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QUALITY SERVICE DELIVERY BY HEALTH INFORMATION MANAGERS IN LAGOS UNIVERSITY TEACHING HOSPITAL (LUTH), IDI-ARABA, LAGOS STATE

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Abstract
Quality service delivery is vital to the survival, performance and effectiveness of teaching hospitals in Nigeria. This study therefore, examined the effect of quality service delivery of HIMs in Lagos University Teaching Hospital (LUTH), Idi-Araba, Lagos State. The study employed survey research design. The population comprised Health Information Managers (HIM) in teaching hospitals in Lagos University Teaching Hospital. To ensure the validity of the data, the researcher employed Construct Validity Index and Reliability coefficients for the study. The utilization of Construct Validity Index and Reliability coefficients in this study was motivated by their pivotal roles in ensuring the robustness and credibility of the research findings. Construct Validity Index provides a rigorous framework for evaluating the extent to which the chosen measurement instrument accurately captures the health information management practices. By employing this index, the study sought to confirm that the questionnaire used was indeed a valid tool for assessing the skills and knowledge of Health Information Management (HIM) personnel. On the other hand, Reliability coefficients (pilot study), by measuring the consistency and stability of the responses over time, ensured that the data collected was dependable and could be confidently used for drawing meaningful conclusions. Data were collected with structured and validated questionnaires. Cronbach's alpha reliability coefficients for the HIM instruments were 0.89. The study concluded that Quality service delivery is vital to the survival, performance and effectiveness of teaching hospitals in Nigeria for the satisfaction of patients and continued patronage by HIMs in teaching hospitals, Lagos State, Nigeria. The study recommended that management of the teaching hospitals should sustain security of files, protection of request forms, easy retrieval of records, and availability of physical infrastructures.

Keywords: *quality service delivery, HIM, University Teaching Hospital, Lagos State*

Introduction

Teaching hospitals serve as referral hospitals for primary and secondary hospitals and operate health care training programs and conduct research activities. It is worthy to state that 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 (Abdu-Ikadir, Aiyedun, Shoretire, Abubakar, Anka & Ologunde, 2010). Teaching hospitals are recognized as a 'hub' or 'nerve' centre to provide benefits such as improved quality of care, new courses and treatment therapies; Other roles of the teaching hospitals include specialized surgeries, shorter length of stay for major illnesses, superior outcomes and survival rates and host of other functions (Oseji, 2016). To perform the aforementioned objectives, it is essential for teaching hospitals to improve services at all levels. Nonetheless, exceptional and quality service delivery cannot be achieved without competent, dedicated and highly skilled workers.

Internationally, the prevailing issues around health information management continues 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.

In this study, quality service delivery will be measured using indicators such as tangibles, responsiveness, assurance, empathy and reliability as identified by Parasuraman, et al (1985). Tangibles refer to the appearance of physical facilities, equipment, appearance of health information management workers, and communication materials such as patients' folders, request forms, and prescription form. Tangibles is 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 & Ojo, 2015). If these facilities are not in place in the teaching hospitals, it might become difficult to achieve the organizational goals of achieving

quality service delivery. Ensuring the availability of tangibles in the teaching hospitals can also enhance the quality of service delivery by health information managers and increases their level of commitments, motivation and service delivery for effective organizational performance.

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 & Erinle, 2015; Ayilegbe, 2020; Owolabi & Ojo, 2015; Wissmann, 2015). Avidine (2013) also discovered that omitting of patients' health information has hindered clinical services and led to a deteriorating quality service delivery in teaching hospitals, this study is investigating the effect of Quality Service Delivery by Health Information Managers in Lagos University Teaching Hospital (LUTH), Idi-Araba, Lagos State.

Objective of the Study

The main objective of the study is to examined the effect of Quality Service Delivery by Health Information Managers in Lagos University Teaching Hospital, Idi-Araba, Lagos State. The specific objective is to:

1. determine the extent of quality service delivery of HIMs in teaching hospitals, Idi-Araba, Lagos State

Methodology

The research employed a survey research design, focusing on Health Information Management (HIM) personnel within Lagos State Teaching Hospitals. The hospital was selected as the study's target population due to their established presence and reputation in healthcare, as affirmed by the National Universities Commission's records (2021). To ensure the validity of the data, the researcher employed Construct Validity Index and Reliability coefficients for the study. The utilization of Construct Validity Index and Reliability coefficients in this study was motivated by their pivotal roles in ensuring the robustness and credibility of the research findings. Construct Validity Index provides a rigorous framework for evaluating the extent to which the chosen measurement instrument accurately captures the health information management practices. By employing this index, the study sought to confirm that the questionnaire used was indeed a valid tool for assessing the skills and knowledge of Health Information Management (HIM) personnel. On the other hand, Reliability coefficients (pilot study), by measuring the consistency and stability of the responses over time, ensured that the data collected was dependable and could be confidently used for drawing meaningful conclusions. This was particularly crucial in a study focusing on healthcare practices, where accuracy and consistency are paramount. Therefore, the integration of Construct Validity Index and Reliability coefficients in this research was driven by the imperative to uphold the scientific rigor and integrity of the study, ultimately enhancing the validity and trustworthiness of the results.

Data Analysis, Results and Discussion of Findings

The study examined quality service delivery of Health Information Managers (HIM) in teaching hospitals, Lagos State**.** This section intends to report the findings Construct Validity Index and Reliability coefficients.

Table 1: Construct Validity Index (CVI) of the Research Instrument

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 autonomy	6	.772	.753	p< 0.05
13	Justice	5	.891	.895	p< 0.05
	Total				

Source: Researcher's Construct Validity Result, 2021

Construct validity was administered in order to ensure that each construct in the questionnaire measures what it is intended to measure. 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. Tabachick and Fidell (2001) considered 0.5 as suitable for EFA. This means that the questions actually measured the variables of the study. 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.

Table 2 Reliability coefficients of the instrument

S/N	Variables	Cronbach' Alpha	Number of items
1.	Quality of service delivery	0.79	25

Source: Researcher's Cronbach's Alpha test, 2021

Table 2: Reliability refers to the dependability of the research instruments. In this study, internal consistency of the instrument was measured using Cronbach's alpha test. This test estimated how consistently people responded to the items within a sack and value of 0.70 and above was considered adequate for the study. All the thirty copies of the questionnaire were retrieved. The scores obtained were subjected to a Cronbach's alpha reliability test to establish internal consistency of the items. From the result obtained, the items of the scales displayed sufficient reliability value satisfying rule of thumb for internal consistency having a Cronbach's alpha value of above 0.70. The Cronbach's alpha reliability values for HIMs' questionnaire containing organizational culture and ethical standard compliance variables ranged from 0.89 - 0.93 while the Cronbach's alpha reliability value for the patients' questionnaire containing quality of service delivery variable was 0.79.

Table 2 Reliability coefficients of the instrument is a small-scale implementation of a larger study. Pilot study for this study was carried out at Lagos University Teaching hospital (LUTH), Idi-Araba, Lagos State. The essence of the pilot study was to determine, discover and improve anomalies in the questionnaire. The pilot study was also used to examine potential roadblocks in the study before full implementation. The justification for pilot study was to evaluate the feasibility of some crucial components of the full-scale study such as how much time the main study was taken, the possibility for instrument to be used for data collection, assessment of problems with the research assistants to be recruited for the main study, problems in data collection, whether the collected data are highly variable and whether data from different institutions can be analyzed together (Cadete, 2017).

Precisely, the researcher administered 49 copies of questionnaire to the HIM across departments in LUTH in order to obtain their views on quality service delivery of health information managers. In all, 94 copies of HIM and patients' questionnaires were administered at the pilot stage. The pilot study lasted for two weeks. The questionnaire was administered represents 10% of the study population. Stratified sampling by departments was utilized in the distribution of these copies of questionnaire with the help of the HIM Head of Department, the researcher, and some staff at Health information management department of LUTH, Idi-Araba, Surulere Lagos. The approval for distribution of the questionnaire was obtained from the Chief medical director of LUTH through the Health research ethics committee of the hospital to provide ethical approval for administration of the questionnaire copies to enable ethical distribution of the questionnaire to the HIM in their offices and patients in the hospital.

Discussion of Findings

The study examined quality service delivery of health information managers (HIM) in teaching hospitals, Lagos State. In this section, the findings of this study are juxtaposed with previous studies to determine coherence or otherwise.

Research question one sought to find out the extent of quality service delivery in teaching hospitals Lagos State, was high. The findings revealed that HIM in the teaching hospitals in the study area scored great 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 Centers in North Central Nigeria, revealed that 1. All the nine Telemedicine services in Federal Medical Centers in North Central Nigeria are available to a high extent. 2. there is high degree of application of telemedicine in federal medical centers in north central Nigeria. 3. Telemedicine has effects on medical service delivery in federal medical centers 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 centers 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 is 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 & 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 Centers in North Central Nigeria. The study further showed that fourteen (14) challenges are associated with the use of telemedicine in federal medical centers 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 & 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

The study examined the quality service delivery by health information managers by teaching hospitals in Lagos State. The study is successful as the aim and objective were achieved. The study has succeeded in establishing the effect of quality service delivery of HIM in teaching hospitals Lagos State. The study has established that quality service delivery of health information managers in teaching hospitals Lagos State was improved. The study further draw attention to the importance of improving HIM quality delivery in the study area. The study also shown that for health information managers to deliver quality service in their job they would need to take seriously attitude. Lastly, the barriers militating against quality service delivery in teaching hospitals in Lagos State must be addressed to improve quality service delivery.

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 teaching hospitals Lagos State was great. 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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