

PATIENT'S PERCEPTION ON SATISFACTION OF HEALTH INFORMATION MANAGEMENT PERSONNEL SERVICE QUALITY IN TERTIARY HOSPITALS IN BAYELSA STATE^{1,*} Dogiye, Lucky Ebiteinye, ²Jack-Gbarabe, Biobelemoye and ³Victor Ayebanengimote^{1,2}Health Information Management Department, Bayelsa Medical University, Yenagoa Bayelsa State, Nigeria³Department of Health Information Management, Federal Medical Centre Yenagoa, Bayelsa State, Nigeria**Received 12th March 2026; Accepted 18th April 2026; Published online 15th May 2026**

Abstract

This study looked at what patients think about the service quality of Health Information Management (HIM) personnel in hospitals in Bayelsa State. It wanted to know if HIM personnel are doing a job and how patients feel about their services. The study used a survey method. Asked 3,334 outpatients from selected hospitals about their experiences. The patients rated the services provided by HIM personnel as good. However, they did not think highly of HIM services overall. They were somewhat satisfied. This means that even though HIM personnel are doing a job patients do not see it that way. The study found reasons why patients are not satisfied with HIM services. These include coordination, not enough qualified personnel, technology not working well together poor communication, no clear rules and unfair practices. The study concluded that patients still do not think highly of HIM personnel. Many patients see them as people who give out cards not as important helpers in healthcare. The study also found that not having rules for services like a "first-come first-served" system makes things worse. The study suggested that clear rules and guidelines are needed to make HIM services better. It also recommended that patients be educated about the importance of HIM services to improve their perception and satisfaction, with these services.

Keywords: Patient's Perception, Satisfaction, Health Information Management Personnel, Service Quality.

INTRODUCTION

Service quality has become an important topic in view of its significant relationship to profit, cost saving and market share (Devlin and Dong, cited in Wathek 2021). Researchers of Service marketing have developed nineteen service quality models during the period 1984-2003, (Seth, Deshmukh and Vrat, 2005). These models share a single primary goal - to offer managers insight into the components of service quality for improving organizational offerings. The service quality model "SERVQUAL" ranks as the most important of these models. It is based on the assumption that service quality is a function of differences (gaps) between customers' expectations and perceptions along five quality dimensions: reliability, responsiveness, tangibles, assurance and empathy. In addition, favorable customer perception of service quality will have a positive relationship with overall customer satisfaction and in turn their behavioral intention; repeat purchases and willingness to recommend the service to others (Parasuraman et al. cited in Wathek 2021). Any organization services, or products that desire growth and sustainability in the hypercompetitive environment of the 21st century, must be able to provide services and products that can meet the ever-changing needs of customers. To be able to gain competitive advantage, an organization must provide quality services that can engender customers' satisfaction and loyalty. In this regard, the construct of quality is generally based on perceived quality, which is defined by Parasuraman, Zeithaml, and Berry cited in Mahmoud, Ekwere, Fuxman, and Meero, (2019) as a "global judgment, or attitude, relating to the superiority of service." Patients often complain of long waiting time, majorly due to a significant disparity between patient and medical staff ratio (too many patients for too few medical staff).

Communication between patients and medical staff is often poor, and sometimes the experiences between patients and medical staff are so poor that a switch from one hospital to another or from one physician to another becomes necessary with a few choices available for the patients (Adepoju, 2018). These switches can cause serious disruptions in the continuity of care with a negative impact on the outcome of care. The patients are often less informed and less knowledgeable about what constitutes quality service from patients' perspective. Besides, the patient mix has also changed tremendously (Mahmoud, Ekwere, Fuxman, and Meero, 2019). Hospitals often encounter widely traveled patients who are increasingly more aware of what good health care service entails. These patients continuously demand better service quality. To remain competitive and sustainable, the provision of high service quality by health service providers becomes critical (Mahmoud, Ekwere, Fuxman, and Meero, 2019). Consequently, providing high service quality to customers, offers a firm an opportunity to differentiate itself and gain a competitive advantage in the market (Wang *et al.*, 2003). The healthcare delivery system of a nation relies to a large extent on the efficacy of its hospitals delivering quality healthcare services (Ojo, & Owolabi, 2017). It is essential to mention that there are three levels of health care system in Nigeria: primary, secondary, and tertiary. In every hospital, most especially, tertiary hospital in Nigeria, the first port of call is always the Health Information Management Department which also known as the Health or Medical Records Department (Ojo, & Owolabi, 2017). The Health Information Management Department, apart from being patients' first port of call, serves a number of other functions in a hospital. They provide Health Records Management functions which include creation, maintenance, and disposal of patients' records. This is followed with coding and indexing of these records to reflect the respective diagnoses and surgical operations of the conditions suffered by patients (Ojo, & Owolabi, 2017). The

*Corresponding Author: *Dogiye, Lucky Ebiteinye*,
Health Information Management Department, Bayelsa Medical University,
Yenagoa Bayelsa State, Nigeria.

department also ensures the prompt availability of patients' records to authorized caregivers, thereby allowing for consistency in treatment. This is an indication of the custodian services rendered by the Health Information Management Department. Precisely, personnel's working in the department render some patient-centric services such as formally initiating patients into the hospital register, thereby generating a unique identifier while also capturing patients' personal identifying information; retrieval of patients' health records during subsequent visits, handling and monitoring movements of patients' case notes. They are also charged with stamping and registration of official documents such as death certificates and sick leave, as well as assigning and recording patients' next appointment dates (Ojo, & Owolabi, 2017). The above mentioned among others indicates the pivotal role being played by the Health Information Management Department in the overall hospital service delivery. Hence, one could posit that patients' satisfaction with the quality of services delivered by the health information management department could contribute to determining their satisfaction with the overall hospital services. However, studies documenting the influence of patients' perception of the Health Information Management Personnel Service Quality on satisfaction is scarce. Hence, this study intends to contribute to the hospital service quality discourse by examining patients' satisfaction with the quality of services delivered by Health Information Management Personnel.

The concept of quality of services rendered to patient to their satisfaction has been an ongoing concern for hospital administrators and researchers. This is because it is seen as the driving force of every healthcare delivery service and an indicator of effectiveness as well as how it can be improved. Also, patients' level of satisfaction with hospital services could determine their continued patronage of the hospital or otherwise. Studies have shown that patients who are satisfied with healthcare services will more likely seek medical advice, adhere to treatment recommendations, keep appointments, and refer other patients to the hospital they receive (Ferris *et al.*, cited in Ojo and Owolabi 2017). In a similar context, the philosophy of patients' satisfaction is founded on the concept that patients' experience of care ultimately translates into their actual response to care (Worthington, 2004). It has to be emphasized that, understanding patients' satisfaction is for four distinct purposes: to compare health care programs or systems; to evaluate the quality of care; to identify which aspects of a service need to be changed to improve patient satisfaction; and to assist organizations in identifying customers likely to stop using their service (Jackson, Chamberlin, & Kroenke, 2001). Results from this study could assist management of hospitals to evaluate the quality of service being rendered by the Health Information Management Department, as well as to identify which aspects of service needs improvement. Patient satisfaction can be seen as the extent to which patients feel that service providers are meeting their needs and expectations. It is the degree of agreement between a patient's expectations of ideal care and his perception of the real care received (Aragon & Gesell, 2015). Considering the relationship between service quality and patient satisfaction, a study of government hospitals in Saudi Arabia revealed that service quality has a significant impact on patients' satisfaction. Furthermore, empathy had the greatest influence on patient satisfaction (Alghamdi, 2014). Also, another study revealed a causal relationship between service quality and patient satisfaction in the context of a South Korean general hospital (Cho, Lee, Kim,

Lee, & Choi, 2004). Similarly, a Ghanaian study found that perceived responsiveness best explained patients' satisfaction (Essiam, 2013). Also, a study revealed a positive and significant relationship between hospital service quality and the five dimensions of SERVQUAL (Kazemi, Ehsani, Abdi, & Bigham, 2013). On the other hand, a survey found empathy and assurance to be positively related to patients' satisfaction in a Turkish hospital (Kitapci, Akdogan, & Dortyol, 2014). The foregoing is an indication that perceived service quality could predict patient satisfaction. However, while most studies have assessed patient satisfaction with service quality of overall hospital services and specifically some other clinical areas, to the knowledge of the researchers, none has focused on the Health Information Management Department in Nigerian hospitals. Also, considering the strategic role this department play in teaching hospitals in Nigeria, and patients' level of dissatisfaction with their services as reported by studies (Eke *et al.*, 2014; Ezegwui *et al.*, 2014; Ogunfowokan & Mora, 2012).

Health Information Management (HIM) Professionals provide quality services in all aspects of records management including data collection and data quality management, integrity, standards, disclosure, coding, disposition, and privacy of health information. They perform detailed analysis of the information in the health record to facilitate health care delivery, patient safety and decision support. They play a vital role in ensuring the confidentiality of health information within the patient record and are advocates of the patient's right to private, secure and confidential information. HIM professionals are essential in quality programs, and provide guidance on documentation, communication, eHealth implementation, EHR infrastructure, and policy issues. Despite the aforementioned, patient seems not be satisfied with the quality of services they receive from Health Information Management personnel. This could be attributed to the lack of resources, lack of qualified/trained manpower, technology interoperability challenges, financial risk and unpredictable revenue streams, lack of understanding between the patients and staff, tribalism, favouritism, lack of coordination, lack of policies/procedure and regulation of activities/attendance, lack of proper communication among others are drives that made the researcher to investigate the patient's perception on satisfaction of Health Information Management personnel service quality in tertiary Hospitals in Bayelsa State. The study aimsto assess Patient's perception on satisfaction of Health Information Management personnel service quality in tertiary hospitals in Bayelsa State.

Conceptual Framework

Recently, quality in health care service has generated a lot of interest in a sector that previously paid less attention to this topic. It is increasingly being linked to organizational sustainability in an ever-increasing competitive business environment. Service quality has also been identified as a major link between customer's satisfaction and loyalty, essential determinants of organizational sustainability and competitive advantage (Cronin, Brady, & Hult, 2000). The achievement of quality of services can be viewed as a goal and a marketing tool at the same time in the sense that attainment of high-quality service quality can bring about customers' satisfaction. It becomes imperative therefore for companies to measure the quality of services they provide. In Parasuraman *et al.* cited in Mahmoud, Ekwere, Fuxman, and Meero, (2019) developed a tool called SERVQUAL for measuring the quality

of service. This tool was improved in 1988 and is based on perceived quality. SERVQUAL evaluates five distinctive service dimensions, and these dimensions are tangibles, reliability, assurance, responsiveness, and empathy.

- Tangibles deals with the physical facility and amenities/equipment of the firm.
- Reliability is the ability of the employees to perform the promised services dependably, correctly, and timely.
- Responsiveness is the willingness of employees to help customers in a prompt manner.
- Assurance is the ability of the staff to be courteous to customers, exhibit knowledge in what they do, and command trust and confidence.
- Empathy has to do with the ability of the employees of the organization to pay attention to the needs of the customers by caring and meeting individualized needs (Parasuraman *et al.*, cited in Mahmoud, Ekwere, Fuxman, and Meero, 2019).

Although many other models of service quality have been developed, SERVQUAL appears to be the most prominent despite the controversies raised by some researchers (Cronin & Taylor, cited in Mahmoud, Ekwere, Fuxman, and Meero, 2019), which have to do with adapting an expectation–disconfirmation model rather than simply measuring attitudes. Critics of the SERVQUAL model argue that a performance-based measurement is a better approach toward the measurement of service quality as the definition of quality is purely consumer dependent. Again, as service is intangible in nature, the SERVQUAL ignores expectation when measuring service quality, tending to leverage on performance as the single most important customer satisfaction outcome (Sharma & Ojha, 2004), thus suggesting that the performance-based measurement approach (SERVPERF) aligns more with the existing attitude and customer satisfaction literature and is generally agreed to be superior to the perception-expectation approach.

Although widely criticized in service quality literature, SERVQUAL remains a preferred model for measuring service quality across different sectors and has remained a generic instrument for measuring service quality. The advantages the SERVQUAL model according to Rohini and Mahadevappa (2006) as cited by Padma, Rajendran, and Sai (2009) include,

1. Its acceptance as a standard for assessing different dimension of service quality;
2. Its validity and reliability for several service situations;
3. The instrument has few items and can easily be filled by respondents; and
4. It has a standardized analysis procedure to aid interpretation and result.

Patients' Satisfaction

The health care centers in any country is established to provide the needed medical and health services for the benefits of the citizenry. The patients remain a major stakeholder in this space and they deserve the best possible care imaginable. However, in many resource constraints countries, patients' often protest against lack of satisfaction in the care rendered to them due to diverse barriers commonly experienced while in the health facilities to receive. The major issues include government failure to appreciate the centrality and the provision of basic

health facilities, poor funding of the health sector and inadequate manpower to handle most of the services needed by the citizenry (Ojo & Owolabi, 2017). As such, patients experience a low level of satisfaction and many end up patronizing quacks and unprofessional care providers all over the place. Hence, the level of satisfaction with the care provided to the patients is critically important and needs to be investigated. Besides, the provision of good health records management system is key to improving patient satisfaction. In some settings, patients' satisfaction is synonymous with improving quality of care (Olomi, Mboya, & Monongi, 2017) and where there is poorly rendered, the vulnerable citizens suffer the consequences (Homer, Nightingale, & Jobanputra, 2009).

Patient' satisfaction has been defined as the degree of congruency between a patient's expectations of ideal care and his /her perception of the real care he/she receives. The concept of patients' satisfaction has gained momentum in the last two decades because many now understand their rights to medical services and insist on those rights expecting to be thoroughly satisfied with the care rendered to them. Much attention within the healthcare industry is focused on patients' satisfaction with the quality of health care services (Eke *et al.*, 2014; Ezegwui, Okoye, Aghaji, Okoye, & Oguego, 2014; Opele & Okunoye, 2019). Many authors have highlighted the significant relationship between good health care and patients' satisfaction (Baba, 2004; Cheng, Yang, & Chiang, 2003; Nguyen, 2002). The role of doctors and other clinical staff in sustaining good patients' satisfaction had also been published (Ahmad & Ud Din, 2010; Al-Eisa, Al-Mutar, Radwan, & Al-Terkit, 2005; Alghamdi, 2014; Ogunfowokan & Mora, 2012; Ogunnowo, Olufunlayo, & Sule, 2015; Opele, 2017; Woodring *et al.*, 2004). Although the concept of patient's satisfaction is complex and diverse due to differences in culture, religion and social lives of people in different settings. Literature has shown that patients' satisfaction can be linked to the application of electronic health records system which enhance positive clinical outcomes (Kazley, Diana, Ford, & Menachemi, 2012) and transform patients' clinical experience. The physicians and nurses, in particular, have a huge responsibility towards improving patients' satisfaction because the patient's spent substantial time with them while in the health facility for clinical attention (Gidwani *et al.*, 2017). These authors suggested modifying physicians' activities to accommodate electronic health records system without sacrificing quality and standard of care. Al-Jafar (2013) cited in Menachemi and Collum (2011) stressed the benefits of electronic health records system to include improving the quality of care and reducing medical errors as well as reducing financial and operational costs. Al-Jafar (2013) also highlighted the need for more attention on the part of the physician to improve patients' satisfaction. Patients' satisfaction with the use of computer in patient-physician interaction has also been reported in the literature (Lelievre & Schultz, 2010).

Health Service Delivery

The World Health Organization (WHO) defines service delivery as the way inputs are combined to allow the delivery of a series of interventions or health actions (WHO 2001b). As noted in the World Health Report 2000, "the service provision function of the health system is the most familiar; the entire health system is often identified with just service delivery." The report states that service provision, or service delivery is

the chief function the health system needs to perform (WHO, 2000). As such, the relationship between service delivery and the other modules of this health systems assessment and their relationship with health system objectives. Availability of Service Delivery: According to the WHO, availability coverage refers to the proportion of people for whom sufficient resources have been made available, the ratio of human and material resources to the total population, and the proportion of facilities that offer specific resources, equipment and materials, and other health service delivery necessities (WHO 2001a). In other words, it is the degree to which health facilities that are functional, adequately staffed, equipped, and supplied are available to the population in a country.

Service Delivery Access, Coverage, and Utilization: Service delivery access refers to the ability of a population to reach appropriate health services. (In this assessment, the WHO-defined concepts of accessibility, coverage, and acceptability coverage have been combined.) Various factors can reduce access, including presence of geographical and transportation barriers, lack of financial resources, or lack of cultural appropriateness. Effective coverage refers to the proportion of the population in need of an effective intervention that actually received the intervention. The utilization rate refers to the number of times per year the population uses health services. The utilization of health services represents effective access to health care, assumed to be the result of the interaction between supply and demand factors (Acuña et al. 2001). There are various indicators of utilization; among the most common are the number of outpatient visits per person per year and the number of hospital admissions per 100 persons per year, coverage of prenatal care, coverage of professional childbirth delivery, and coverage of immunizations (Acuña et al. 2001).

Organisation of Service Delivery: Organisation of service delivery has been defined by WHO (2001b) as “choosing the appropriate level for delivering interventions and the degree of integration. “This assessment will focus on integration and continuity of care – two areas that can feasibly be covered within the scope of this assessment and that are not covered by other modules. The higher the degree of integration and the greater the continuity of care, the more efficient the organization of care is in attending to patient needs (the efficiency gains have an upper limit, and many would argue that there may be a trade-off with effectiveness and trade-off is partly how vertical programs are justified).

The questions in the following indicators can be asked at the primary care level, at the regional health authority, and at national Ministry of Health (MOH) programs. The answers may differ regionally, so as much as possible, attempt to find at the central level what the pattern might be for the country as a whole. Assessment of the organization of service delivery will rely more on key informant interviews and produce more descriptive information than the previous sections. **Quality Assurance of Care:** To assure the clinical quality of health services, health systems must define, communicate, and monitor the level of quality of care. This information is used by policy makers and providers to improve the level of quality of care. Defining quality of care is often achieved by establishing national evidence-based standards, which represent an ideal of how clinical care should be implemented. Unfortunately, in many developing countries, the gap between such standards and what is possible to implement at the facility level is wide due to limited resources (e.g., lack of supplies and

equipment). Even when resources are available, many providers may not have the time or motivation to implement new standards of care. To help providers perform according to standards, policy documents need to be adapted into a practical form that providers can use, such as clinical guides or manuals, job aids, charts, forms, checklists, or posters. (MOH, 2010).

In addition, adherence to standards must be monitored to close the quality gap. Supervisors are instrumental in assuring quality of care by giving feedback on performance according to clinical standards. They usually assess the quality of care during site visits or from facility level service delivery data and documentation. Consult with the Health Financing module assessor (if health financing is being assessed), to see if he or she has found any example of provider payment mechanisms that reward quality. **Community Participation in Service Delivery:** Although utilization reflects the intersection of supply and demand, community participation refers to the demand side of the service delivery equation and demonstrates accountability and responsiveness to local needs. These indicators look at governance issues. For the purposes of this assessment of service delivery, clients and patients will be included as part of the community.

Patients' Perception and Attitude towards HIS

Appari and Johnson, (2008), a survey of researches on health care confidentiality made by Sanker et al. (2003) revealed four conclusions.

- First, patients strongly believe that their information should be shared only with people involved in their care.
- Second, patients do identify with the need of information sharing among physicians, though HIV patients are less likely to approve sharing of their health information.
- Third, many patients who agree to information sharing among physicians reject the notion of releasing information to third parties including employers and family members.
- Lastly, the majority of patients who have undergone genetic testing believe that patients should bear the responsibility of revealing test results to at-risk family members. In the same line it is stated that very limited research has examined patients' perception on sharing of anonymized health records, perhaps 10 with exception of more recent studies that examine patients' perception about consent to health information use for other than their own care (Bansal, et al. 2007; Campbell et al. 2007).

Being one of a few attempts in studying patients' perception, Bansal et al. (2007), reported that user's current health status, personality traits, culture, and prior experience with websites and online privacy invasions play a major role in user's trust in the health website and their degree of security and privacy concerns. Campbell et al. (2007) also showed that significant numbers of patients are neutral to their health-related information disclosure. In connection to this, Angst et al. (2006) investigated divergence of perception among patients toward different types of Personal Health Record (PHR) systems, including paper based, personal computer based, memory devices, portal and networked PHR, which are in the increasing order of technological advancement. The study found that patients relative perception of privacy and security concern increased with the level of technology, e.g. relative security and privacy concern for networked PHR is twice that of memory device-based PHR. Technologically advanced PHR

systems were found to be favoured by highly educated patients. In another study, Chalmers and Muir (2003) stated that, patients should have the right to exercise some control over the acquisition, use, and disclosure of their personal health information. In connection to this their perception towards it, will have a positive or negative implication on service delivery and user satisfaction.

Measuring Patients' Perception and Satisfaction

In recent years the focus on measuring patient satisfaction has increased. Such studies are regarded as valuable, even if they are made by official authorities (recognized international organizations or public institutions at the national level) or made by practitioners and researchers from medical, social, administrative and economic fields. Satisfaction is mainly determined by patients' characteristics, expectations and psychosocial features (Sitzia, Wood 1997, Prasanna, Bashith, Sucharitha, 2009). The most commonly chosen criteria for measuring satisfaction with HS are: health condition, hospital environment, service type (state or private), politeness of the staff, age, income, communication, employment status, gender, and education (Mihailovic, Kocic, Trajkovic, Jakovljevic, 2017). Research done by Hall and Dornan cited in Cosma et.al (2020) revealed that white, older male patients that are married and have a higher social status tend to be more satisfied (Cosma et al., 2020). Moreover, women, less educated people, and unemployed people estimate their own health condition as worse (Mihailovic, Kocic, Trajkovic, Jakovljevic, 2017). Healthcare services' most relevant and desirable outcomes is the patient's satisfaction (Morgovan, Cosma, Polinicencu, Burta, Ghibu 2011, Naidu, 2009, Bara, van den Heuvel, Maarse, van Dijk, 2002). The patient evaluates both the entire HS process as well as the consultation environment (Meng 2018). Although some studies suggest that there is no statistically significant differences in overall evaluation between patients with different demographics, further research is recommended (Meng 2018).

On the other hand, satisfied customers seem to build trusting relationship with healthcare providers, developing higher cooperation levels and higher health outcomes (Mihailovic, Kocic, Trajkovic, Jakovljevic, 2017). So far, there is a small number of studies evaluating patient satisfaction with the HS in Romania (Popa *et al.*, 2017). Both these and the Eurobarometer surveys conducted by EU institutions show that, compared to patients from other EU countries, Romanian patients have a lower level of satisfaction with the overall quality of healthcare (Jankauskien, Jankauskait 2011, Vladescu 2016). According to other studies dedicated to Romanian HS, only a quarter of the Romanians make a positive assessment of the healthcare system (Cotiu, Crisan, Catana, 2014), and, in general, most Romanians consider that hospital services quality is poor (Jankauskien, Jankauskait 2011). The main factors that affect patient satisfaction are the waiting time in emergency units; the confidence level in the medical staff and the amount of interaction with the patients; the professionalism of physicians and nurses and their ability to offer solutions for improving patients' health (Burcea, Toma, Papuc, 2014, Druica, Mihaila, Burcea, Cepoi, 2020). Different authors identified the causes of the low level of satisfaction with Romanian HS as being: the additional costs due to the poor financing of the HS; long waiting times due to the small number of specialists; accommodation facilities and conditions, and the attitude of medical or auxiliary personnel

(Popa *et al.*, 2017, Vladescu *et. al.*, 2016, Baba, David, 2007, Stefanescu, Turlea, Calu, 2011, Agheorghiesei, Copoeru, 2013). It is generally agreed that measuring patients' satisfaction represents a support in achieving sustainability of the HS together with other indicators. Most previous researches analyze and measure either patients' satisfaction or patients' confidence in the HS.

METHOD AND MATERIALS

Study setting

The study was carried out in two selected hospitals in Bayelsa State.

Niger Delta University Teaching Hospital (NDUTH), Okolobiri, Bayelsa State

The study was carried out at the Niger Delta University Teaching Hospital (NDUTH), Okolobiri, formerly known as the General Hospital, Okolobiri established by the then Governor of old Rivers State, Alfred Papapreye Diете-Spiff under Gen Yakubu Gowon Military Rule in 1973. Okolobiri General Hospital existed for about 18 years before the creation of Bayelsa state by General Sani Abacha in 1996. In 2007, during the administration of Timipre Silva as the Governor of Bayelsa State, the then General Hospital, Okolobiri was upgraded to a 158-bed tertiary healthcare centre in order to meet the healthcare demands of the state. It was named Niger Delta University Teaching Hospital (NDUTH) and attached to the Niger Delta University Amassoma to operate as a tertiary healthcare level.

Federal Medical Centre (FMC), Yenagoa Bayelsa State

Federal Medical Centre, Yenagoa, is a federal-owned medical center in the Niger Delta region that offers quality tertiary healthcare services. Established in 1957, it has undergone several changes, including being renamed Federal Medical Centre, Yenagoa in 1999 and renaming the Otuoke Cottage Hospital in 2014. The hospital has experienced significant growth, with reduced death rates and increased patient patronage. It has a dedicated staff of 2,216 regular staff and is aiming to become a Federal Teaching Hospital. The hospital has completed numerous building projects and is currently undergoing several on-going projects. The main medical director is Dr. Dennis O. Allagoa, and the head of clinical services is Dr. James Omietimi. The hospital has a main center and an outreach center at Otuoke, led by Dr. Peter Alabrah and Dr. Egbuvbge. The hospital is also involved in research and training.

Study Design

A cross-sectional descriptive design was adopted for the study. The purpose of this study was to explore the relationship between the patients and the quality of Service delivered by Health Information Management Practitioners in the hospital.

Study Population

The target population of study comprised of the total number of patients attending various clinics in Federal Medical Center Yenagoa (FMC) and Niger Delta University Teaching Hospital (NDUTH) Okolobiri, Bayelsa State.

Sample Size

The sample size of the study was the number of outpatients attending clinics in Federal Medical Center (FMC) Yenagoa and Niger Delta University Teaching Hospital (NDUTH), Okolobiri as at the time of the study. The study used Slovin's formula to determine the sample size to be (334).

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

Where:

n signifies the sample size

N signifies the population under study (2000)

e signifies the margin error which could be 0.10, 0.05 or 0.01. (0.05).

Sampling Technique

A systematic sampling technique was used and to select the 334 participants from the two tertiary hospitals in Bayelsa state. This approach was adopted because of the relatively large study population of about 2,000 patients who visit the hospitals every month. The number was determined based on the hospital attendance trend in the last 1 to 2 years of the two tertiary hospitals. The 334 patients were drawn from adult patients who attended only outpatient services of the hospital between June 1 and 30, 2017 (1 month). The different clinics where patients were recruited include Antenatal Clinic (ANC), Medical Outpatient (MOP), General Outpatient Clinic (GOPD), Surgical Out-patient Clinic (SOP), and Ophthalmology clinic.

Instrument of Data Collection

The instrument for data collection employed in this study was questionnaire which serve as the primary/ based source of data collection and for which conclusion was drawn. The research instrument (questionnaire) was divided into two (2) Section (A & B) respectively. Section A contains the demographic information of the respondents, Section B is used to elicit various responses on the assessment of the effective and efficient hospital appointment system in state and federal tertiary hospital, Bayelsa state. The study instrument took the five (5) points rating Likert scale format. The response levels were 1= Strongly Agree (SA), 2= Agree (A), 3= Don't know (DK), 4= Strongly Disagree (SD), 5=Disagree (D).

Method for Data Analysis

Data collected were examined for completion, thereafter, copies of the questionnaire were found suitable for analysis. Hence, data was coded and demographic data were presented on tables and simple percentage using computer-assisted statistical software of IBM-SPSS version 23.

The Research questions were analyzed using descriptive statistics such as mean and standard deviation, while the null hypothesis was tested with Independent Sample T-Test at 0.05, level of significance. Demographic data collected were presented on tables and simple percentage using SPSS version 21. Research questions were analyzed with mean and standard deviation while the null hypothesis was tested with Independent Sample T-Test at 0.05, level of significance.

Ethical Consideration

Prior to the research study, ethical approval was sorted from the Research and Ethics Committee of Niger Delta University Teaching Hospital (NDUTH), Okolibiri and Federal Medical Centre Yenagoa Bayelsa State and with approval was granted to carry out the study in the Hospitals. Consequently, all respondents were assured by the researcher that every information supplied will be treated as confidential and for academic purpose thereby seeking the willingness and cooperation of the respondent.

RESULTS

Demographic information of the respondents is grouped into six consecutive variables which are sex, age categories, marital status, occupations, level of education and health facility of the patient. The study shows that 80(24.8) were aged 41-45 years, and that more respondents were married. 69(21.4%) of the patient that respondents were into businesses and fishing, and 99(30.7%) of the respondents has Higher National Diploma and Bachelor's degree.

The table shows what patients think about the quality of services provided by Health Information Management personnel in hospitals. They used a score of 3.00 as a standard. All the scores were higher than this, which means patients think Health Information Management services are very good. Patients think Health Information Management professionals play a role, in managing health records. They believe Health Information Management professionals are very important when it comes to health records. They scored this 3.43. This means patients think Health Information Management professionals are consistent and reliable when handling health records. Patients also trust Health Information Management professionals to keep patient information secret. They scored this 3.52. Patients know how important Health Information Management professionals are in helping hospitals improve. They scored this 3.62. Patients also think Health Information Management personnel give advice on how to document things and communicate. They scored this 3.61. This shows Health Information Management professionals help information flow smoothly in hospitals. Overall patients are happy with the quality of hospital services. They scored this 3.48. This is higher than average. It shows patients think Health Information Management services are a part of good healthcare. So, what do we learn from this? Patients think Health Information Management personnel are good at their jobs important for healthcare. Patients know Health Information Management professionals are good, at keeping records accurate keeping information secret and helping with communication. But the scores are not perfect. There is still room to improve Health Information Management services.

The table shows what patients think about the Health Information Management service in hospitals. They used a score of 3.00 as a standard to measure this. Most of the time patients gave scores higher than 3.00, which means they generally like the Health Information Management service. Some patients are not really sure what Health Information Management is all about. Patients think that the people who work in Health Information Management are good at keeping records secret. They scored this 3.72. Patients also think that these people are good at keeping records safe and they scored this 4.03.

Table 1. Summary of result on the Quality of services rendered to the patient by Health Information Management personnel in tertiary hospitals

QUESTIONS	SA	A	DK	D	SD	Mean	Stand Dev.	Kurtosis	Decision
1 Health Information Management (HIM) Professionals provide quality services in all aspects of records management	95	74	65	49	39	3.43	1.368	-1.083	High
2 HIM plays a vital role in ensuring the confidentiality of health information within the patient record	99	80	71	34	38	3.52	1.338	-0.846	High
3 HIM professionals are essential in quality programs	98	90	78	26	30	3.62	1.253	-0.498	High
4 HIM professionals provide guidance on documentation and communication	96	95	68	34	29	3.61	1.262	-0.601	High
5 Patient satisfaction with service quality of overall hospital services	92	89	82	35	24	3.48	1.284	-0.680	High

Key: Criterion Mean (x) = $5+4+3+2+1/5 = 15/5 = 3.00$.

Table 2. The perception of patient towards Health Information Management service delivery in tertiary hospitals

QUESTIONS	SA	A	DK	D	SD	Mean	Stand Dev.	Kurtosis	Decision
6 HIM professionals maintain confidentiality of patient records in the hospital	120	86	53	32	31	3.72	1.315	-0.569	Accept
7 HIM professionals are people who secure, protect and preserve patient records	150	92	40	21	19	4.03	1.177	0.522	High
8 I am satisfied with the services rendered to me by the HIM care service in the hospital	66	64	64	64	64	3.02	1.420	-1.304	Accept
9 I am satisfied with the services rendered to me by the HIM care service in the hospital	99	74	65	44	40	3.46	1.370	-1.041	Accept
10 HIM professionals' duty is nothing else but to retrieve patient folders and records	65	65	65	64	63	3.03	1.413	-1.295	Accept
11 HIM professionals are known as common card issuers	92	89	82	36	23	3.59	1.212	-0.610	Accept
12 HIM professionals are very important in the hospital	98	81	70	34	39	3.51	1.342	0.827	High
13 HIM professionals are just responsible for the custody of patient records	100	81	70	31	40	3.53	1.347	-0.827	Accept
14 HIM professionals are seen as the advocates of the patient's right to private in the hospital	93	88	81	36	24	3.59	1.223	-0.628	Accept
15 HIM professionals collect, collate, analyze, summarize and interpret data	154	93	38	20	17	4.08	1.148	0.737	Accept
16 HIM professionals are the first point of call in the hospital	170	90	29	21	12	4.20	1.086	1.237	Accept
17 HIM professionals are responsible for misfiling and misplacement of patient records	68	65	64	63	62	3.04	1.420	-1.306	Accept
18 HIM professionals are too rude, pompous and arrogant	70	69	66	60	57	3.11	1.404	-1.269	Accept
19 HIM professionals should be ignored in the hospital	40	51	58	81	92	2.58	1.372	-1.095	Reject

Key: Criterion Mean (x) = $5+4+3+2+1/5 = 15/5 = 3.00$.

Table 3. Result on the Level of patient's satisfaction with the services received from the Health Information Management personnel in tertiary hospitals

QUESTIONS	SA	A	DK	D	SD	Mean	Stand Dev.	Kurtosis	Decision
20 HIM professionals are so caring, willing to listen to the complaints and give clear advice to the patient	67	64	65	63	63	3.03	1.419	-1.303	Accept
21 I will not recommend other patients or client in need of healthcare services to this facility because HIM services are too poor	41	48	59	81	93	2.57	1.375	-1.074	Low
22 Waiting time of patient in the HIM unit increase the patient dissatisfactions	160	80	68	8	6	4.18	0.972	0.516	Accept

Key: Criterion Mean (x) = $5+4+3+2+1/5 = 15/5 = 3.00$.

This shows that patients trust them to protect information. Patients also think that the people who work in Health Information Management are members of the hospital team. They scored this 3.51. They think that these people are good at collecting, analyzing and understanding data. They scored this 4.08. Many patients think that the people who work in Health Information Management are the people they meet when they go to the hospital. They scored this 4.20. This shows that patients think they are easy to talk to. Patients also think that the people who work in Health Information Management help protect their privacy. They scored this 3.59. Some patients do not really understand what the people who work in Health Information Management do. Some patients think that they just keep records or that they just give out cards. They scored these things 3.53 and 3.59. This means that many patients do not know how important the people who work in Health Information Management really are. When it comes to being satisfied with the Health Information Management service patients are just okay with it.

They scored this 3.02 and 3.46. This means that patients are a little happy. They think that the Health Information Management service could be better. Some patients think that the people who work in Health Information Management can be rude and they scored this 3.11. Some patients also think that they are responsible when records get lost and they scored this 3.04. This shows that patients are worried about how the people who work in Health Information Management treat them and if they are doing a job. It is good to know that patients do not think that the people who work in Health Information Management should be ignored. They scored this 2.58. This means that patients still think that the people who work in Health Information Management are important. Overall the results show that patients like the Health Information Management service but they are not completely happy, with it and they do not really understand what it does. The table shows how happy patients are with the work of Health Information Management personnel in hospitals. It uses a score of 3.00 as a standard to decide things.

Table 4. Result on the Factors that could mar patient satisfaction and the quality of services rendered to the patient by the Health Information Management personnel in the tertiary hospitals

	QUESTIONS	SA	A	DK	D	SD	Mean	Stand Dev.	Kurtosis	Decision
23	Lack of coordination is not a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	38	58	71	93	62	2.74	1.284	-1.008	Reject
24	Lack of resources is a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	101	80	46	46	49	3.43	1.441	-1.173	Accept
25	Lack of qualified/trained manpower is a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	160	95	45	12	10	4.19	1.016	1.348	Accept
26	Technology interoperability challenges is not a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	67	66	65	64	60	3.05	1.409	-1.288	Accept
27	Lack of understanding between the patients and staff is a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	99	96	50	40	37	3.56	1.343	-0.828	Accept
28	financial risk and unpredictable revenue streams is a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	171	89	30	22	10	4.21	1.066	1.177	Accept
29	Lack of proper communication is a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	99	91	80	32	20	3.67	1.188	-0.438	Accept
30	Lack of policies/procedure and regulation of activities/attendance	154	92	37	19	20	4.06	1.179	0.690	Accept
31	Tribalism is a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	71	68	67	58	58	3.12	1.407	-1.258	Accept
32	Favoritism is not a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	69	68	64	62	59	3.08	1.412	-1.291	Accept
33	Political will and godfatherism is a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	89	81	72	56	24	3.48	1.266	0.973	Accept
34	Man-know-man is a factor that mar patient satisfaction and the quality of services rendered by HIM personnel	96	79	90	36	21	3.60	1.207	-0.666	Accept

Key: Criterion Mean (x) = $5+ 4+3+2+1/5 = 15/5 = 3.00$.

The first thing the table looks at is if Health Information Management people are kind and give advice. The score is 3.03 which's a little better than the standard. This means patients think Health Information Management people are nice and helpful but not extremely nice. The second thing is if patients would tell others not to go to the hospital because of Health Information Management services. The score is 2.57 which's not good. This means patients do not think Health Information Management services are so bad that they would tell others to stay. Some patients are still not pleased. The third thing is about how patients have to wait. The score is 4.18 which's very high. This means patients are very unhappy when they have to wait a time. This seems to be the problem. Overall patients are fairly happy with Health Information Management services. They like the way Health Information Management people treat them and talk to them. When they have to wait a long time, they get unhappy. This is a problem that needs to be fixed so patients are happy, with the service they get from Health Information Management.

The table shows what people think about the things that affect how happy patients are and how good the services are from Health Information Management personnel. Most of the things listed were thought to be important which means people generally agree that there are problems with the system and with people that affect how well services are delivered. One of the things respondents disagreed with was that there is no problem with coordination. The score for this was 2.74 which means people think poor coordination is a problem. Another thing people had opinions about was technology interoperability with a score of 3.05. This suggests that people are not sure about this. Some think it is a challenge. Patients strongly agreed that lack of resources and lack of trained staff are problems. The score for lack of trained staff was 4.19 which is very high. This means people think that not having staff and not having staff with the right training are critical issues. Financial problems, like revenue also scored very high at 4.21. This shows that not having money is a big problem for delivering services. Communication problems were also an issue.

Participant agreed that not communicating properly and not understanding each other between staff and patients negatively affect satisfaction. The scores for these were 3.67 and 3.56 respectively. Also not having policies and procedures was thought to be a major barrier with a score of 4.06. Respondent also thought that social and institutional factors are important. They agreed that tribalism, favoritism, political influence and unfair practices affect fairness and quality of service. The scores for these were 3.12, 3.08, 3.48 and 3.60 respectively. In summary the findings show that both problems with the organization and social and cultural influences play a role, in shaping patient satisfaction with Health Information Management services.

DISCUSSION OF FINDINGS

The results from the above findings give us a picture of how patients feel about Health Information Management services in big hospitals. One thing that keeps coming up is that while the technical quality of these services is generally very good patients do not feel as happy with them. This means that just doing a job is not enough to make patients feel good about their experience. From what we found out patients clearly think that Health Information Management personnel do a job. They are very good at managing records keeping things private helping with documents and making sure that the quality of care is good. This shows that patients know that Health Information Management staff are professionals and that they are important for making sure that healthcare is delivered well. This is what Abdelhak and his team said in 2016 that managing health information is crucial for keeping patients safe and making sure that they get the care they need. The American Health Information Management Association also said in 2020 that Health Information Management professionals play a role in keeping data accurate and helping doctors make decisions. Even though Health Information Management personnel are doing a job patients do not always see them in a good light. While many patients think that Health Information Management professionals protect records and are important members of the hospital team some patients still

think of them as just people who give out cards or handle patient files. This means that patients do not really understand what Health Information Management professionals do. Ojo and Popoola found the thing in 2015 that in many hospitals Health Information Management professionals are not given the credit they deserve because they do not work directly with patients. It was also found out that patients are not completely happy with Health Information Management services. Even though patients think that Health Information Management staff are caring and willing to listen waiting for a time is a big problem. This means that it is not the quality of the service that is the problem but how the service is delivered. Bleustein and his team said the thing in 2014 that waiting time is one of the most important things that affects how happy patients are.

Our results give us an idea of why these problems are happening. Patients said that there are things that affect the quality of the service and how happy they are, including not having enough trained staff not having enough resources, poor communication and not having clear policies. They also said that social and cultural issues, such as favoritism and corruption are problems. These are the kinds of problems that are found in healthcare systems in developing countries. The World Health Organization said in 2016 that weak healthcare systems, poor management. Not having enough staff are often the reasons why patients do not get good care in poor countries. Overall, our results show that while Health Information Management personnel are good at their jobs patients are not happy because of how the services are delivered. Problems like waiting, poor communication and inefficiencies make the patient experience worse. Make patients unhappy. This is what Atinga and his team said in 2011 that patient happiness is not about the quality of the service but also about how patients are treated and how the system works. In short, our study shows that there is a gap between the quality of the service and how patients feel about it. While Health Information Management services are working well in terms, we need to do a better job of making patients happy reducing waiting time improving communication and fixing the problems, in the system. We also need to educate the public about what Health Information Management professionals do so that patients understand their importance and value.

Conclusion

The study found that Health Information Management personnel in hospitals are doing a good job especially when it comes to managing records keeping things confidential and handling data. Patients know that Health Information Management personnel are important in the healthcare system and they appreciate the work that Health Information Management personnel do to help deliver services. Even though Health Information Management personnel are doing a good job patients are not always happy with the services they get. This is because many patients do not really understand what Health Information Management personnel do, they just think that Health Information Management personnel are people who handle records or give out cards. There are also some problems that make it hard for patients to get the services they need. For example, patients have to wait a time and Health Information Management personnel do not always communicate well with them. Sometimes there are not Health Information Management personnel to help patients and the rules are not clear. Also, different parts of the hospital do not

always work together. Some social things, like when people get treatment because they know someone can also make patients unhappy. So, the study shows that there is a difference, between the good work that Health Information Management personnel do and how patients feel about the services they get from Health Information Management personnel.

Recommendation

Based on what we found out here are some suggestions:

- Create rules: Hospitals should make and follow standard guidelines to ensure fairness and accountability when giving services.
- Hospitals should use guidelines like "come, first-served".
- Get staff and train them: We need to hire more qualified Health Information Management (HIM) staff and give them regular training to improve their technical and people skills.
- Make waiting time Hospitals should make their processes smoother use efficient record systems and improve their workflow to reduce delays.
- Communicate better: HIM staff should talk to patients in a respectful and friendly way to improve their experience.
- Inform the public: Patients should learn about the roles and importance of HIM professionals to correct ideas and improve their perception.
- Be transparent and fair: Hospital management should fix issues like favoritism and unfair practices to ensure service delivery.
- Use technology: Improving system connectivity and digital infrastructure will make things more efficient reduce mistakes and support service.

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