Service Delivery of Health Information Management Professionals in Tertiary Hospitals, Bayelsa State, Nigeria

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Abstract

Service delivery is the primary focus of every organisation, and as such Health information management professionals are obliged to this decisive role through constant interaction with patients. This role can only be acted upon expeditiously if practitioners are service delivery conscious and recognizing patients as kings. In a situation where this is not adhered to, there is every propensity that health information management professionals will face service delivery protest. The objective of this study is to evaluate the level of service delivery (SD) of health information professionals in tertiary hospitals in Bayelsa state. Descriptive study design was adopted; population consists of 78 health information management professionals and two focus group of patients in tertiary hospitals in Bayelsa state who served as the sample size. Total enumeration sampling technique was adopted as the sampling size was small for the study. Data collected was analysed using descriptive and inferential statistics. Service delivery is measured on four constructs of Intangibility, Ideology, Limits and Variability based on theory of Human service delivery. The study revealed that the service delivery of health information management professionals in tertiary hospitals in Bayelsa state is very low with an aggregate mean of 0.72. The study therefore recommends that organisational heads of tertiary hospitals should train and retrain health information management professionals that promote service delivery ideology.

Keywords: Service delivery, Tertiary hospitals, Health information management professionals, Bayelsa State

Background of the Study

Service delivery is a contractual transaction between the patient and the hospital, in order to satisfy need. It is an act of provider-client contact that affords both parties the opportunity to act based on expectation and demand. Patients' loyalty is based on exceptional service delivery, with an effort to retain loyal clients and draw new ones (Harriet et al., 2024). Customers are the first marketing tool, who are likely to spread the service delivery through the words of mouth. When a service provider delivers a service, such as a knowledge-based skill or function, the client either earns value or loses value on the basis of this interaction, which is characterised as the delivery of services in the context of business (Charlton et al., 2019). The issue of public service delivery remains a contentious issue in many countries, and citizens have complained about service rendered by various service outlets (Lyons et al., 2019). Among other sectors of the economy, health service delivery continues to receive such attention, with numerous complaints being reported regarding poor service delivery faced by many developing countries (Luthuli et al., 2017 and Siddiquee, 2016). At the core of the delivery of health services is the need for effective health records and information management delivery systems, which is capable of delivering quality medical services that justify patient need.

There is a growing need for effective records and information management delivery system that is reliable and authentic, whereby patients can receive quality medical services, as many developing countries are faced with service delivery challenges (Akinboade et al., 2014 and Gafar, 2017). Some States in Nigeria staged a protest against the embarrassing epileptic power supply in October 2012 by flogging a member of staff of the Power Holding Company of Nigeria to express their displeasure (Akinboade et al., 2014). Despite all these efforts, service delivery has continued to bedeviled development in post-independent Nigeria (Gafar, 2017). Extant studies have linked factors such as lack of accountability, political instability, governance constraints, corruption, bad governance, and western penetration, among others, to developmental failure in Nigeria. However, these poor service delivery attitudes have impacted negatively on developmental programs in Nigeria.

The involvement of health information management professionals in patient healthcare is measured based on intangibility, ideology, variability, and limits of service delivery. These four measures were contextualized from Human Service Delivery Theory (Child et al., 2001) and will be used to measure the service delivery practices of health information management professionals in the context of this study. Intangibility of service delivery infers that the services rendered by health information management professionals cannot be gratified and felt (Child et

al., 2001). This implies that service delivery is an invisible transaction that takes place between the health information management professional and the patient, which is emotionally satisfying to both parties (Child et al., 2001). They exist as events and cannot be resold or shared between parties. The delivery of health information management services is mainly anchored on data; the shared relationship between patient and healthcare professional is based on a pure conscience that tends to grow into a deeper chain of continuum interaction, which is capricious in nature.

Service delivery variability in health information management professional practices means that services exist as events, which are more mutable in the product that an organization can provide. The sharp variation in service delivery is due to the fact that patient' health conditions differ from one another, just as patients' temperatures alternate per second. The concerted effort to improve health services is based on the profession's ideology.

The service delivery ideology of health information management professional practice stresses the importance of an internal ideology of the hospital and of the profession's values, norms, and ethical regulating modules of operations. The service delivery limits of health information management professionals are the service boundaries that are placed on practitioners to restrict them from acting out their will rather than satisfying client needs, irrespective of pressure on service demands.

Statement of the Problem

Health Information Management Professionals (HIMPs) are service providers without recourse. It is essential to redefining their operation in order to satisfy patient service demand (Kurokeyi et al., 2024). It is in this context that many regions in South Africa have observed service delivery protests characterized by increased violence in the past decade. Several scholars have argued that these protests can be attributed to organizational failure in providing satisfactory basic services. Literatures reviewed, and related issues indicate poor and decline medical records services in tertiary hospitals in Bayelsa State, Nigeria. Hence, the need to address the perceived abnormalities that will positively affect service delivery at every given level.

Study Objectives

The objective of this study is to investigate the level of service delivery of health information management professionals in tertiary hospitals in Bayelsa State, Nigeria. Specifically, the objectives are to:

i. Identify the level of service delivery of health information management professionals in tertiary hospitals in Bayelsa State.
ii. Ascertain the service delivery constructs common in tertiary hospitals in Bayelsa, State.

Research Questions

The following research questions will guide the study.

i. What is the level of service delivery provided by health information management professionals in tertiary hospitals in Bayelsa State?
ii. What is the service delivery practices common in tertiary hospitals in Bayelsa State?

Concept of Service Delivery

Service delivery is an important, abstract, and unique concept for service providers and service recipients. Service delivery has triggered considerable debate and attention in research literature in terms of defining and measuring it. Public services are different from market-based services in several ways, including their purpose, costs, capacity, and outputs. They are not simply services in the public sector, and they cannot be analyzed using the same criteria as market-based services (Martin et al., 2019).

Service delivery refers to the process and act of performing service obligations by the service producer to the customer that meet the desired demand (Levine, 2018). Services are provided by a variety of occupations and business setups, including information technology firms and healthcare facilities. Health information management professionals initiate the health care process for the patient, being the first and last point of contact for all patients, thereby providing a gatekeeper role for healthcare institutions. Innovation in the modern economy is critical because of rapidly changing preferences and the emergence of multiple customer and client segments with different tastes, values, and patterns (Ledimo et al., 2015). More so, service delivery is a contractual relationship between both parties involved. The service concept defines the "how" and the "what" of service design and helps mediate between customer needs and an organization's strategic intent (Goldstein et al., 2002).

Study have shown that the concept of service delivery in Nigeria is good, and likewise contestable (Ndema, 2022). This submission is validated from empirical view on service delivery quality and customer satisfaction in hospitals in Nigeria (Pentland, 2013), which shows that majority of the respondents expressed their discontentment over the responsiveness of the service providers. It was determined that patient perceptions of the quality of health services differed according to their demographic characteristics. More so, women, the elderly, and patient with low level of education perceived health services offered to them as of better quality (Mason et al., 2018).

Theory of Human Service Delivery

The theory of human service delivery, as postulated by Casey Reader in 2017, entails an understanding of how people work within systems to deliver services (Reader, 2017). People are a resource unlike any other because their value and availability can be difficult to quantify. Services are judged partly by subjective criteria, so understanding the quality that is provided by any service system can be tricky. Theorists attempt to understand how to build the best system for the best services through the following measures: intangibility, variability, limits, and ideology.

Intangibility theory posits that services are fundamentally intangible; they cannot be touched or handled. They exist as events and cannot be resold or shared between parties (Crosby et al., 2016). Delivering a service to a person involves having a person to person contact that meet needs. In delivering any service to a person, the system designer must first consider the human element involved. The people delivering the service must be capable of interacting positively and effectively. Variability implies that services exist as events; there are tendencies for more variables than other products that an organization can provide. Organizations can improve the quality and consistency of their services only with great effort. A constant attempt must be made to gain customer feedback to understand the way service can be improved, thereby suggesting a training program. Limits connote that the fundamental limit on the service that any organization can provide is tantamount to the number of people that it has in its workforce. Person can be stretched with many task to accomplish in a given amount of time (Rogiers et al., 2021). In order to increase the quality or quantity of any service, it is often necessary to increase the number of people involved. For ideology, many theorists of human service delivery stress the importance of an internal ideology for an organization. In order to motivate the people delivering services and provide them with broad guidelines, which is necessary to communicate. Therefore, this theory is relevant to this study because it describes how people (health information personnel) handle their service. It is considered that the job indication and service status of hospitals varies, and as such the limits of the work and expertise connected to healthcare in terms of record-keeping and human resource management technologies helps in meeting service demands (Reader, 2017).

Methodology

The study adopted mixed method research approach. This method became very necessary due to the nature of the problem and issue under investigation, which demands in-depth knowledge to explore the service delivery of health information management professionals in tertiary hospitals in Bayelsa State, Nigeria.

Study Population

The population of this study consists of seventy-eight (78) health information management professionals in tertiary hospitals, which are composed of the Federal Medical Centre, Yenagoa, and the Niger Delta University Teaching Hospital, Okolobiri, Yenagoa, Bayelsa State. Two sets of focus group of patients from both hospitals were included in the study because they are the direct beneficiaries of health information management professional service delivery.

Inclusion and Exclusion criteria

All licensed health information management professionals practicing in tertiary hospitals in Bayelsa state.

While non-licensed personnel's working in the health information management departments in the both tertiary hospitals were excluded from the study. Follow-up patient from every out-patient clinic were conveniently selected. While new patients attending clinic for the first time were excluded from the study.

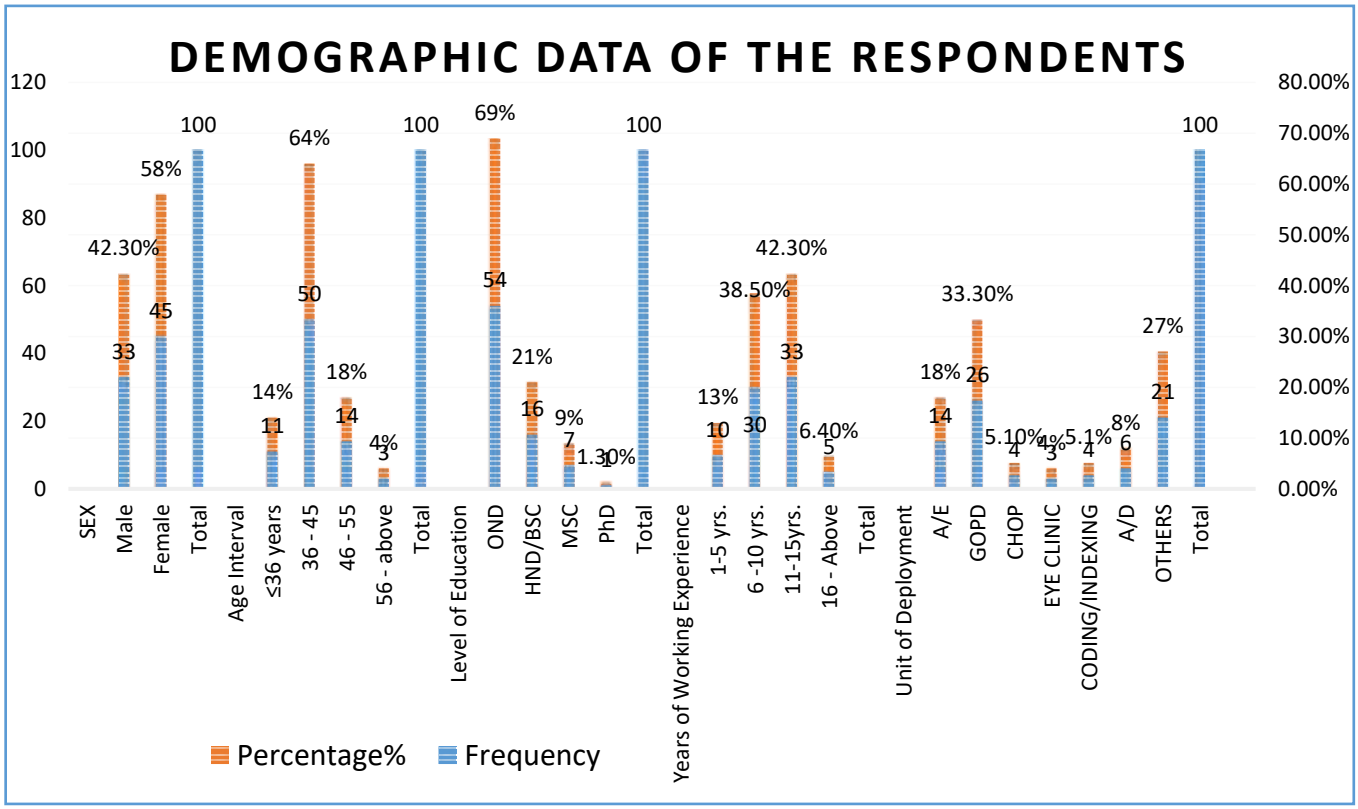
Analysis

Data were analyzed using Statistical Package for Social Science (SPSS) version 20. Data were summarized using chart, frequency, percentage and means. The data were presented using tables, while thematic content analysis was done on the qualitative data. And triangulation was done on both studies.

Ethical considerations

The study was granted ethical approval from the Ethics and Research Committee of both tertiary healthcare institutions (NDUTH/REC/06/09/23). Verbal and Informed consent was also obtained from the respondents. The confidentiality of information collected was secured by restricting access to the data collected to investigator and research assistants. Anonymity of the respondents was ensured by not including personal details of the respondents in the instrument.

Results



The graph above represents the demographic distribution of respondents in the two tertiary healthcare facilities in Bayelsa State. It provides insights into their sex, age distribution, level of education, working experience, and unit of deployment. The sex item indicate that female participants are more prevalent in both hospitals as 45(35.1%). The gender distribution also shows that women dominate the profession in both tertiary hospitals. While the age distribution shows that majority of the respondents fall within the mean age range of 36 to 45 (39%) years of age in both hospitals. Furthermore, it proves that the majority of the respondents are very agile and active to deliver service. The educational disposition shows that majority of the study participants 59(46%) are national diploma holders for both hospitals. The reasons for this are not far from the fact that most employers prefer the lowest cadre of health information management professionals in order to reduce the cost of remuneration, believing that career progression in health information management profession begins with the national diploma. More so, it suggests that National diploma (Technicians) are more enthusiastic and zealous without faulting the decisions of the top management (Merkle, 2023). The work experience of the respondents for both tertiary hospitals is 42.3% (11–15), which presupposes the fact that they have been in the health information management profession for quite some time, and may have wealth of

expertise operating in the space of knowledge relating to health information management service delivery.

The current unit of deployment of the respondents in the table item reveals that the current unit of deployment for the study participants for both hospitals is 26(20.3%) and were deployed to the General Out-patient Department (GOPD). The result shows that majority of the respondents are deployed to major service areas where the bulk load of service delivery demand is recognised by the heads of department and were coordinated by sectional heads.

Table 1. Service delivery tangibility of health information management professionals *(n=78)*

Service Delivery Tangibility	**VH**	**H**	**L**	**VL**	**Mean**	**Remarks**
Patient receives prompt delivery of services under my care	52 (65.0)	12 (15.0)	8 (10.0)	6 (7.5)	0.59	AG
The manual filing space is sufficient and promotes service delivery	42 (52.5)	18 (22.5)	11 (13.8)	7 (8.8)	0.78	WA
I am discouraged when service delivery is stalled	48 (60.0)	17 (21.3)	7 (8.8)	6 (7.5)	0.63	AG
The level of HIM service delivery in my hospital is of best practice	52 (65.0)	12 (15.0)	8 (10.0)	6 (7.5)	0.59	WA
Weighted 0.65					**Mean:**	**WA**

Decision Rule: 1.00 – 1.49 (Very low), 1.50–2.49 (Low), 2.50–3.49 (High), 3.50–4.00 (Very High).

Note: VH, H, L and VL depicts VH=Very High, H=High, L=Low and VL= Very Low

Table 1 shown above is the service delivery tangibility of health information management professionals, which is the first out of the four construct of service delivery with a weighted mean of 0.65, indicating that the tangibility construct has weak agreement among the respondents of both hospitals. The first statement reveals that 52(65.0%) of respondents rendered very high-level service delivery, being the highest score out of the four scale of measure with a mean score of 0.59. This implies that there is agreement (AG) from a significant portion of study population attesting that they render a high level of service delivery. The second statement measuring tangibility accounted for 42 (52.5%) of the respondents' affirmation of very low-level insufficiency of manual filing space to promote service delivery. The health information management professionals' job description is primarily on records management that is anchored on filing equipment in the case of traditional (manual) records management system. The lack of enough storage space and equipment for health records could be related to the limitation imposed by land size vis-à-vis the number of patients in the long run. The outcome of this study affirms

other research findings that the most prevalent challenge was the lack of enough filing space for patient records (Koltay, 2017).

Also, majority of the study participants of 48 (60.0%) reported very high rate of discouragement when service delivery is stalled. This is a clear indication that health information management professionals' major interest is patient satisfaction that reflect their training and job performance. Finally, the last statement on the tangibility construct scored 34(43.5%) of the study respondents showing very high level of HIM service delivery best practice. The statement result indicated the HIM service providers operates within the ambits of patient satisfaction based on their own self rating and appraisal.

The summary of the statement item on tangibility revealed that health information management professionals are passionate in meeting the service need of their patients which echo their professional ethics. The mean score for this measure is 0.59, showing a very low level of best practice. The weighted mean score for this measure of service delivery tangibility is 0.65, indicating that it is a very low and weak agreement.

Table 2: Service delivery Ideology *(n=78)*

Service Delivery Ideology	**VH**	**H**	**L**	**VL**	**Mean**	**Remarks**
I place service delivery to patient above personal gain	53 (66.3)	19 (23.8)	4 (5.0)	2 (2.5)	0.42	AG
I render service according to the norms guiding staff conduct in the hospital	61 (76.3)	11 (13.8)	4 (5.0)	2 (2.5)	0.32	SA
I deliver service to patient in line with the ethics of HIM practice	40 (50.0)	21 (26.3)	8 (10.0)	9 (11.3)	0.82	AG
I recognized that my delivery of service contributes to patient care	52 (65.0)	25 (31.3)	1 (1.3)	- (0.00)	0.35	AG
Weighted Mean:					**0.48**	

Decision Rule: 1.00 – 1.49 (Very low), 1.50 – 2.49 (Low), 2.50 – 3.49 (High), 3.50 – 4.00 (Very High)

Note: VH, H, L and VL depicts VH=Very High, H=High, L=Low and VL= Very Low

Table 2 above is used to measure service delivery ideology, which showed that 53 (66.3%) of the respondents express very high level of health information management professionals' places service delivery above personal gains. The first statement on this construct reported a mean score of 0.42, which implies that it is very low. Also, 61 (76.3%) out of the total study size x-rayed

very high number of the respondents rendered service in accordance with the norms guiding staff conducts of the hospital, with a statement mean score of 0.32, indicating strong agreement of majority abiding by the practice and driving principles of the hospital service delivery visions, but few of the study participants delivered service without obeying sets standard operating system (SOS).

Equally, very high majority of participants of 40(50.0%) deliver HIM services in accordance with health information management profession global best practice, the result on this statement reported agreement (AG), with mean score of 0.82. this finding implies that professionals uphold to the ethics and norms of the profession strictly, with a mindset of patient comes first as priority. This statement result is dissimilar to the findings reported by (Moeng, 2019), stating that the unethical service delivery of the electoral system used in South Africa deprives the community of the right to elect their preferred candidates.

The final statement in the service delivery ideology construct showed that vast number of the HIM professionals recognized it in very high term, 52(65%) that health information management services contribute to patient health care. Showing agreement (AG), with mean score of 0.35. The weighted mean score for this measure (Ideology) is 0.48, this result has proven that service delivery ideology is weak, this point to a deliberate approach for improvement.

Table 3: Service delivery Variability *(n=78)*

Service Delivery Variability	**VH**	**H**	**L**	**VL**	**Mean**	**Remark**
All patients are treated equally irrespective of social status	56 (70.0)	7 (8.8)	3 (3.8)	12 (15.0)	0.63	SA
I tolerate all patients as much as possible	48 (60.0)	21 (26.3)	5 (6.3)	4 (5.0)	0.55	AG
Well deserving special preference is given to some patients	8 (10.0)	6 (7.5)	38 (47.)	26 (32.5)	2.05	WA
Patient has not complained of service delivery variance	31 (38.8)	14 (17.5)	22 (27.5)	11 (13.8)	1.17	NA

Weighted Mean: **1.1**

Decision Rule:1.00–1.49 (Very low), 1.50–2.49 (Low), 2.50–3.49 (High),3.50–4.00(Very High)

Note: VH, H, L and VL depicts VH=Very High, H=High, L=Low and VL= Very Low

Notably, the third table 3 measures service delivery variability and has a weighted mean of 1.1. The first statement measuring the fourth construct on service delivery reported that 56 (70.0%) of the respondents express very high response of patients being treated equally irrespective of social status. The mean score for this is 0.63, showing strong agreement (SA) that patients are treated equally without any form of inequality meted on any patient, except on rare situation. Interestingly, the second statement shows that 38(47.5%) of the respondents submitted that low level of special preference is given to some patients, based on the situation of their health condition that solicit the need to be given preference. It is worthy to note that every second spent on healthcare counts on the life of the patient. The fact from this finding affirms that favouritism still prevails in some instances, and of course some healthcare provider will give special preference to family members, friends and other close associates hiding in the disguise of medical emergencies. This variable has a mean score of 2.05 indicating low service delivery variability. It further implies that health information management professionals in tertiary hospitals in Bayelsa State is impressively adhering to the queuing principle of first-come first-serve. The second statement on the service delivery variability reported that, 48(60.0%) of the respondents showed very high tolerance to all patients, with a mean score of 0.55 and agreement (AG) remark. This finding confirms the popular statement “that customers are always right”. It is only minor number of the respondents that showed response of intolerance to patients, in most cases there has been reports of patients assaulting healthcare provider. The response on this variable explained that patients are treated as kings.

While the last statement on the service delivery variability variable of 31 (38.8%) showed very high levels of patients not complaining of any service delivery variance, but then the minority of the respondents indicated low and very low levels of patient complaining of service delivery variability. This implies that service delivery has fewer patient complaints and variance; the statement item has a mean score of 1.17. The overall criterion mean score for service delivery variability measure is 1.1, which reveals very low (Weak agreement) variability existing in the study sites on service delivery.

Table 4: Service delivery Limits *(n=78)*

Service Delivery Limits	**VH**	**H**	**L**	**VL**	**Mean**	**Remarks**
I go the extra length to provide service	33 (41.3)	31 (38.8)	8 (10.0)	6 (7.5)	0.83	WA
The demand of HIM services does not reduce my focus	60 (75.0)	11 (13.8)	4 (5.0)	3 (3.8)	0.36	AG
Stress from patient increase my strength in service delivery	54 (67.5)	9 (11.3)	11 (13.8)	4 (5.0)	0.55	AG
I put my life on the line for patient HIM service	32 (40.0)	34 (42.5)	7 (8.8)	5 (6.3)	0.81	NA
Weighted Mean:					**0.64**	
Criterion Mean for all variable					**0.72**	

Decision Rule: 1.00 – 1.49 (Very low), 1.50 – 2.49 (Low), 2.50 – 3.49 (High), 3.50 – 4.00 (Very High)

Note: VH, H, L and VL depicts VH=Very High, H=High, L=Low and VL= Very Low

Table 4 presented above shows the results of the respondents measuring the fourth construct on service delivery Limits, with a criterion mean score of 0.64, which is very low. The first statement on the service delivery Limits constructs shows that majority of the respondents, 33 (41.3%) showed very high in going the extra length to provide service to their clients. This statement has a mean score of 0.83 and weak agreement (WA). In the same vein, the response from the second statement reported that greater majority, 60 (75.0%) attest to a very high extent. It states that high demand for health information management services does not reduce the respondents' focus; the mean score for this statement is 0.36, implying agreement (AG). Interestingly, the study reveal that HIM professionals' service provision is not affected by patients' high demands of service. In most cases, the volume of patient attendance is multiplied during public health emergencies or road traffic accident. More so, the third statement shows that majority of the respondents, 54(67.5%) signposted very high extent stress from patient increase their strength in service delivery, with a mean score of 0.55, thereby indicating agreement (AG). The response from the participants disclose that stress from patients increases health information

management professionals' strength in service delivery. Result from the fourth statement shows that 34 (42.5%) of the respondents indicated high extent of putting their life on the line for patients' health information management service delivery demand. This acmes the ardent interest and enthusiasm of health information management professionals to go all the way out to deliver service. The response to the above statement reported a mean score of 0.81, which is No agreement (NA). The criterion mean score for the fourth measure on (Limits) is 0.64, indicating a very low level of health information management professionals' service delivery in tertiary hospitals in Bayelsa State, Nigeria.

Thematic analysis of transcribed responds from focus group A & B (FMC and NDUTH)

The findings of the thematic content analysis reveal that the two focus group A and B, identified that service delivery was unmet. This indicates that health information management professionals' service delivery is low, thereby upholding the findings from the quantitative study. The findings of both studies, are clearly similar to other scholars' findings, that reported patient service delivery satisfaction was the lowest, and the expectations of patients in public hospitals not met (Marutha, 2021 and Zegers et al., 2019). Also, patient's service delivery faced a range of challenges in accessing services and had serious concerns about their unmet needs and wants within the health system. Both studies demonstrate that more patients face a wide range of challenges in accessing health information management service delivery and have serious concerns about their unmet needs and wants (Goldstein et al., 2002 and Capdarest-Arest et al., 2021). Almost half of the patients in group A, expressed concerns about the relevance and usefulness of the health information management service delivery especially as it related to their condition. Poor organization of service delivery, missing patient records and long waiting times to see health care providers are major actors that down-played service delivery of health information management professionals. In contrast, the result of this study disaffirms the findings in other literature that the degree to which patient needs were met is very good or excellent in general practice was more throughout Australia (Ndukwe et al., 2020). Both findings disagree with other reviewed literatures which indicated that patient service delivery is satisfactory ((Marutha, 2021).

Although, fewer participants of the qualitative study expresses that they have complained of service delivery at one time or the other, which the researcher supposed is related to missing case note, cause by lack of manual filing space and equipment, as suggested earlier. This is believed to be the likely cause of low-level service delivery of health information management

professionals. The above assertion is related to the findings of other study, that the most prevalent challenge of health information management service delivery is the lack of enough filing space for patients' records (Koltay, 2017). Nevertheless, comparatively, manual health record systems are not as efficient as electronic health record systems (Dai et al., 2022). The studies showed agreement with other study with similar findings of reduced numbers of complaints and critical incidents from patients (Jacobs et al., 2017).

The qualitative findings of this study pinpointed that health information management professionals met their patient expectations, through professional conducts and ethical adherence. Furthermore, the quantitative result showed 38.8% response rate of the quantitative study respondents that patients had not complained of any service delivery variance, which triangulate and correlate with the outcome of the qualitative study report. This result supported other literature that health care provider service delivery meet patient wants and needs in general health care system ((Ndukwe et al., 2020).

The qualitative study has shown that health information management professionals go the extra length to provide services, which means "provision of service to patient is core, thereby satisfying the inquiry of what, how, where and when service is delivered (Rahman et al., 2020). This result confirmed the response rate from the quantitative study. Each study is at par, where majority of the participants supported the assertion that health information management professionals go the extra length to deliver service. The findings are in unanimity with other study that health information management professionals displayed cultural competence in service delivery (Koltay, 2017). Patient centeredness has been defined in other studies, where patient needs have clearly been identified as the principal element in providing optimal care for chronically ill patients (Dai et al., 2022). The findings of this study demonstrate that service delivery culture to patient is locally responsive and individualistic to needs (Rahman et al., 2020). Some few issues noticed in both studies are delay access service delivery due to missing/mislaid case notes, cancellation of appointments, long waiting during patients' appointment and intra- hospital referral policies among others. These claims were equally reported in other studies (Ngwenya, 2020 and Gatiti et al., 2021).

Discussion

The imperative of ensuring quality service delivery in tertiary hospitals to sick and infirm persons with the mandate of curative care, rehabilitation, and prevention cannot be overemphasized, and hence, the services of health information management professionals is core to this objective. The study shows that service delivery of health information management

professionals in tertiary hospitals in Bayelsa State is very low, this is impeded and impacted by many factors ranging from manual storage space to equipment. The findings of this study support the findings of other studies that reported likewise (Marutha, 2021 and Mason et al., 2018). Although, this study's findings negate the assertion of other studies in terms of lowest service delivery and some level of imbalance in the commitment to quality service delivery as reported in their studies (Umoke et al., 2020 and Wall et al., 2020).

However, the disparity in this study from other findings suggests that manual storage of health records in the study facilities was not enough and, thus, was a cogwheel in efficient service delivery to patients. The lack of storage space for health records could be related to the constraint imposed by land size vis-à-vis the number of patients in the long run. A study affirmed that the most prevalent challenge was the lack of adequate filing space for patient records (Koltay, 2017). Another finding under this indicator is associated with an item that says "I recognized that my delivery of service contributes to patient care", attracted a mean score of 3.65 on a scale of 1 to 4. Additionally, findings show that most participants do not believe that their level of service delivery was the best the industry could offer. All in all, the study shows that satisfactory health information management professionals' service delivery has a significant impact on patient healthcare management. This finding is important because prompt service delivery, especially in a medical facility, is a core trademark of efficiency and effectiveness and is the basic criterion of service satisfaction for every patient.

Conclusion/ Recommendations

The findings of this study reveals that service delivery of health information management professionals is important, and yearns for optimization. Also, health information management professionals were dissatisfied when patients did not receive prompt service delivery in the context of intangibility, ideology, variability, and limits. This study has established that improved service delivery of health information management professionals, will greatly earn patient trust, loyalty and patronage based on the fact that all service delivery is intended to satisfy patients' healthcare need. Management of tertiary healthcare institutions should assess service delivery at all service points to ensure no short fall. When this is done, health information management professionals will deliver services optimally with or without close supervision. Reward system and educational programs that will automatically stir competition amongst health professionals to bring out the best in each professional for optimal performance should be instituted. Comparatively, electronic health/medical records system should be fully integrated to avoid mislaying and missing case notes, as pointed out by patients as part of their complaints.

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