

**INFLUENCE OF ETHICAL STANDARD COMPLIANCE ON QUALITY SERVICE DELIVERY
IN TEACHING HOSPITALS NORTH-WEST NIGERIA.**

UMAR FARUK ABUBAKAR

Department of Information Resources Management, Babcock University, Ilishan Remo, Ogun State,
Nigeria, email address: famzrab@gmail.com

&

CHINYERE N. IKONNE (PhD)

Department of Information Resources Management, Babcock University, Ilishan Remo, Ogun State,
Nigeria, email address: ikonnect@babcock.edu.com

Abstract

The study examines Ethical standard compliance 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 the North-West, Nigeria. Proportionate stratified sampling technique was used to administer copies of questionnaire to 243 health information managers (HIM) and 443 patients but 71.8% and 91.9% were returned respectively for data analysis. Data obtained were analyzed using descriptive statistics (frequency counts, percentage, mean and standard deviation). Findings revealed that the extent of quality service delivery in teaching hospitals North-West Nigeria, was high ($\bar{x}=3.30$), on a scale of 4. Further analysis depicted that all the indicators of quality service delivery show high values: assurance ($\bar{x}=3.32$), empathy ($\bar{x}=3.31$), tangibles ($\bar{x}=3.30$), responsiveness ($\bar{x}=3.29$) and reliability ($\bar{x}=3.26$). The prevalent organizational culture in teaching hospitals North-West Nigeria were mission ($\bar{x}=3.46$), involvement ($\bar{x}=3.45$), adaptability ($\bar{x}=3.41$) and consistency ($\bar{x}=3.41$). Ethical standard compliance had a significant influence on quality service delivery of HIM in teaching hospitals, North-West Nigeria ($R^2= 0.122$, $\beta = 0.350$, $t(231) = 5.687$, $p<0.05$). It was, therefore, recommended that management of the teaching hospitals should optimize the ethical compliance of HIM by paying attention to ethical values such as granting patients' rights to confidentiality of health information, good documentation of patients records, avoiding carelessness on duty and prevention of breach of confidential relationship with patients.

Keywords: Ethical standard compliance, Quality service delivery, Teaching hospitals, North-West, Nigeria

Introduction

Generally, teaching hospitals work in larger teams than in general hospitals to handle a greater variety of patient's health issues. These teams are made up of qualified professionals who work together to provide service to patients with diverse needs. Professionals such as the doctors, nurses, dental therapists, radiographers, pharmacists, physiotherapists, medical laboratory scientists, optometrists, audiologists environmental and public health workers, dental technologists, and health information managers work in the various sections of the teaching hospital to provide quality services at all time. Health information manager (HIM) are 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 tools of HIM personnel in teaching hospital is health records. The role of HIM is to protect patient's health records and ensure that records are available when required by the doctor for treatment and effective health information management system. 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 patients' satisfaction and organizational goals. Asubonteng, McCleary 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 areas of patient's service needs. To further underscore the importance of quality service delivery, Ayilegbe (2020) argued that quality service delivery by HIM has become a big concern for management in teaching hospitals due to reasons such as uncondusive work environment, lack of good management policy on health records computerization, staff shortage, lack of system maintenance culture, inadequate computers and lack of management sponsorship for workshop. Whenever HIM professionals perform poorly in their jobs, the organizational progress usually suffers a setback. In the light of this submission, it is therefore crucial to identify means of ensuring quality service delivery of HIM personnel. AHIMA (2019) identified the services provided the different types of services provided by health information managers as filing and documentation, coding and indexing, registration and documentation of patients, clinics appointment system management, filing and documentation, electronics health records. Hence, it is expected that HIM should perform excellently service their roles and responsibilities for teaching hospitals to achieve its stated goals and objectives. Further, studies have equally established the fact that strong organizational culture indicates employee are like minded and hold similar beliefs and ethical values and when these beliefs and ethical values align with that of the work settings, they can prove to be effective in building an organization (Ananta, 2017). However, this study will also explore the possibility of ethical standard compliance to resolve the issues associated with poor quality service delivery in teaching hospitals. Unethical practices can contribute to wrong diagnosis, misadministration of drugs or interventions and mismanagement of patient. In some cases, unethical practices can result in extreme and irreversible damage, impairment and even loss of life. To this end, this paper sought to examine the influence of ethical standard compliance on quality service delivery in teaching hospitals in North-West Nigeria.

Literature Review

Empirical researches have been reviewed on ethical standard compliance and quality service delivery in the hospital settings in the past. Sultana (2014) argued that complying with code of ethics is vital because it provide boundaries within the professional practice. The findings of a research carried out by Salahudin, Alwi, Binti, Baharuddin, Halimat, (2016) revealed that having a standard code of ethics is linked to employee's performance and indicates that the implementation of work ethics can help organization to achieve great performance in overall. Similarly, a research effort by Peter, Ibraheem, Faruk, Omole & Tajudeen, 2020 concludes that authorized release of health information, privacy of health information, security of health information, confidentiality of health information, consent, courtesy in dealing with patients, courtesy in dealing with professional staff, appearance, punctuality, politeness and empathy with patient are measures of ethical standard among health information management professionals. In line with this study, the findings of a research work by CILIP (2012) discovered that the perception of HIM on organizational ethics would determine whether or not they comply or not, it also provides the basis for taking responsibility as information providers. Literature have pointed to other measures of ethical standard compliance such as work ethics, self-respect, mental orientation, self-comportment, integrity, discipline

(Dzurgba, 2011). Zoekefli (2017) examined Bruneian nurses' perceptions of ethical dimensions in nursing practice and revealed three ethical dimensions in nursing practice, namely 'nurse at work' which illustrates the ethical dimensions within the work environment; 'nurse and doctor' that elucidates the ethical dimensions in the nurse and doctor relationship and 'nurse and patient' which further examines ethical aspects in patient care. 'Taking responsibility' and 'shifting responsibility to others' were identified as approaches that the nurses took in responding to the ethical dimensions with the aim of avoiding the conflict and maintaining ward harmony. It is quite clear from the research reports that many health information managers observe standard ethical compliance in teaching hospitals. This is salutary as it shows that health information managers do not only acknowledge the importance of being ethical, they also enhance their job practices with the same.

Poorchangizi, Farokhzadian, Abbaszadeh, Mirzaee and Borhani (2017) reporting on the importance of professional values from clinical nurses' perspective in hospitals of a medical university in Iran indicated that the total score of the nurses' professional values was high. From nurses' perspective items such as "Maintaining confidentiality of patients" and "Safeguarding patients right to privacy" had more importance; however, "Recognizing role of professional nursing associations in shaping healthcare policy" and "Participating in nursing research and/or implementing research findings appropriate to practice had less importance. A statistically significant relationship was observed between nurse' mean scores and nurses' age, work experience as well as participation in professional ethical training. Owing to the emerging ethical challenges, it is indispensable to design educational programs in order to improve employees' awareness and understanding of the comprehensive importance of professional values. Zabidi¹, Zainuddin and Schmidt (2016) analysed Islamic biomedical ethics in managing patients with disorders of sex development (DSD) in Malaysia. Three ethical issues are observed from the Islamic perspective, which are, i) the optimal gender assignment, ii) the decision making process, and iii) the method and timing of assigning a gender. In conclusion the accepted Islamic underpinning provides a supportive approach in managing Muslim patients with DSD. It is also viewed, in relation to the conventional biomedical approach, to be enriching each other and providing a better framework towards the management of Muslim patients with DSD. Similarly, Kemparaj and Kadalur (2018) examined the understanding the principles of ethics in health care: a systematic analysis of qualitative information in India showed the result indicated that respect for autonomy, beneficence, justices are some of the principles health professionals consider before taking the decisions in health care.

Makama, Joshua and Garba assessed the degree to which doctors in Kaduna adhere to the principles of informed consent, confidentiality and privacy during surgical outpatient consultations. They found that the doctors' adherence to the principles of informed consent, privacy and confidentiality was observed through client flow analysis performed by trained personnel. The study found that, adequate informed consent was properly obtained from only 6.1% of patients in the hospitals. Sixty-three percent of the patients were accorded some degree of privacy. Of this number, 47.3% were female patients. Adequate privacy was maintained in 13.6% of patients while confidentiality was maintained only in 9.9% of the cases in the hospitals. Likewise, Nordin, Theander, Wilde-Larson and Nordsrom (2016), exploring health care staff's perceptions of patient safety culture and their suggestions for improvement showed that, Health care staff held a positive attitude towards dimensions of patient safety dealing with their own unit's work, and a less favorable attitude towards hospital managers' support for patient safety work. Managers held a more positive attitude towards patient safety than enrolled nurses (ENs), registered nurses (RNs) and physicians and ENs held a more positive attitude than RNs and physicians. Health care staff's attitudes towards learning, nonpunitive response and staffing was positively associated with positive attitudes towards overall safety. Health care staff's attitudes towards patient safety decreased during the measurement period for 12 out of 14 dimensions.

Objectives of the Study

The specific objectives of the study are to:

1. determine the extent of quality service delivery in teaching hospitals North-West Nigeria;
2. examine the extent of HIM compliance to ethical standard in teaching hospitals North-West Nigeria.
3. find out the influence of ethical standard compliance on quality service delivery of HIM managers in teaching hospitals, North -West Nigeria.

Research Questions

The study sought to provide answers to the following research questions:

1. What is the extent of quality service delivery in teaching hospitals North-West Nigeria?
2. To what extent do HIM comply with ethical standards compliance in teaching hospitals, North-West Nigeria?

Hypothesis

Ho1: Ethical standards compliance will have no significant influence on quality service delivery of HIM in teaching hospitals, North-West Nigeria.

Methods

The study used the survey research design to investigate Ethical standard compliance and quality service delivery in teaching hospitals in North-West Nigeria. The population of this research comprised 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, making a total of 113,224. North-western Nigeria is one of the six geo-political zones in Nigeria. The university teaching hospitals used as the study settings in the region were: Ahmadu Bello University Teaching Hospital, Zaria, Kaduna State, Usman Dan-Fodio Teaching Hospital, Sokoto Sokoto State, Aminu Kano Teaching Hospital, Kano Kano State, Federal University Teaching Hospital, Dutse Jigawa State, Barau Dikko Teaching Hospital, Kaduna Kaduna State and Abdullahi Wase Teaching Hospita, Kano.Kano State.

The sample size of the study was 243 health information managers (HIM) and 443 patients, based on Taro Yamane sampling size determination formula. 71.8% and 91.9% were returned respectively. Proportionate stratified sampling technique was adopted for the study. The research instrument indicated a reliability index of 0.79 - 0.93, signifying that the research instrument is reliable. Out of the 686 copies of questionnaire administered, 601 copies were retrieved for data analysis which constituted 87.67% of the response rate. Descriptive statistics (frequency counts, percentage, mean and standard deviation) were used to answer the research questions.

Findings

DATA ANALYSIS, RESULTS AND DISCUSSION OF FINDINGS

Research question 1: What is the extent of quality service delivery in teaching hospitals North-West Nigeria?

This question is answered with the data in Table 1.

Table 1: Extent of quality service delivery in teaching hospitals

Statements The extent to which	Very High extent (4)	High Extent (3)	Low Extent (2)	Very Extent (1)	Low	Mean	Std.
Assurance						3.32	0.59
Patients files are secured in the health information management department is	218(53.7%)	130(32.0%)	43(10.6%)	15(3.7%)		3.36	.815
Request forms are protected by HIM is	208(51.2%)	149(36.6%)	36(8.8%)	14(3.4%)		3.35	.783
Confidentiality of patient information are safeguarded in this hospital is	219(53.8%)	130(31.9%)	32(7.9%)	26(6.4%)		3.33	.874
Prescription forms are secured in this facility is	198(48.6%)	153(37.6%)	41(10.1%)	15(3.7%)		3.31	.799
Patients always receive reliable information for their health information management from the right sources in this hospital is	181(44.5%)	165(40.5%)	40(9.8%)	21(5.2%)		3.24	.832
Empathy						3.31	0.61
HIM always show care about communication materials (patients folders, request forms, and prescription form) when requested is	215(52.8%)	145(35.6%)	34(8.4%)	13(3.2%)		3.38	.772
HIM give attention to patients in this facility is	200(49.2%)	158(38.8%)	33(8.1%)	16(3.9%)		3.33	.788
HIM personnel seek to understand the need of patients' who visit the hospital is	202(49.6%)	153(37.6%)	34(8.4%)	18(4.4%)		3.32	.808
HIM always show concern about patients health challenges is	193(47.4%)	157(38.6%)	42(10.3%)	15(3.7%)		3.30	.799
HIM in this hospital always understand patient anxiety is	177(43.6%)	158(38.8%)	57(14.0%)	16(3.6%)		3.22	.822
Tangibles						3.30	0.50
Health information managers (HIM) are always available to give the patients care at all times is	214(52.6%)	163(40.0%)	21(5.2%)	09(2.2%)		3.43	.694
Physical infrastructures are always available for the delivery of quality health information management services in this facility is	198(48.6%)	162(39.8%)	42(10.4%)	05(1.2%)		3.36	.715
Communication materials such as patients folders, request forms, and prescription form are always available on request is	184(45.2%)	157(38.5%)	56(13.7%)	10(2.6%)		3.27	.787
Appearance of HIM enables mutual interaction between health information managers and patients in this facility is	163(40.0%)	192(47.3%)	36(8.8%)	16(3.9%)		3.23	.770
Equipment is available for the delivery of quality health information management in this hospital is	161(39.6%)	170(41.7%)	70(17.2%)	06(1.5%)		3.19	.768
Responsiveness						3.29	0.58

Patients folders are retrieved by HIM without delay is	197(48.4%)	156(38.3%)	44(10.8%)	10(2.5%)	3.33	.765
Request forms are retrieved by HIM without delay is	197(48.4%)	158(38.8%)	35(8.6%)	17(4.2%)	3.31	.800
HIM in this hospital give patients the relevant information they need for their appointment booking	198(48.6%)	143(35.2%)	55(13.5%)	11(2.7%)	3.30	.802
Prescription forms are retrieved by HIM without delay is	202(49.6%)	142(34.9%)	41(10.1%)	22(5.4%)	3.29	.856
HIM in this hospital always render the required health information services needed by patients within the time frame is	156(38.3%)	195(47.9%)	42(10.4%)	14(3.4%)	3.21	.762
Reliability					3.26	0.56
Patients health records are easily retrieved always for the primary use of patient care in this facility is	200(49.1%)	166(40.8%)	25(6.2%)	16(3.9%)	3.35	.767
Patients folders are always retrieved for the primary use of patient care is	191(46.9%)	171(42.0%)	32(7.9%)	13(3.2%)	3.33	.755
Patients prescription form are always retrieved for the primary use of patient care is	173(42.5%)	168(41.3%)	48(11.8%)	18(4.4%)	3.22	.821
Patients request forms are easily retrieved always for the primary use of patient care in this facility is	161(39.6%)	194(47.7%)	30(7.3%)	22(5.4%)	3.21	.801
Patients referrals management are always carried out with patients consents in this facility is	167(41.0%)	168(41.3%)	55(13.5%)	17(4.2%)	3.19	.823
Quality service delivery (Average Weighted Mean = 3.30)						

Source: Researcher's Field Survey, 2022

Decision Rule: 1.0-1.49 = Very Low Extent; 1.50-2.49 = Low Extent; 2.50-3.49 = High Extent; 3.50-4.0= Very High Extent.

The result of Table 1 showed that the extent of quality service delivery in teaching hospitals North-West Nigeria, was high (\bar{x} =3.30), on a scale of 4. Further details from the analysis depict that all the indicators of quality service delivery show high values: assurance (\bar{x} =3.32), empathy (\bar{x} =3.31), tangibles (\bar{x} =3.30), responsiveness (\bar{x} =3.29) and reliability (\bar{x} =3.26). The implication of this analysis is that teaching hospitals North-West Nigeria had high extent of quality service delivery in terms of assurance, empathy, tangibles, responsiveness and reliability. Of the four dimensions of quality service delivery, assurance had the highest score while reliability had the lowest score in the teaching hospitals North-West Nigeria. The high quality service delivery could be due to the fact that the teaching hospitals performed highly in areas such as security of patients files (3.36), protection of request forms (3.35), showing care about communication materials (3.38), availability of HIM to give the patients care at all times (3.43), availability of physical infrastructures for the delivery of quality health information management services (3.36) and easy retrieval of patients records (3.35). This result suggests the need for teaching hospitals North-West Nigeria to sustain quality service delivery of HIM by sustaining the aforementioned areas of service delivery.

Research question 2: To what extent do HIM comply with ethical standards compliance in teaching hospitals, North-West Nigeria?

This question is answered with the data in Table 2.

Table 2: Extent of HIM compliance with ethical standards in teaching hospitals

Statements Kindly indicate HIM compliance to the following ethical standards	Very extent (4)	High (3)	Low Extent (2)	Very Low Extent (1)	Mean	Std.
Respect for autonomy					3.53	.57
Granting patients' rights to confidentiality of health information	165(70.5%)	52(22.2%)	06(2.6%)	11(4.7%)	3.59	.761
Taking proper custody of the health information of the patients	142(60.7%)	70(29.9%)	14(6.0%)	08(3.4%)	3.48	.759
Rights of patients to authorized release of health information for treatments	136(58.1%)	76(32.5%)	10(4.3%)	12(5.1%)	3.44	.801
Ensuring patients have rights to privacy of health records	139(59.4%)	69(29.5%)	11(4.7%)	15(6.4%)	3.42	.852
Granting patients the consent to release their health records	136(58.1%)	68(29.1%)	19(8.1%)	11(4.7%)	3.41	.830
Beneficence					3.48	.64
Good documentation of patients records by health information managers	160(68.4%)	59(25.2%)	09(3.8%)	06(2.6%)	3.59	.688
Helping patients visiting the hospital	159(67.9%)	58(24.8%)	09(3.8%)	08(3.5%)	3.57	.727
Proper filing of health records by health information managers	148(63.2%)	65(27.8%)	13(5.6%)	08(3.4%)	3.51	.754
Courtesy in dealing with patients	125(53.0%)	84(35.9%)	17(7.3%)	09(3.8%)	3.38	.784
Disclosing true reasons for research to patients during research study	118(50.4%)	81(34.6%)	23(9.8%)	12(5.2%)	3.30	.848
Non-maleficence					3.46	.59
Avoiding carelessness on duty	161(68.8%)	62(26.5%)	08(3.4%)	03(1.3%)	3.63	.617
Preventing breach of confidential relationship with patients	148(63.2%)	68(29.1%)	14(6.0%)	04(1.7%)	3.54	.688
Frequently locking up offices after work (physical safeguards)	126(53.8%)	85(36.3%)	17(7.3%)	06(2.6%)	3.41	.738
Authorized release of patient information	126(53.8%)	81(34.6%)	10(4.3%)	17(7.3%)	3.35	.867
Complying with written label on patient's case folder	115(49.1%)	86(36.8%)	20(8.5%)	13(5.6%)	3.29	.846
Justice					3.35	.70
Granting equal access on distribution of case folders to patients	133(56.8%)	73(31.2%)	14(6.0%)	14(6.0%)	3.39	.848
Impartiality while dealing with patients during registration	127(54.7%)	71(30.6%)	19(8.2%)	15(6.5%)	3.34	.882
Showing equal respect to patients during hospital consultation and visits	123(52.6%)	78(33.3%)	17(7.3%)	16(6.8%)	3.32	.880
Patients equal access to obtain health information	120(51.3%)	80(34.2%)	19(8.1%)	15(6.4%)	3.30	.873
Patients unbiased access to receive health information services	115(49.1%)	79(33.8%)	26(11.1%)	14(6.0%)	3.26	.882
Ethical standards compliance (Average Weighted Mean = 3.41)						

Source: Researcher’s Field Survey, 2022

Decision Rule: 1.0-1.49 = Very Low Extent; 1.50-2.49 = Low Extent; 2.50-3.49 = High Extent; 3.50-4.0= Very High Extent.

The result of Table 2 showed that the extent of HIM compliance with ethical standards in teaching hospitals, North-West Nigeria, was high (\bar{x} =3.41), on a scale of 4. Additional facts from the analysis depict that three dimensions of ethical standard compliance of HIM namely beneficence (\bar{x} =3.48), non-maleficence (\bar{x} =3.46) and justice (\bar{x} =3.35) indicated high levels on the measurement scale. However, respect for autonomy (\bar{x} =3.53) show very high rating. The implication of this finding is that HIM comply highly with ethical principles of beneficence, non-maleficence and justice while carrying out their duties on the job, however, their compliance with the principle of respect for autonomy is superior among the four values measured. The high level of ethical standard compliance of HIM could be based on the fact that the health information managers comply very highly with ethical values such as granting patients’ rights to confidentiality of health information (3.59), good documentation of patients records (3.59), avoiding carelessness on duty (3.63), helping patients visiting the hospital (3.57) and preventing breach of confidential relationship with patients (3.54). The result suggests areas that should be given serious commendation in the teaching hospitals, North-West Nigeria.

Hypothesis: Ethical standard compliance will have no significant influence quality service delivery of HIM in teaching hospitals, North-West Nigeria.

Table 3: Simple linear regression analysis of ethical standard compliance and quality service delivery of HIM in teaching hospitals

Predictors	B	Beta (β)	T	p	R ²	Adj. R ²	F	ANOVA (Sig.)
(Constant)	1.789		6.268	.000				
Ethical standard compliance	.469	.350	5.687	.000	0.122	0.199	10.490	0.000

Dependent Variable: Quality service delivery of HIM
Predictor: (Constant), Ethical standard compliance
DF (F-Statistic) = 1, 232
DF (T-Statistic) = 231

Source: Field Survey Results, 2022

According to the result of Table 3, ethical standard compliance has a significant influence on quality service delivery of HIM in teaching hospitals, North-West Nigeria ($R^2 = 0.122$, $\beta = 0.350$, $t(231) = 5.687$, $p < 0.05$). The model shows that ethical standard compliance accounts for 12.2% ($R^2 = 0.122$) change in quality service delivery of HIM in teaching hospitals. By implication, the quality service delivery of HIM could be attributed to the ethical standard compliance of HIM. Therefore, the null hypothesis which states that ethical standard compliance will have no significant influence quality service delivery of HIM in teaching hospitals, North-West Nigeria, was rejected. It is obvious that, ethical standard compliance could enhance the quality service delivery of health information managers in teaching hospitals.

The result of the Table 3 also shows that, holding ethical standard compliance to a constant zero, quality service delivery would be 1.789 inferring that in the absence of ethical standard compliance, health information managers in the teaching hospitals would deliver quality service on the job based on the fact that, other factors not investigated in the study can still influence quality service delivery of health information managers. Also, the model shows that when ethical standard compliance is enhanced by one unit on a measurement scale, there will be corresponding 46.9% (0.469) increase in the quality service delivery of health information managers. This result suggests that, ethical standard compliance is vital to quality service delivery of health information managers in teaching hospitals in North-West.

Discussion of findings

Research question one sought to find out the extent of quality service delivery in teaching hospitals North-West Nigeria, was high. The findings of this study indicate that HIM in the teaching hospitals in the study area scored high in quality service delivery. However, 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 uncondusive 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. However, 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. The study implicated the service delivery of HIM; that is, they performed below expectations.

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 researches carried out by Charles (2014) corroborate the view that 41.1% of patients were seen immediately on arrival at the 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 study also showed that service delivery standards and the level of satisfaction derived from the health facilities were significantly correlated. 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. This is in line with this study where the HIM demonstrated a high level of quality service delivery.

Also in line with this study is the research carried out by Lawal et al. (2018) on patients' satisfaction with care from Nigerian federal capital territory's public secondary hospitals that showed high satisfaction of care rendered to patients. 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.

Research question three focused on the extent of HIM compliance with ethical standards in teaching hospitals, North-West Nigeria

In support of this study, the findings of a research carried out by Salahudin et al (2016) revealed that having a standard code of ethics is linked to employee's performance and indicates that the implementation of work ethics can help organization to achieve great performance in overall. Sultana (2014) also argued that complying with code of ethics is vital because it provide boundaries within the professional practice. Similarly, a research effort by Peter et al (2020) concludes that authorized release of health information, privacy of health information, security of health information, confidentiality of health information, consent, courtesy in dealing with patients, courtesy in dealing with professional staff, appearance, punctuality, politeness and empathy with patient are measures of ethical standard among health information management professionals. In line with this study, the findings of a research work by CILIP (2012) discovered that the perception of HIM on organizational ethics would determine whether or not they comply or not, it also provides the basis for taking responsibility as information providers. Literature have pointed to other measures of ethical standard compliance such as work ethics, self-respect, mental orientation, self-comportment, integrity, discipline (Dzurgha, 2011). The finding also agrees with Zoekefli (2017) who Bruneian nurses' perceptions of ethical dimensions in nursing practice. The findings revealed three ethical dimensions in nursing practice, namely 'nurse at work' which illustrates the ethical dimensions within the work environment; 'nurse and doctor' that elucidates the ethical dimensions in the nurse and doctor relationship and 'nurse and patient' which further examines ethical aspects in patient care. 'Taking responsibility' and 'shifting responsibility to others' were identified as approaches that the nurses took in responding to the ethical dimensions with the aim of avoiding the conflict and maintaining ward harmony. It is quite clear from the research reports that many health information managers observe standard ethical compliance in teaching hospitals. This is salutary as it shows that health information managers do not only acknowledge the importance of being ethical, they also enhance their job practices with the same.

Hypothesis two was on the influence of ethical standard compliance on quality service delivery of HIM in teaching hospitals, North-West Nigeria.

The finding showed that ethical standard compliance has a significant influence on quality service delivery of HIM in teaching hospitals, North-West Nigeria. In line with this study, Poorchangizi et al (2017) reporting on the importance of professional values from clinical nurses' perspective in hospitals of a medical university in Iran indicated that the total score of the nurses' professional values was high. From nurses' perspective items such as "Maintaining confidentiality of patients" and "Safeguarding patients right to privacy" had more importance; however, "Recognizing role of professional nursing associations in shaping healthcare policy" and "Participating in nursing research and/or implementing research findings appropriate to practice had less importance. A statistically significant relationship was observed between nurse' mean scores and nurses' age, work experience as well as participation in professional ethical training. Owing to the emerging ethical challenges, it is indispensable to design educational programs in order to improve employees' awareness and understanding of the comprehensive importance of professional values. As corroborated in this research findings, Zabidi et al (2016) analysed Islamic biomedical ethics in managing patients with disorders of sex development (DSD) in Malaysia. Three ethical issues are observed from the Islamic perspective, which are, i) the optimal gender assignment, ii) the decision making process, and iii) the method and timing of assigning a gender. In conclusion the accepted Islamic underpinning provides a supportive approach in managing Muslim patients with DSD. It is also viewed, in relation to the conventional biomedical approach, to be enriching each other and providing a better framework towards the management of Muslim patients with DSD. Similarly, Kemparaj and Kadalur (2018) examined the understanding the principles of ethics in health care: a systematic analysis of qualitative information in India showed the result indicated that respect for autonomy, beneficence, justices are some of the principles health professionals consider before taking the decisions in health care.

This finding also support Makama et al (2016) who assessed the degree to which doctors in Kaduna adhere to the principles of informed consent, confidentiality and privacy during surgical outpatient consultations. They found that the doctors' adherence to the principles of informed consent, privacy and confidentiality was observed through client flow analysis performed by trained personnel. The study found that, adequate informed consent was properly obtained from only 6.1% of patients in the hospitals. Sixty-three percent of the patients were accorded some degree of privacy. Of this number, 47.3% were female patients. Adequate privacy was maintained in 13.6% of patients while confidentiality was maintained only in 9.9% of the cases in the hospitals. Likewise, Nordin, Theander, Wilde-Larson and Nordsrom (2016), exploring health care staff's perceptions of patient safety culture and their suggestions for improvement showed that, Health care staff held a positive attitude towards dimensions of patient safety dealing with their own unit's work, and a less favorable attitude towards hospital managers' support for patient safety work. Managers held a more positive attitude towards patient safety than enrolled nurses (ENs), registered nurses (RNs) and physicians and ENs held a more positive attitude than RNs and physicians. Health care staff's attitudes towards learning, nonpunitive response and staffing was positively associated with positive attitudes towards overall safety. Health care staff's attitudes towards patient safety decreased during the measurement period for 12 out of 14 dimensions.

Conclusions

The nexus between ethical standard compliance and quality service delivery of HIM in teaching hospitals North-West Nigeria was established in this study. The study has also proven that complying to ethical standard by health information managers is key to improving quality service delivery of health information managers in teaching hospitals North-West Nigeria. The study also shown that when ethical standard compliance is enhanced, there will be large increase in the quality service delivery of health information managers on the job. Therefore, health information managers may begin to experience a decline in quality service delivery if the teaching hospitals do not make frantic efforts towards sustain the ethical standard compliance of health information managers.

Recommendations

The following recommendations were made:

1. The extent of quality service delivery in teaching hospitals North-West Nigeria was high. Management of the teaching hospitals should make continual efforts to sustain key indicators of quality service delivery such as security of patients' files, protection of request forms, easy retrieval of patients' records and availability of physical infrastructures.
2. This study reveals a high extent of HIM compliance with ethical standards. Therefore, it is suggested that management of the teaching hospitals should optimize the ethical compliance of HIM by paying attention to ethical values such as granting patients' rights to confidentiality of health information, good documentation of patients records, avoiding carelessness on duty and prevention of breach of confidential relationship with patients.

REFERENCES

- American Health Information Management Association (AHIMA, 2019). *Health information management, concepts, principle and practice*. U.S.A: Illinois publication
- Ananta, N. (2017). A critical review of organizational culture on employee performance. *American Journal of Engineering and Technology Management*, 2
- Asubonteng, P., McCleary, K., & Swan, J. (1996). SERVQUAL Revisited: a critical review of service quality. *The Journal of Healthcare Quality Assurance*, 10(6), 62-81
- Dzurgba, A. (2011). General issues in professional ethics. *Contemporary Issues in Professional Ethics*, 1-13.

- Kemparaj, V.M. & Kadalur, U.M. (2018). Understanding the principles of ethics in health care: a systematic analysis of qualitative information, *Int J Community Med Public Health*, 5(3), 822-828
- Makama, J.G., Joshua, I.A. & Garba, E.S. (2016). Patients perception and actual practice of privacy & confidentiality in surgical outpatient departments of general hospitals, Kaduna, *Nigeria. Med Law*, 34, 51-464
- Nordin, A., Theander, K., Wilde-Larson, B & Nordsrom, G. (2016). Health care staff's perceptions of patient safety culture. *Open Journal of Nursing*, 03(8), 28-40. DOI:10.4236/ojn.2013.38A005
- Poorchangizi, B., Farokhzadian, J., Abbaszadeh, A., Mirzaee, M. & Borhani (2017). The importance of professional values from clinical nurses' perspective in hospitals of a Medical University in Iran. *BMC Medical Ethics*, 18 (20), 3
- Peter, U., Ibraheem, S., Faruk, U., Adebayo, T. & Omole, S. (2020). Unethical practices in health Information Management profession. *Academic research journal*, 1(2).
- Salahudin, S.N, Alwi, M.N., Binti, S.S., Baharuddin, Halimat, S.S. (2016). The relationship between work ethics and job performance. A paper presented at the *3rd International Conference on Business and Economics*, 21 – 23.
- Sultana, M. (2014). Ethics in teaching profession. *ABC Journal of Advanced Research*, 3 (1), 2304-2621. http://www.abcjar.us/uploads/1/3/4/5/13455174/abc-jar_5.6.pdf
- Zabidi1, T.B, Zainuddin, A.A. & Schmidt, B.E (2016). *An analysis of Islamic biomedical ethics in managing patients with disorders of sex development (DSD): an experience in Malaysia. Med Law*, 35, 345-364
- Zoekefli, Y (2017). *Bruneian Nurses' perceptions of ethical dimensions in nursing practice*, (Thesis).TT University of Edinburgh, Edinburgh, Scotland