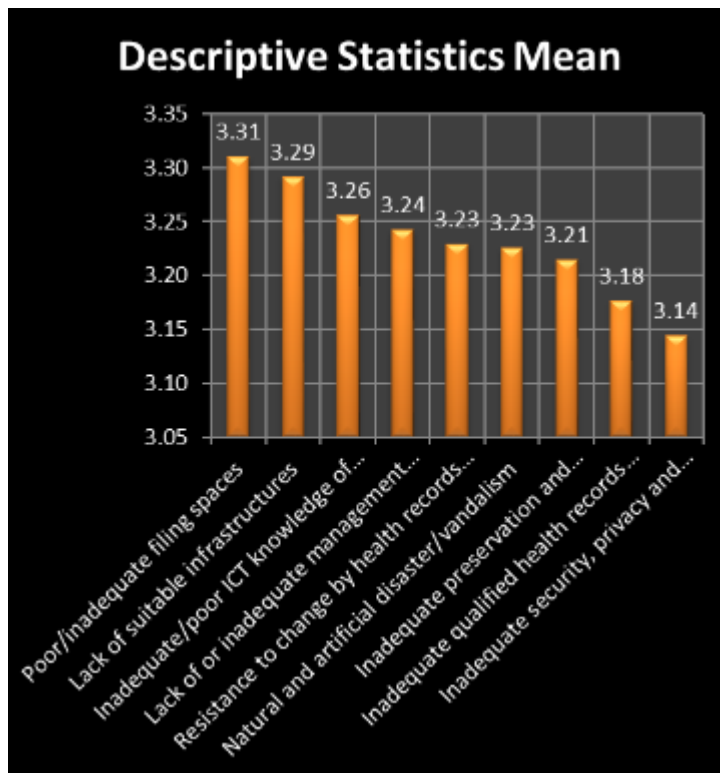


Figure 6 Parameters of the Challenges facing HIM Practitioners

Figure 6 revealed the parameters of challenges faced by HIM practitioners in OAUTHC Ile-Ife. As shown in the figure, the biggest of all the challenges is inadequate filing spaces of patients records with average response rate of (mean 3.31). Other challenges in order of magnitude are; Lack of suitable infrastructures (mean 3.29), Inadequate/poor ICT knowledge of HIM Practitioners (mean 3.26), Lack of or inadequate management support (mean 3.24), Resistance to change by health records personnel (mean 3.23), Natural and artificial disaster/vandalism (3.23), inadequate preservation and conservation of patients' records (mean 3.21) inadequate qualified health records professionals (mean 3.18) and Inadequate security, privacy and confidentiality of patients records which encourage unauthorized access with average response rates of (mean 3.14) which happens to be the least of all the challenges.

4. Result of the Test of Hypotheses

4.1. Hypothesis One: Health records management practices do not significantly influence the quality of HIM service delivery in OAUTHC, Ile-Ife

Table 3 Health records management practices do not significantly influence the quality of HIM service delivery

Model	Unstandardized Coefficients		Standardized Coefficients Beta	t	sig.
	B	Std. Error			
Constant	1.057	0.164		6.462	0.000
Constant Health Information Management Practice in OAUTHC	0.571	0.060	0.476	9.446	0.000
Dependent Variable: HIM Service Quality					

R=0.476, R²=0.227, Adjusted R²= 0.224, F=89.231, P < 0.05

Table 3 revealed the effect the Health records management practices has on the quality of healthcare service delivery. The result indicates that Health records management practices has significant effect on the quality of healthcare service delivery ($F=89.231$, $P < 0.05$). Moreover, the result shows that an additional increase in the quality of Health records management practices will lead to 0.476 unit of increasing effect on the quality of healthcare service delivery ($B=0.571$, $P < 0.05$). The value $R=0.794$ for the model produced by the regression analysis indicates a positive **effect**. The model reveals that the Health records management practices has increasing effect of 22.4% to the variation in the quality of healthcare service delivery (Adjusted $R^2= 0.224$).

4.2. Hypothesis Two: The challenges of health records management have no significant effect on the quality of HIM service delivery.

Table 4 The challenges of health records management have no significant effect on the quality of HIM service delivery

Model	Unstandardized Coefficients		Standardized Coefficients Beta	t	sig.
	B	Std. Error			
Constant	2.172	0.0118		18.345	0.000
Challenges of HIM Practice	0.207	0.048	0.246	4.285	0.000
Dependent Variable: Health Information Management Service Quality					

$R=0.246$, $R^2=0.061$, Adjusted $R^2= 0.057$, $F=18.357$, $P < 0.05$

Table 4 revealed the effect the challenges of health records management has on the quality of HIM Service delivery. The result indicates that the challenges of health records management has significant effect on the quality of HIM service delivery ($F=18.357$, $P < 0.05$). Moreover, the result shows that an additional increase in the challenges of health records management will lead to 0.246 unit of increasing effect on the quality of HIM service delivery ($B=0.207$, $P < 0.05$). The value $R=0.246$ for the model produced by the regression analysis indicates a positive **effect**. The model reveals that increase in the challenges of health records management has increasing effect of 5.7% to the variation in the quality of health records management practice (Adjusted $R^2= 0.057$).

5. Discussion of findings

The finding of this study revealed that the study participants can be considered to be learned with good academic qualifications as the majority holds HND/BSc and MBBS certificate and are predominantly Nurses and Doctors by profession. They can also be adjudged to be responsible considering the percentage of the married among them. This study however revealed that aside the marital status which has significant relationship with the service quality of healthcare professionals, other socio-demographic characteristics are insignificant to their service quality.

Our study revealed that the quality of health information management practice in OAUTHC is satisfactory and very satisfactory. This finding is in agreement with (Aragon & Gesell, 2015; Ferris et al., 1992; Ojo & Owolabi, 2017) who opined that although achieving a holistic health service delivery is the responsibility of all who contribute to caring for patients. It must be emphasized that the health information management staff of the hospital has more roles to play in ensuring adequate health information system. In the same vein (Attah; Opele; Surydana, 2017) stated that a good health information system can enhance quality care for patients through accurate and timely retrieval of patient health records. It also guarantees confidentiality, authenticity and adequate security of patients' health information. Our study also revealed that HIM professionals demonstrated the highest quality of practice in records usage. The other aspects of HIM practice in magnitude of quality are; documentation process, records creation technique, records maintenance technique, records retention technique and records disposal technique. This aspect of the findings is in tandem with Danso (2015) who stated that Health records management practice include; creation, usage, documentation, retention, maintenance and disposal of patients records. Proper record created, documented, used, and well maintained in the right format and place aids records retention and enhances the delivery of equitable, efficient and reliable continuous health and related health care services throughout the continuum of health system levels across the different categories of health facilities.

In addition, our study found that the patients and other services seekers enjoyed the combination of good and fair quality of health information management services in the hospital. This aspect of the findings is in pact with Judson and

Harrison (2010) who averred quality as the degree of excellence of health care services delivered or offered to the targeted audience (Alegbeleye, 2021). In the same vein The Institute of Medicine [IOM] (2001) explicated that quality is the degree to which health care services delivered to individual and populations increases the livelihood of desired health outcomes and are consistent with current professional knowledge. Similarly, Ovretveit (2009) portrayed quality health care service delivery as the provision of care that exceeds patients' expectations and achieves the highest possible clinical outcomes with the available resources. Kemoni & Ngulube (2007) however opine that effective records management is a key factor in the delivery of service in health institutions. Thus, achieving service delivery requires that health organizations develop, promote and implement effective records management philosophy and ideology. Furthermore, this aspect of our findings revealed that the greatest service quality the patients enjoyed in the hospital is service reliability. According to Alshammary (2017) Reliability has to do with health care providers' abilities and competencies to render the needed health care services to patients in an accurate, consistent, evidence-based, and dependable manner. Other services the patients enjoyed in magnitude of the qualities are; the service assurance, the service responsiveness, the service tangibles and the service empathy which is the least of all the quality of services enjoyed by the patients.

Finally, our study revealed that HIM professionals are faced with serious challenges, the biggest of which is inadequate filing spaces for patients' records. Other challenges in order of magnitude are; Lack of suitable infrastructures, poor ICT knowledge of HIM Practitioners, Lack of or inadequate management support, Resistance to change by health records personnel, Natural and artificial disaster/vandalism, inadequate preservation and conservation of patients' records, inadequate qualified health records professionals and Inadequate security, privacy and confidentiality of patients records which encourage unauthorized access and which happens to be the least of all the identified challenges. In agreement to this study, Wong and Bradley (2009) reveal that one of the major challenges affecting the management of health records is poor records management by people who are saddled with the responsibility in various health institutions. He further stated that an efficient medical records management is often lacking in most of the developing world characterized by lack of requisite infrastructure. Similarly, Gunnlaugsdottir (2008) documents that lack of management support, and resistance to change contribute to poor records management in various health facilities in developing countries. In the same vein Nicholson (1996) revealed that the safety and security of medical records is a challenge to personnel in charge of records in various health facilities. Inadequate security in the management of medical records may expose the patients' records to several dangers including unauthorized access. Finally, with specific focus on Nigeria, Yaya, Asunmo, Abolarinwa & Onyenekwe (2015) highlighted that preservation and conservation of hospital documents and records has posed a serious problem.

6. Conclusion

It is concluded from the study that health information management (HIM) practices have a great influence on the overall quality of healthcare services. This was evident in the result of the test of hypothesis which shows a significant relationship between health information management practice and the quality of healthcare services. The implication of this is that the improvement in the quality of HIM practice will contribute greatly to the improvement in the quality of healthcare delivery. However, to experience an improved HIM practice, there is need to have the knowledge of some of the challenges limiting the practice as shown in the findings of this study and proffer necessary measures to tackle and resolve these challenges. Since it was also revealed in the findings that challenges have serious effect on HIM practices, overcoming these challenges will be the way forward to improve the quality of HIM practice.

Recommendation

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

- The hospital management should provide Necessary Avenue for training and re-training of HIM practitioners.
- HIM Practitioners should avail themselves of the continuing professional development programs so as to be equipped with the new trends in the practicing of the profession.
- The hospital management should provide adequate and befitting infrastructures for the effective health information management services.
- Considering the current trends in healthcare services, HIM professionals should equip themselves with necessary ICT knowledge so as to remain relevant and to avoid being surplus for requirement.
- Hospital management should provide better support for HIM services so as to improve their productivity.
- Better security measure should be put in place to prevent unauthorized access to patient's information.
- Enough funds should be made available for better records preservation and other necessary activities.

Compliance with ethical standards

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Disclosure of conflict of interest

The authors wish to state categorically that there is no competing interest in this study.

Statement of informed consent

Informed consent was obtained from all the students who participated in the study.

Authors' Contributions

OSA conceived of the study, initiated its design, participated in data collection, data analysis and coordination and drafted the manuscript. AIK participated in the coordination and reviewed the manuscript. ATO participated in the design, coordination and reviewed the final manuscript. AW participated in the design, coordination and reviewed the manuscript.

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