PERCEPTION OF PATIENTS ON QUALITY SERVICE DELIVERY: ROLE OF HEALTH INFORMATION PROFESSIONALS IN UNIVERSITY OF ABUJA TEACHING HOSPITAL, ABUJA NIGERIA

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ABSTRACT

This study investigated the Perception of Patients on Quality Service Delivery: Role of Health Information Professionals in University of Abuja Teaching Hospitals, Abuja, Nigeria. Survey research design was used for the study. The population comprised 81,361 patients and 251 health information professionals in the four university teaching hospitals in North-central, Nigeria. The sample size of 399 patients and 154 health information professionals were determined using Taro Yamane's formula. The study used convenience sampling method to select respondents. Structured and validated questionnaires were used to collect data. A return rate of 88% was achieved respectively for the patients. Data were analyzed using descriptive statistics. Findings showed that patients generally agreed that there was quality service delivery of health information professionals in university teaching hospitals in Abuja, Nigeria (\bar{x} =3.16). This analysis shows that the perception of patients towards quality service delivery of health information professionals in the study area was strongest in respect of assurance (\bar{x} =3.25), followed by tangibility (\bar{x} =3.20), responsiveness (\bar{x} =3.17), reliability (\bar{x} =3.13). The study concluded that perception of quality service delivery of health information professionals in Abuja, was high. The study recommended that the hospital management should provide spacious libraries to accommodate patients' folders and review the motivational factors in favor of health information professionals.

Keywords: Patients, Quality Service Delivery, Health Information Professionals, University Teaching Hospitals

Introduction

Service delivery either by standard, efficient or quality are best expressed by different users in their level of understanding with the consequence of making a final judgment from a subjective point of view, which also depends on their needs and interest at a specific period. Service delivery can be defined as the extent to which an organisation realizes its goals or objectives (Cao, 2018). In the same vein, Adelegan (2003) posits that delivery refers to the capacity to provide or accomplish the correct end, it emphasises the efforts to secure the relevant outcome. It has been argued by some scholars that service delivery in the public service can be measured using administrative/management, policy and service criteria (Hojat et al., 2011). Service delivery relates directly to organisational goals and objectives or ends (Amberkar, & Nandit, 2012; Prasad Dhungana et al., 2014).

In the teaching hospitals, health care services are delivered to customers who are in need of medical attention. Health care service delivery could be regarded as multi-dimensional activities in that it embraces components, processes and policies that are not limited to curative, preventive, health promotion, rehabilitative and therapeutic. Ejumudo (2013) states that health care services would include all services dealing with diagnosis and treatment of disease. It would also involve the promotion, maintenance and restoration of health. According to Atulomah (2019), health care service delivery includes clinical services, laboratory services, health education, promotion and training of health professionals to improve effectiveness and efficiency of services that are rendered to the people. Therefore, for a health care service delivery to be effective, it would require bringing about acceptable level of all programmesinto the system which brings about quality health care delivery.

In determining what also constitutes quality health care delivery, Wanjau, Muirui and Ayodo (2012) opine that quality health care service delivery has a significant relationship with how the customer (patient) feels about the care being received. It also plays a huge part in determining the retention and loyalty. This is because quality can be assessed from the perspective of the clients, service providers. Therefore, quality health care service delivery according to Juran and Godfrey (2000) involves those features of products and services which meet patients' needs and satisfaction. Institute of Medicine (IOM) in U. S. National Library of Medicine (2017) states that quality health care service delivery refers to the degree to which health care services that are delivered to individuals and population increase the likelihood of their desired health outcomes and are consistent with current professional knowledge. World Health Organisation [WHO] (2015) defines quality health care service delivery in relation to the extent to which health care services that are delivered to patients and individuals improve their desired health outcomes.

According to Izadi, Jahani, Fafiei, Maosud and Vali (2017), quality health care service delivery influences patients' satisfaction, faithfulness and perceived values. This is the basis on which Al-Damen (2017) adds that the impact of quality of health care services on overall patients' satisfaction is statistically significant. When quality health care service in an organisation is well harnessed, it will reduce some errors, limits morbidity and mortality rates, reduce patients' waiting time and many other things. This will lead to the satisfaction of patients and when patients are satisfied with the quality of the care delivery they received, their behavioural intentions and continuous patronage of the services will be influenced positively.

The concept of quality of health care service delivery as seen by Agyapong, Afi and Kwateng (2018) is the customers' perception and judgment as per the complete package of health care delivery received that meets and surpasses their stated and implied needs. So, quality health service stems from the fact that those receiving the services are satisfied with whatever they are getting and therefore, it is very crucial. Any services rendered to people at the right time, according to Faloudah, Qaism and Bahumayd (2015) is considered as quality health care services. Quality service delivery for Al-Damen (2017) involves the application of medical science and technology in such a way that it will maximise its benefits to health without corresponding risks. Based on this, WHO (2016) in Isaruk (2021) avowed that quality of health care service delivery "depends on the physical infrastructure, human resources, knowledge, skills, and capacity to deal with both preventable diseases, normal pregnancies and complications that require prompt life-saving interventions".

Quality health service delivery is essential to curtail the number of people who suffer from poorly treated diseases that result in increased morbidity and mortality rates. Quality care delivery in healthcare facilities largely depend on organisational treatment factors and procedures such as level of care providers' training, nature of the physician-patient relationship, treatment procedures, diagnostic procedures, and facility needs, such as laboratory equipment, number of beds, and types of diagnostic machines (Olapojoye, 2017). The scholar further stated that most challenges that hamper the delivery of quality care services in health facilities, most especially in tertiary healthcare hospitals include inadequate facilities, lack of quality laboratory equipment, poor doctor-patient relationship including the provision of patient's case files by the health information department.

The Health Information Department is always the first point of contact for patients who want to create new case files or retrieve previous case files. They are the ones saddled with the responsibility of handling every medical record service of patients that need medical attentions. Without patients' registration, there will be no case file and consequently, patients will not be attended to by the medical professionals like doctors and nurses. This then signifies that health information professionals play a very important and significant role in health service delivery of any hospital. However, in spite of the fact that their function is very crucial, it has been discovered that services rendered by the health information department is below the expectation of the public. In their studies regarding the quality health service delivery of health information professionals, Awofeso (2018) cited Ajisebute (2016), Bamigbade (2014) and Ejumudo, (2013) who found out that the bigger problem of the health information practitioners stems from issues such as unavailable or inaccurate patients' records, lost, mutilated and misplaced or missing case files. In addition, patients que up for hours at the health information management department before getting to register which results in serious delays

in the delivery of health care. Other scholars such as Omisore and Agbabiaka (2016) have also identified high patient waiting time as one of the factors affecting quality health care services. In addition to these, Peter, Ibraheem, Faruk, Adebayo, and Omole (2020) noted the problem of influx of non-professionals in the health information management department. This could be what contributes to the poor quality service delivery by the health information professionals.

Quality health service delivery is important for any hospital in that hospitals are service industries. Service delivery may be best measured by the receiving end, that is, the patients. The quality of services rendered could boost or mar the image of any hospital. If the services provided are not satisfactory, it may lead to the loss of customers. Therefore, health information professionals have a huge role to play in providing quality health care services. Hence, the inclusion health care service delivery can improve patient's outcome. On this note, this study aims at investigating the Perception of Patients on Quality Service Delivery: Role of Health Information Professionals in University of Abuja Teaching Hospitals, Abuja, Nigeria.

Statement of the Problem

Quality health care service delivery in teaching hospitals by the health care professionals is very important. In Nigeria, it has been observed that quality service delivery of the health information practitioners is poor. Studies have also revealed that services rendered by the health information department are below the expectations of the public. For instance, Omisore and Agbabiaka (2016), Ajisebute (2016), Bamigbade (2014) and Ejumudo (2013) found out from their various studies that the problems of the health information professionals stem from issues such as unavailable or inaccurate patients' records; mutilating, misplacing and missing of some patients' case files. In addition, patients queue up for hours at the health information management department before getting to register which results in serious delays in the delivery of health care. In view of this, the goal of this study is to investigate the Perception of Patients on Quality Service Delivery: Role of Health Information Professionals in University of Abuja Teaching Hospitals, Abuja, Nigeria.

Objective of the Study

The main objective of the study is to investigate the Perception of Patients on Quality Service Delivery: Role of Health Information Professionals in University Teaching Hospitals in Abuja, Nigeria. The specific objectives is to:

1- examine the perception of patients about quality service delivery of health information professionals in University of Abuja Teaching Hospitals, Abuja, Nigeria.

Methodology

The survey research design was adopted in this study. The Population of this study was 42163. The sample size was determined using Taro Yamane (1967) formula. 399 patients participated in the study.

Taro Yamane formula for determining sample size is given as follows:

Sample size "n" =
$$\frac{N}{1 + N(e)^2}$$

N = the population size

 $e = Error \ margin$

Calculation of the sample size using Taro Yamane (1967) formula: Proportionate sample size of patients was 207.

S/N	Name of Hospital	Out-patients		In-patients		Total population	Sample proportion	Sample size
	University of Abuja	June	17479	June	1105	42163	$\frac{42163}{81316}$ X $\frac{100}{1}$	$\frac{52}{100}$ X $\frac{398}{1}$
1	Teaching Hospital	July	14552	July	901		= 51.8 ≈52%	=206.9 ≈ 207
		August	8013	August	113			~207

The instruments that were used for the collection of data for this study was self-structured questionnaire. Data generated for the study were analyzed with descriptive statistics such as percentage distribution, mean and standard deviation. All of these were achieved through the use of Statistical Package for the Social Sciences (SPSS) version 25.0 developed by IBM.

Data Analysis, Results and Discussion of Findings

The structure of this section is as follows: analysis of participants, presentation and analysis of research question. Presentation of Research Question

Research Question One: What is the perception of patients towards quality service delivery of health information professionals in university teaching hospitals in Abuja, Nigeria?

Table 1 presents Patients' Perceived Quality of Service Delivery of Health Information Professionals

Variables	SA (4) Freq.	A (3)	D (2)	SD (1) Freq.	Mean x	Standard Deviation
	(%)	Freq.	Freq.	(%)		(SD)
		(%)	(%)			
Assurance (Mean = 3.25 , SD = 0.61)						
My health record is secured in the custody of health	149	175	25	1	3.35	0.62
information professionals in this hospital.	(42.6)	(50)	(7.1)	(0.3)		
I feel safe interacting with health information	126	199	22	3	3.28	0.62
professionals in this hospital.	(36)	(56.9)	(6.3)	(0.9)		
Health information professionals in this hospital are	113	220	14	3	3.27	0.57
knowledgeable enough to attend to my information	(32.3)	(62.9)	(4.0)	(0.9)		
needs.						
Health information professionals show me courtesy	90	213	44	3	3.11	0.64
consistently during service delivery in this hospital.	(25.7)	(60.9)	(12.6)	(0.9)		
Tangibility (Mean = 3.20 , SD = 0.66)						
Health information professionals are well dressed and	144	189	16	1	3.36	0.58
always appear neat and composed.	(41.1)	(54)	(4.6)	(0.3)		
Physical infrastructure are always available for the	125	197	23	5	3.26	0.64
delivery of quality health care services in this hospital.	(35.7)	(56.3)	(6.6)	(1.4)		
Health care providers are adequately available to give	109	197	33	11	3.15	0.71
the needed care to patients at all times in this hospital.	(31.1)	(56.3)	(9.4)	(3.1)		
Health information management department of this	98	203	41	8	3.12	0.69
hospital is visually attractive.	(28)	(58)	(11.7)	(2.3)		
There are adequate communication tools that always	89	217	37	7	3.11	0.66
facilitate mutual interaction between health care	(25.4)	(62)	(10.6)	(2.0)		
providers and patients in this hospital.						
Responsiveness (Mean = 3.17 , SD = 0.63)						
In this hospital, patients' records are promptly retrieved	109	211	28	2	3.22	0.61
of health information professionals.	(31.1)	(60.3)	(8.0)	(0.6)		
Health information managers in this hospital always	100	224	24	2	3.21	0.58
provide simple, clear and precise information about	(28.6)	(64)	(6.9)	(0.6)		
patients appointment.						

TT 1/1 ' C	115	107	20		2.10	0.60
Health information professionals in this hospital provide	115	197	29	9	3.19	0.69
acceptable services to patients in spite of their cultural	(32.9)	(56.3)	(8.3)	(2.6)		
differences.	95	222	30	3	3.17	0.60
Health information professionals in this hospital always					3.17	0.60
provide information needs of patients at the right time.	(27.1)	(63.4)	(8.6)	(0.9)	2.17	0.61
Health information professionals in this hospital provide	99	216	29	6	3.17	0.64
equitable care services to patients irrespective of	(28.3)	(61.7)	(8.3)	(1.7)		
patients' social status.	0.0	210	25	_	2.12	0.51
Health information professionals in this hospital provide	90	218	37	5	3.12	0.64
patients' centered care based on their individual needs.	(25.7)	(62.3)	(10.6)	(1.4)		
Health information professionals in this hospital give	88	213	44	5	3.10	0.65
efficient care services to patients by ensuring that	(25.1)	(60.9)	(12.6)	(1.4)		
patients' resources are not wasted.						
Reliability (Mean = 3.13 , SD = 0.64)						
Patients' referral management is always carried out with	114	214	21	1	3.26	0.58
patients consent in this hospital.	(32.6)	(61.1)	(6.0)	(0.3)		
Patients' health records are easily retrieved always for	101	217	29	3	3.19	0.61
the primary purpose of patient care in this hospital.	(28.9)	(62)	(8.3)	(0.9)		
Health information professionals in this hospital show	101	209	38	2	3.17	0.63
keen interest in attending to me.	(28.9)	(59.7)	(10.9)	(0.6)		
Health information professionals in this hospital provide	79	223	43	5	3.07	0.63
services with skills and resources to meet patients need	(22.6)	(63.7)	(12.3)	(1.4)		
(accessible care).						
Health information professionals in this hospital provide	92	191	62	5	3.06	0.70
satisfactory services to me at all times.	(26.3)	(54.6)	(17.7)	(1.4)		
Health information professionals in this hospital are	81	205	57	7	3.03	0.69
always prompt in rectifying errors.	(23.1)	(58.6)	(16.3)	(2.0)		
Empathy (Mean = 3.08 , SD = 0.67)						
In this hospital, health information professionals always	106	206	35	3	3.19	0.64
show concern about patients' health challenges.	(30.3)	(58.9)	(10)	(0.9)		
Health information professionals often pay due attention	87	211	46	6	3.08	0.67
to patients in this hospital.	(24.9)	(60.3)	(13.1)	(1.7)		
Health information professionals always provide safe	87	210	44	9	3.07	0.69
care to patients by avoiding utterances that could cause	(24.9)	(60)	(12.6)	(2.6)		
harm to patients.						
I am always impressed by the power of creative	95	190	58	7	3.07	0.72
imagination of health information managers in this	(27.1)	(54.3)	(16.6)	(2.0)		
hospital.	, ,	, ,		' '		
In this hospital, health information professionals often	73	209	65	3	3.01	0.66
understand patients' anxiety.	(20.9)	(59.7)	(18.6)	(0.9)		
Average Overall Mean	3.16	0.64				

KEY: SA=Strongly Agree, A=Agree, D=Disagree, SD=Strongly Disagree***Decision Rule if: mean is 1 to 1.74 = Strongly Disagree; 1.75 to 2.49 = Disagree; 2.50 to 3.24 = Agree; 3.25 to 4= Strongly Agree

Source: Field Survey 2022; Freq. = Frequency

Table 1 depicts that patients generally agreed that there was quality service delivery of health information professionals in university teaching hospitals in Abuja, Nigeria (\bar{x} =3.16). This analysis shows that the perception of patients towards quality service delivery of health information professionals in the study area was strongest in respect of assurance (\bar{x} =3.25), followed by tangibility (\bar{x} =3.20), responsiveness (\bar{x} =3.17), reliability (\bar{x} =3.13); while the least was empathy (\bar{x} =3.08). This analysis implies that from the general standpoint, patients perceived that there was quality service delivery of health information professionals in university teaching hospitals in North-central, Nigeria. They had strongest perception of the quality of service delivery of health information professionals in terms of assurance, followed by tangibility, responsiveness, reliability; while the least was empathy.

Patients strongly agreed that there was assurance of quality service delivery of health information professionals (\bar{x} =3.25). This indicator shows that patients strongly agreed that their health record was secured in the custody of health information professionals in these hospitals (\bar{x} =3.35), patients felt safe interacting with health information professionals in these hospitals (\bar{x} =3.28) and that health information professionals in these hospitals were knowledgeable enough to attend to their information needs (\bar{x} =3.27).

Patients also agreed that there was tangibility of quality service delivery of health information professionals (\overline{x} =3.20). To buttress this point, patients strongly agreed that health information professionals were well dressed and always appeared neat and composed (\overline{x} =3.36) and that physical infrastructure were always available for the delivery of quality health care services in these hospitals (\overline{x} =3.26). In addition, patients agreed that there was responsiveness in terms of quality service delivery of health information professionals (\overline{x} =3.17). Patients agreed that records were promptly retrieved of health information professionals (\overline{x} =3.22), health information managers in the hospitals always provided simple, clear and precise information about patients' appointment (\overline{x} =3.21) and that health information professionals gave efficient care services to patients by ensuring that patients' resources were not wasted (\overline{x} =3.10)

Furthermore, patients agreed that there was reliability of quality service delivery of health information professionals (\bar{x} =3.13). They strongly agreed that patients' referral management was always carried out with patients' consent in the hospitals (\bar{x} =3.26) and they agreed that health information professionals in the hospitals were always prompt in rectifying errors (\bar{x} =3.03). Finally, patients agreed that there was empathy in the delivery of quality service of health information professionals (\bar{x} =3.08). They noted this by agreeing that health information professionals always showed concern about patients' health challenges (\bar{x} =3.19) and that health information professionals often understood patients' anxiety (\bar{x} =3.01).

Discussion of Finding

This section of the research work presents the discussions of the findings of this study in light of existent literature reviewed. The study investigated the perception of patients about quality service delivery of health information professionals in university teaching hospitals in Abuja, Nigeria.

Research Question One: What is the perception of patients towards quality service delivery of health information professionals in university teaching hospitals in Abuja, Nigeria?

Quality service delivery, according to Cronin and Taylor (1999) was based on five elements which include tangibles, responsiveness, reliability, assurance, and empathy. The findings of this study revealed that patients have positive perceptions of quality health care service delivery in university teaching hospitals in North-central Nigeria. The finding of this study agrees with that of Isaruk, Ikonne & Alegbeleye (2021) in their study on health records management practices, referral systems and quality healthcare service delivery in public health facilities in Rivers State, Nigeria. The study found that patients have positive perception of quality healthcare service delivery in public health care facilities in Nigeria, in addition to assurance, reliability, empathy, responsiveness and tangibility respectively as dimensions for evaluating their perceptions of quality healthcare service delivery in public healthcare facilities.

Findings of the present study are also in line with that of Nguyen and Nguyen (2012) who conducted a study on service quality and its impact on patients' satisfaction in Nigeria and found that tangibility (facilities, medical equipment and hospital environment), accessibility to health care services, attitudes and medical ethics have significant positive effects on patients' satisfaction. The findings of this work agree with that of Deepti & Kavaldeep (2020) who conducted a survey on measuring perceived service quality in healthcare setting in developing countries: a review for enhancing managerial decision-making in India. The study revealed that perceived healthcare service quality, patient satisfaction, and behavioural intentions are closely related to each other, and high-quality services lead to satisfied patients who further exhibit positive behavioural intentions. However, outcome of this work is in contrast with that of Ephraim-Emmanuel, Adigwe, Oyeghe and Ogaji (2018) who evaluated quality of health care in Nigeria and found that the pace of development in the public health sector was unsatisfactory; this is addition to the discovery of poor quality service delivery and poor health status of Nigerian population. The study is also at variance with that of Osei-Poku (2012) who assessed the level of service quality delivery at Merchant Bank Ghana Limited and found that comparison between the customer responses and service providers revealed the need for Merchant bank management to work towards enhancing customer relationship management. It was however, concluded that customers were not satisfied with service delivery of Merchant Banks.

Conclusion

The study examined the perception of patients about quality service delivery of health information professionals in University of Abuja Teaching Hospitals, Abuja, Nigeria. The study is successful as the objectives have been achieved. The study has established that: patients generally indicated that there was quality service delivery of health information professionals in university teaching hospitals in Abuja, Nigeria.

Recommendations

Based on the finding of the study, the following recommendation were made:

1. The study revealed that patients generally agreed that there was quality service delivery of health information professionals in university teaching hospitals in Abuja, Nigeria; hence, hospital management should sustain this by continuing to provide conducive atmosphere for health information professionals.

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