

ORGANIZATIONAL CULTURE AND QUALITY SERVICE DELIVERY BY HEALTH INFORMATION MANAGERS IN TEACHING HOSPITALS, NORTH-WEST NIGERIA

UMAR FARUK ABUBAKAR (PhD)
Aminu Kano Teaching Hospital, Kano State, Nigeria

Abstract

The study examined organizational culture and quality service delivery in teaching hospitals in North-West Nigeria. The provision of adequate treatment, training and research, which are the functions of teaching hospitals will be difficult to attain without a well-organized, effective and efficient health information management department. The study adopted the survey research design to investigate six teaching hospitals in North-West, Nigeria. The proportionate stratified sampling technique was used to administer copies of questionnaire to 243 health Information Managers (HIMs) and 443 patients, but 194 and 407 were returned respectively for data analysis. Data obtained were analyzed using descriptive statistics (frequency counts, percentage, mean and standard deviation). Finding revealed that the indicators that the factors were valid and suitable as correlation between the variables was highly significant, thus the instrument was considered appropriate for the study. It was, therefore, recommended that 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 infrastructure.

Keywords: Organizational culture, Quality service delivery, Service, Teaching hospitals, North-West Nigeria

Introduction

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 manager must possess the license to practice. The HIM usually practice in various units of health information management department in the teaching hospital 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 job 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 physician for treatment and effective health information management system.

The Nigeria health information management system is not left out in the issues plaguing the global healthcare system. In Nigeria, 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 patients 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. Generally, 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 patient's satisfaction and organizational goals. Asubonteng, McCleary and Swan (2014) pointed out that quality service delivery as the extent to which a service meets and exceeds customers' expectations. It is therefore expedient that, patient's 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 areas of patients service needs.

To further underscore the importance of quality service delivery, Abdulkader and Madhavi (2017) assert that client's satisfaction and retention is the focal point of employee and organizational service delivery. 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 personnel that carry out the day-to-day health information management activities. Quality service delivery by HIM employees has become a big concern for management in teaching hospitals (Ayilegbe, 2020). 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.

Accordingly, health information managers should display competence in these quality service indicators that serve as gauge for the enhancement of jobs. On this basis, Aikins, Asiedu and Deborah (2019) argued that, service delivery is the provision of actual information or services that meet the needs of information seekers or users. This may have been the case with health information management sections in teaching hospitals who are expected to provide services to users, patients and clients through various HIM units such as general outpatient health records services, coding and indexing section, statistics office, appointment office, inpatient admission and discharge office, central health records library, medical correspondence office and other health records services in the specialized consultant clinics, retainership health records office and National health insurance scheme (NHIS) Clinics (Aikins et al, 2019).

Therefore, a possible avenue by which HIM could achieve quality service delivery could be through organizational culture and ethical standard compliance. Culture is a terminology used to describe the totality of the way of life of the people and can be best perceived as the patterns of shared organizational values and beliefs which in the long run produce behavioural norms that are adopted in solving organizational problems. Therefore, culture of a particular organization could affect the reputation and the quality of service of that organization. On the other hand, organizational culture is the sum total of the beliefs, values and customs that regulates the behavior of members of a particular organization (Idowu, 2017). Organizational culture has also been approached from different perspectives such as Tsai (2011), Ananta (2017) and Erika, Zahira, Kasey, Emily, Elizabeth and Leslie (2021). In the opinion of Tsai (2011) organizational culture is a perception based on shared assumptions, beliefs and attitudes and attitudes that bind employees within the organizations. This means organizational culture can be salient source that drives mission of an organization and ensures that achievement of goals and objectives.

Ananta (2017) also supported that, organizational culture is embedded in symbols, beliefs and strong organizational culture indicates that employee are like minded and hold similar beliefs, rituals, roles, values and shared attitudes that transcends the members of the organization and the operating styles of the organization. Erika et al (2021) perceived that hospital organizational culture is linked to the patient outcome. The views of these authors suggest that organizational culture may manifest itself in the form of either strong or weak culture organizational culture. Organizational culture can also have a binding effect on employees and can provide a common direction for the growth of the organization. Strong organizational culture explains an expected common unified behavior among employee while different culture at work place will negatively affect the performance of the organization.

Rovithis, Linardakis and Rikos (2016) also pointed out that, the two most prominent organizational culture within hospitals were aggressiveness and supportiveness, whereas the two least prominent, were decisiveness and team orientation. However, the present study adopts the Denison (2011)

viewpoint of organizational culture for an adequate understanding and explanation of the construct due to its wide acceptance, recognition and use world-wide (McDowell, 2013; Sparrow, 2015). Denison summarized organizational culture into four different cultural traits specifically: adaptability, mission, involvement and consistency. To be more explicit, organizational culture bothers on questions such as, how often do you adapt to the work environment? Does the organization policy encourage adaptability? How clear is the mission of the organization? How well are you knowledgeable about the mission of the organization? Are you always involved in all major activities of the organization? Is the organization consistently transparent in decision-making? Understanding these questions, give a clearer picture of the organizational culture of a job environment (Denison, 2011). Answers to these questions are also very important when it comes to how to intrinsically motivate workers for the purpose of achieve effective service delivery in their job roles and specifications. Further, it may be referred to as the values and norms (involvement, mission, adaptability and consistency) are prevalent in the teaching hospitals of North-West Nigeria for quality service delivery. These organizational culture can be defined, recognized, and assessed as follows:

Involvement describes the ability to create an environment in which employees participate in the day-to-day decision-making in the organization (Denison, 2011; Bookey-Bassett, Markle-Reid, Mckey & Akhtar-Danesh, 2016). Involving staff in the daily running of business activities gives them a sense of belonging and increases their level of service delivery. The involvement of HIM professionals in the teaching hospitals for quality service delivery may be determined by staff attitude towards the working relationship of the institution. Indicators for measuring involvement include perception of health information management professionals on their interest in whatever the organization is undergoing with its new policies on changing procedures, innovations and recruitments exercise. If HIM are not involved in decision making, this could derail the achievement of organizational goals and quality service delivery.

Mission is a statement of reason for organizational existence (Denison, 2011). In order words, the reason for organizational presence must be clearly communicated to employees to create a sense of belonging and understanding the assignment of the organization for positive action towards quality service delivery. It is vital that the employees connect with the mission statement of the organization to ease the achievement of the organizational goals. This may also be applicable to the teaching hospital settings. For instance, failure of the mission statement of the teaching hospitals to reflect important organizational facets such as objectives, aims, goal rules and regulations for HIM can be detriment to organizational progress. Therefore, the mission of the teaching hospitals has been clearly spelt out to HIM staff. Several indicators can be used to measure the mission of an organization ranging from work plan schedule, vision, teaching hospitals future intentions, long-term and short-plan mission of teaching hospitals, strategic direction of intents, and goals and objectives of the organization (Russell & Huw, 2018). It is very clear that mission can be vital to the quality of service delivery if given adequate attention, which the present study aims to investigate.

Adaptability refers to how employees are able to change, alter or become flexible to work situation, external environmental challenges towards achievement of organizational goals (Denison, 2011). This may be applied by health information managers in the health care delivery system. With the break-neck speed of change in technology and knowledge, HIM personnel may learn to alter the way services are delivered to patients for outstanding service based on the fact that adaptability focuses on responding and adapting to customer's service needs. Factors that drive employee's adaptability on the job might include human capacity building, and adjusting to the present needs realities in the workplace. Measures of employees' adaptability include deliberate focus on individual learning, customer's focus and satisfaction. Finally, consistency is a trait which explains a strong core values, coordination, integration and agreement needed by employees to develop a positive culture. It can also mean stability or steadfastness. The aim for consistency in organizations like the hospital settings is the ability of the organization to keep workers happy, motivated, satisfied and committed and not lose them. In order to keep workers motivated and happy, Denison (2011) suggested that the organization should take cognizance of different indicators such as share a set of value that create a strong sense of identity, transparency in decision-making and reconciling differences with other employees and customers in a constructive manner when necessary.

Statement of the Problem

Health information managers (HIM) are the first-port-of-call for patients in teaching hospitals as accurate patients documentation and registration are expected in achieving quality service delivery. Every patient deserves the best services from HIM professionals in order to achieve a desired level of health care outcome and satisfaction in the hospital as well as ameliorate their pains or conditions. However, experience has shown that patients are not getting the best services from HIM professionals in some hospitals and the situation has had a negative impact on quality service delivery in the teaching hospitals. Avidine (2013) contended that issues such as missing of patient's health information has hindered clinical services and led to a deteriorating service delivery in teaching hospitals. Thus, the researcher discovered from literature that poor organizational culture is capable of thwarting service delivery in the hospitals. However, the extent to which these factors affect quality service delivery in teaching hospitals in North-West Nigeria has not been empirically determined which is a serious gap the researcher decides to fill. Based on this premise, the researcher intends to examine the influence of organizational culture on quality service delivery in teaching hospitals, North-West Nigeria.

Objective of the Study

The main objective of the study is to examine the influence of organizational culture on quality service delivery of health information managers (HIM) in teaching hospitals, North-West Nigeria. Specifically, the study seeks to:

1. find out the extent of quality service delivery in teaching hospitals North-West Nigeria.

Methodology

The study adopted survey research design. The population of this study comprises of 487 health information managers (HIM) personnel and 112,737 patients derived from the selected Federal and State Teaching University hospitals in North-West, Nigeria. There are four federal university teaching hospitals and two state university teaching hospitals in North-West, Nigeria. The sample size for the study comprises of 243 health information managers (HIM) personnel and 443 patients derived from the selected Federal and State Teaching University hospitals in North-West, Nigeria. Therefore, the sample size of HIM personnel is calculated using Taro Yamane formula. Proportionate stratified sampling technique will be used for selecting the HIM for the study. Questionnaire was used for data collection. The data gathered from the field was analyzed with frequency, percentage, mean and standard deviation.

Result on Construct Validity

This result is shown in table 1 below.

Table 1: Construct Validity Index (CVI) of quality service delivery

S/N	Variables	Number of Items	AVE	KMO	Bartlett's Test (p-value)
1.	Tangibles	5	.815	.585	p< 0.05
2.	Responsiveness	5	.621	.770	p< 0.05
3.	Reliability	6	.529	.797	p< 0.05
4.	Assurance	5	.816	.608	p< 0.05
5.	Empathy	4	.787	.663	p< 0.05
6.	Adaptability	7	.755	.758	p< 0.05
7.	Mission	8	.618	.653	p< 0.05
8.	Involvement	6	.775	.706	p< 0.05
9.	Consistency	5	.768	.527	p< 0.05
10	Beneficence	7	.987	.723	p< 0.05
11	Non-maleficence	7	.629	.895	p< 0.05
12	Respect for respect for respect for autonomy	6	.772	.753	p< 0.05
13	Justice	5	.891	.895	p< 0.05
	Total				

Source: Researcher's Construct Validity Result, 2021

The constructs in the questionnaire were validated using exploratory factorial analysis (EFA). Kaiser-Meyer-Olkin (KMO) and Bartlett test to determine the adequacy of the sample size. Hadi, Abdullah, and Ilham (2016) asserted that the appropriateness of data for EFA is measured through KMO and Bartlett's test of sphericity. Tabachnick and Fidell (2001) considered 0.5 as suitable for EFA. This means that the questions actually measured the variables of the study. In table 1, the KMO of the variables were equal or greater than 0.5. The p-value of Bartlett test of sphericity results at 0.00 is less than 5%, which means that the items actually measured the variables. The average variance extracted (AVE) was greater than 0.5 recommended benchmark. This result indicates that the factors were valid and suitable as correlation between the variables was highly significant, thus the instrument was considered appropriate for the study.

Discussion of findings

Quality Service Delivery of Health Information Managers

The construct of *quality service delivery* to be used for this study are indicators of Parasuraman et al (1985) SERVQUAL model namely reliability, responsiveness, tangibles, empathy and assurance. The SERVQUAL model has been widely utilized for questionnaire design in different studies (Owolabi & Ojo, 2015; Hyde, 2014; Isaruk, 2020; Kalaja, Myshketa & Scalera, 2016). The study will adapt these dimensions from Isaruk (2020) to collect information on quality service delivery by HIM in teaching hospitals in North-West Nigeria. The current study will use 25 question items covering reliability, responsiveness, tangibles, empathy and assurance to collect data on quality service delivery of health information managers in the teaching hospitals under study. The scale to be used comprise 4-point Likert Type scale which ranged from 4 = Very High Extent (VHE), 3 = High Extent (HE), 2 = Low Extent (LE) and 1 = Very Low Extent (VLE). The SERVQUAL scale contains 15 items adapted from Isaruk (2020).

Conclusions

The study has succeeded in establishing the impact of organizational culture on quality service delivery of HIMs in teaching hospitals North-west Nigeria. The study also showed that for health information managers to deliver quality service in their job they would need to take seriously the organizational culture of their various organizations.

Recommendations

Therefore, the following recommendation is:

1. Management of Teaching Hospitals in North-West Nigeria should ensure that the health information managers developed positive job norms and beliefs towards quality service delivery in the teaching hospitals.

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