Preservation and Conservation Practices on Service Quality of Health Information Management Professionals in Public Health Institutions in Oyo State, Nigeria

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Abstract

Service quality (SQ) is the degree to which a service satisfies the needs and expectations of healthcare consumer (patients). Service quality among health information management professionals' is the comparison between service expectations and perceptions as patients expectation serves as a foundation for evaluating quality practice. Service quality is high when performance exceeds expectation. Preservation and conservation practice (PCP) entails all actions taken to extend the useful life of patient health records including treatment to avoid mutilation and damage as these influence service quality. Literature has not been established on how preservation and conservation practice influence service quality among health information management professionals, it is on this that this study analyze Preservation and conservation practice on service quality of health information management professionals in public health institutions in Oyo State. Thestudy is cross-sectional with 322 HIMPs, total enumeration technique was employed. Well-structured questionnaire was used for data collection. Data collected was analyzed using descriptive and inferential statistics. The findings revealed that HIMPs render very high quality service to their patients with the grand mean of 3.55 on a four-point scale. It also showed very high level of PCP with grand mean of 3.60 on a scale of four. Hypothesis shows a positive relationship between PCP and SQ at 0.667, adjusted value r^2 at 0.444. The outcome show that PCP has contributed significantly to SQ of HIMPs in PHIs in Oyo State. Therefore, it is recommended that HIMPs should be encouraged with relevant training to enhance higher performance.

Keywords: Service Quality (SQ), Preservation and Conservation Practice (PCP), Health Information Management Professional (HIMP), Patient

Introduction

Hospitals play an indispensable role in providing quality service in the healthcare sector to a nation's citizenry with variety of experts employed by the hospital management board, and they collaborate to give services to patients with various needs. Health information management professionals are one of the essential qualified healthcare providers in any hospital among other qualified professionals like Doctors, Nurses, Radiographers, Pharmacists, Physiotherapists, Medical Laboratory Scientists, and other paramedical employees (Cu, Meister, Lefebvre & Ridde, 2021). Professionals in health information management can be found at primary, secondary, and tertiary hospitals. They carry out responsibilities such as ensuring that hospital patients' health information is not disclosed without the management of the hospital's prior consent. Given that there is regulatory authority to oversee their activities and that the information is so sensitive, skilled employees are needed to manage patient health records and other pertinent statistical data of event occurrence in hospitals (Sinyiza, et al. 2022).

More also, Carroll & Collins, Mckenzie, Stokes & Darley, 2023 refer to health records as an important working tools used by health information management professionals in hospital. They serve to protect patient health records and ensure that they are available when doctors need them for treatment continuity and other purposes. It is noteworthy that patients may repeat a course of treatment if their health records are not complete, in good shape, and contain all of the laboratory test results. Without a doubt, this might then affect how patients see the services provided by hospital. Health records department of the hospital, is the first point of contact for all patients.Taking into account that a measure of how well hospital services are received by patients is their perception of service quality (Mandel & Cady, 2021). In the hospital, quality is an essential component of health service. People who work in hospitals, in particular health information management professionals to all patients should render patient-centered services (Pavlov & Micheli, 2023). This is due to the fact that patients are the primary recipients of the services provided, and they assess whether the services are of the necessary quality to produce the necessary satisfaction. Therefore, the degree to which a service meets the needs and expectations of the client is referred to as service quality(Nguyen, Kumar, Jiang & Zimmermann, 2023).

The servqual model can be used to measure the difference between a patient's impressions of the service they received and their expectations for the service being provided. The discrepancy between expected and perceived services determines how accurately the model measures

patients' perceptions of the quality of the services. Based on how patients assess the process and results of receiving health services, health information management experts can gauge the quality of their services. This suggests that high service quality is defined as meeting and exceeding customers' expectations for the services.SERVQUAL model was revised as a multidimensional scale to capture customers' views and expectations of service quality, which entails computing the discrepancy between perception and expectation on a variety of predetermined criteria (Peitzika, Chatza & Kissa, 2020)

Statement of the Problem

In today's global competitive environment delivering high-quality services by HIM professionals is seen as a crucial strategy for success and survival of hospital services. Professionals in this field are in charge of keeping track of patients' medical records and making them available to doctors when they need them for treatment continuity. Repeatingtreatment already started when medical records are not complete, in good shape, and contain all of the laboratory test results are costly error. Preliminary investigation, close observations and literature review, however, have revealed that patients face difficulties like misplacement/loss of records, time wastage due to long line on appointment days, poor communication and occasionally rude attitude from HIM professionals. These difficulties might impair patients' perception of the value of the service provided, thus, calling to question the practices of HIMP in public health institutions in Oyo State.

Experiences reveal that there is no preservation and conservation practice in place and this enhance duplication of patient health record, no specific policy on records retention and conservation techniques; inclusively the equipment available are not functional, all the aforementioned have negative impact on the level service quality in public health institutions. Empirical studies on preservation and conservation techniques within the context of service quality of health information management professionals have been conducted. However, it appears that scholars in Nigeria have paid less attention to studies concentrating on how preservation and conservation practice affect service quality, particularly in the setting of health institutions in Oyo State. This suggests a hole that needs to be looked into as the study aims to find out how preservation and conservation practice affects the level of service quality provided by health information management professionals in Oyo State, Nigeria.

Research Questions

1. What is the level of service quality among HIM professionals in public health institutions in Oyo State, Nigeria?
2. What are the various preservation and conservation practices prevalent among HIM professionals in public health institutions in Oyo State, Nigeria?

Hypothesis

H_0- There will be no significant influence of preservation practices on service quality among HIM professionals in public health institutions in Oyo State, Nigeria

Literature Review

Service quality has emerged as an essential aspect for high customer industries like hospitals, building a reputation of quality service practices to the consumers could be key to supporting companies in the service industry gain a competitive edge and sustain long-term profitability. The relevance of service quality in the service sector is important since it supports how important it is for enhancing corporate performance. Patients demand quality, so healthcare institutions must implement a system that will assist in meeting their expectations as healthcare consumers. Quality originated from the Latin word, quails, which means 'what kind of'. Usually, the definition of the quality varies depending on the viewpoint and the context it is taken. Quality has been referred to as excellence, adherence to standards and patient satisfaction(Mandel & Cady, 2022). Organizations operating within the service sector regard service quality to be a strategic element of their marketing strategy and plan. Organizations can attain a higher degree of service quality, a higher level of patient satisfaction, and can sustain a persistent competitive edge by engaging in high-quality healthcare practices (Pakurar, Haddad, Nagy, Popp, & Olah, 2019). Quality of service in healthcare practice has been defined as well as an overall assessment or evaluation made by the healthcare worker while some scholars have described the healthcare workers service as the extent to which services match patients' needs, expectations, and requirements. In addition, service quality in practice is defined as the gap between patients' normative expectations for service and their perceptions of the services performance, which was further developed and added as "the overall evaluation of a specific service that is derived from

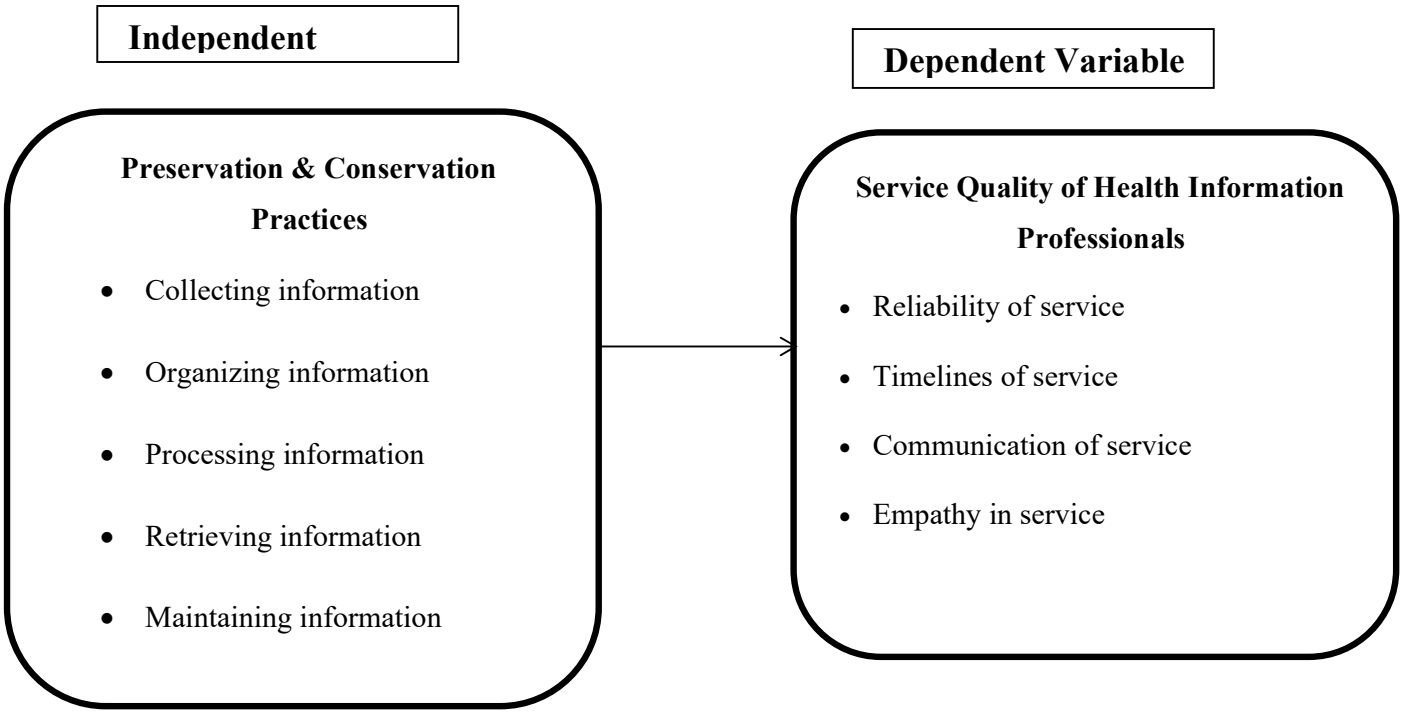
comparing that firm's performance with the patient's general expectations of how hospitals should function (Ekblaw, Azaria, Halamka & Lippman, 2016).

Preservation and conservation of health information is one of the most crucial factors that can help develop the health sector which is responsible for saving lives.Preservation and conservation of patient health records is an often overlooked and underrated activity at many hospital. While a strong, well-thought out records preservation and conservation plan can make hospital efficient and effective, neglect of this can lead to mutilation of important record and loss of information. Poor health records management can cripple a hospital, halting efficiency, sucking up precious time, and causing unnecessary stress for employees (Clauson, Breeden, Davidson & Mackney, 2018). Records preservation activities include storage, retrieval, maintenance, careful use and disposal/weeding of health information (Dehnavi & Baghini, 2022). Based on the literatures consulted, preservation and conservation policy varies from one institution to another. The policy sets out appropriate practice for the care and management of the collection and guidance for the preparation of master plans and detailed management plans. Policies are important because they set out goals to be achieved as well as guidelines for implementation (Esposito, Santis, Tortora, Chang & Choo, 2018). Preservation of paper based documents is preserving the paper-based collection of the health records library for example-patient-casenotes, books, journals, maps etc, with two principal methods for the preservation of paper based documents. The first is preservation in original format by good care and handling, combined with sound protective storage; cold storage for selected materials conservation and restoration treatment; and mass deacidification (Ichikawa, Kashiyama & Ueno, 2017). The second method is reformatting where complete conversion of the material into another format is done which includesmicrofilming & digitization. A hybrid approach can also be used for printed materials, combining the usefulness of both the methods at the same time (Ichikawa, Kashiyama & Ueno, 2017).

Health records are very important documents in patient management, it explain the details about each patient's history, clinical findings, diagnostic test results, pre and postoperative care, patient's progress and medical history and care over a period of time within one health care institution. Keeping accurate health record is a vital tool for the delivery of quality healthcare. As such, preservation and conservation of health information is a core practice in clinical environment. The goal of preservation and conservation practice is to ensure that important information is retained over a period of time and having it in good useable condition irrespective

of the format (i.e. electronic or paper), it enables continuity of care and enhances communication between different healthcare professionals and as such aid prompt healthcare service delivery (Dehnavi & Baghini, 2022; Mettler, 2016).

Conceptual Model



Methodology

Descriptive cross-sectional study design was adopted with population of three hundred and twenty-two (322) HIM professionals working in Health Records Department in public health institutions in Oyo State, Nigeria. The health institution includes University College Hospital (86), Ladoke Akintola University Teaching Hospital (Lautech) (30), public health post and health centres under primary health board (111), and health institutions under state hospital management board (95). Total number was adopted.

The data collected was analyzed using descriptive statistics. Linear regression was used to analyze the hypothesis at 0.05 level of significance. Statistical Packages for Social Sciences (SPSS) version 24 was used.

TABLE 1: Demographic Characteristics of Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Male	74	23.0	23.0	23.0
	Female	248	77.0	77.0	100.0
	Total	**322**	**100.0**	**100.0**	
Age	20-25	29	9.0	9.0	9.0
	26-30	39	12.1	12.1	21.1
	31-35	68	21.1	21.1	42.2
	36-40	90	28.0	28.0	70.2
	41-45	68	21.1	21.1	91.3
	46 and above	28	8.7	8.9	100.0
	Total	**322**	**100.0**	**100.0**	
Educational Level	Technician	60	18.6	18.6	**18.6**
	OND	42	13.0	13.0	**31.7**
	HND	119	37.0	37.0	**68.6**
	Bachelor's Degree	89	27.6	27.6	**96.3**
	Master's Degree	11	3.4	3.4	**99.7**
	Ph.D.	1	0.3	0.3	**100.0**
	Total	**322**	**100.0**	**100.0**	
Working Experience	5-10years	111	34.5	34.5	34.5
	11-15years	104	32.3	32.3	66.8
	16-20years	76	23.6	23.6	90.4
	21-25years	31	9.6	9.6	100.0
	Total	**322**	**100.0**	**100.0**	

The above table 4.1 reveals the gender distribution of HIM professionals in public health institutions in Oyo State, Nigeria which include 74 male and 248 female, with age distribution as 29 of the respondents are between 20 and 25 years of age. 39 of them are within the age range of 26 to 30 years of age while 68 HIMP are between 31 and 35 years of age. 90 fall within the range of 36 to 40 years of age and 68 of them reported to be within41 and 45 years of age. Finally, 28 reported to be within 46 years and above.

The next demographic factor considered in the above table is educational level of HIMP in public health institutions in Oyo State, Nigeria. 60 of the respondents reported tohave technical certification while 42 are with OND degree. 119 professionals have HND degree while 89 possess bachelor' degree. Those with master's degree and Ph.D. were 11 and 1 respectively while the last demographic factor considered is years of experience, 111 of the HIMPs have

between 5 and 10 years of experience. 104 respondents reported have between 11 and 15 years of experience. 53 of them indicated that they have worked for 16 to 20 years and 31 have experience within the range of 21 and 25 years.

Research Question One: What is the level of service quality among health information management professionals in public healthcare institutions, Oyo State, Nigeria?

TABLE 2: Service Quality among Health Information Management Professionals in Public Health Institution in Oyo State

Reliability of service	**VS**	**S**	**D**	**VD**	**Mean**	**Standard Deviation**
I perform the promised practices dependably and accurately	223 (69.3%)	96 (29.8%)	1 (0.3%)	2 (0.6%)	3.68	0.513
I influence my colleague's work positively	211 (65.5%)	103 (32.0%)	6 (1.9%)	2 (0.6%)	3.62	0.557
I keep error free records	201 (62.4%)	107 (33.2%)	8 (2.5%)	6 (1.9%)	3.56	0.639
Patients have very high confidence healthcare Workers	179 (55.6%)	127 (39.4%)	14 (4.3%)	2 (0.6%)	3.50	0.613
I am sincere in solving patients' problem	220 (68.3%)	97 (30.1%)	2 (0.6%)	3 (0.9%)	3.66	0.542
Mean: 3.60						
Timeliness of service						
I have the willingness to help patients and provide prompt record	229 (71.1%)	89 (27.6%)	2 (0.6%)	2 (0.6%)	3.69	0.513
Personal attention is given to patients by physicians and other medical staff with their records	199 (61.8%)	113 (35.1%)	8 (2.5%)	2 (0.6%)	3.58	0.576
I respond to patients' request and complaints almost immediately	197 (61.2)	113 (35.1%)	8 (2.5%)	4 (1.2%)	3.56	0.610

I deliver prompt services without an appointment to our patients	188 (58.4%)	108 (33.5%)	17 (5.3%)	9 (2.8%)	3.48	0.724
I give adequate information about our patients' health status	219 (68.0%)	90 (28.0%)	11 (3.4%)	2 (0.6%)	3.63	0.582
Mean: 3.59						
Communication of service						
Adequate information regarding treatment and admission was provided by the health information management professionals	208 (64.6%)	100 (31.1%)	13 (4.0%)	1 (0.3%)	3.60	0.584
There is a clarity in staff communication	192 (59.6%)	120 (37.3%)	6 (1.9%)	4 (1.2%)	3.55	0.600
During admission, I and/or patients family members were given proper counselling to make informed decisions	177 (55.0%)	105 (32.6%)	31 (9.6%)	9 (2.8%)	3.40	0.776
Alarm systems and communication systems were in place and functioning	176 (54.7%)	98 (30.4%)	43 (13.4%)	5 (1.6%)	3.38	0.773
Mean: 3.48						
Empathy						
I individualized attention given to my patients	194 (60.2%)	101 (31.45)	22 (6.8%)	5 (1.6%)	3.50	0.694
I am always willing to help our patients	201 (62.4%)	108 (33.5%)	9 (2.8%)	4 (1.2%)	3.57	0.614
I understand the specific needs of our patients	196 (60.9%)	107 (33.2%)	10 (3.1%)	9 (2.8%)	3.52	0.707
The management provide safe feeling of patients during treatment	192 (59.6%)	111 (34.5%)	17 (5.3%)	2 (0.6%)	3.53	0.627

I provide the needed attention to patient at all time	204 (63.4%)	106 (32.9%)	9 (2.8%)	3 (0.9%)	3.59	0.596
Mean: 3.54						
Grand Mean: 3.55						

Key: Very Satisfied (VS)=4, Satisfied(S) = 3, Dissatisfied (D) = 2, Very Dissatisfied (VD) = 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)

The first research question in this study has to with determining the level of service quality among HIMPs in public health institutions in Oyo State. Four indicators were used to determine their level of service quality which are Reliability of service, Timeliness of service, Communication of service and Empathy. Each indicator has a mean of 3.60, 3.59, 3.48 and 3.55 respectively on a scale of 4 point scale. Out of these indicators only communication of service fell under high and the rest falls under very high. The overall grand mean score is 3.55, we could say that the HIMPs in public health institutions in Oyo State gives very high-quality service to their patients.

Research Question Two: What are the various preservation and conservation practices prevalent among HIMPs in public health institutions in Oyo State, Nigeria?

Table 3: Preservation and Conservation Practices among Health Information Management Professionals in Public Health Institutions in Oyo State

Collecting information	SA	A	D	SD	Mean	Standard Deviation
I am allowed to collate patient health records among ourselves	228 (70.8%)	77 (23.9%)	9 (2.8%)	8 (2.5%)	3.63	0.663
Patients health records are unexposed to other patients and unauthorized users	225 (69.9%)	78 (24.2%)	2 (0.6%)	17 (5.3%)	3.59	0.757
Patients' health records collected include bio-data, social and medical history	238 (73.9%)	77 (23.9%)	0 (0%)	7 (2.2%)	3.70	0.586
Patients' health records are bedrock to their health care service(treatment)	238 (73.9%)	73 (22.7%)	3 (0.9%)	8 (2.5%)	3.68	0.622
I collect information from	227	81	5	9	3.63	0.657

patients that involves expressing it in their mother language for understanding	(70.5%)	(25.2%)	(1.6%)	(2.8%)		
Mean: 3.65						
Organizing information						
I organize patient information with focus on indexing, classifying and connecting information and database to provide quick access	216 (67.1%)	90 (28.0%)	10 (3.1%)	6 (1.9%)	3.60	0.644
In organizing patient information, it is necessary I know where the categories of the selected information can be used	208 (64.6%)	101 (31.4%)	6 (1.9%)	7 (2.2%)	3.58	0.642
I possess the required and appropriate skills, expertise and work habits that managers must have in organizing patient health information	229 (71.1%)	85 (26.4%)	4 (1.2%)	4 (1.2%)	3.67	0.566
I organize patient health record to enhance quick processing, retrieving and maintenance	230 (71.4%)	81 (25.2%)	4 (1.2%)	7 (2.2%)	3.66	0.618
Mean: 3.65						
Processing information						
Patients' health records are accessed only through health information professionals from appropriate sources and database	216 (67.1%)	99 (30.7%)	2 (0.6%)	5 (1.6%)	3.63	0.582
With patients' health records, HIM professionals are actively engage in analyzing information sources to get useful knowledge to make decision	222 (68.9%)	87 (27.0%)	8 (2.5%)	5 (1.6%)	3.63	0.613
Patients' health records are vital tools for analysis, health related decision making and health resources allocation	229 (71.1%)	87 (27.0%)	3 (0.9%)	3 (0.9%)	3.68	0.540
Patients' health records processing involves time, attention, and qualify HIM professionals	210 (65.2%)	102 (31.7%)	4 (1.2%)	6 (1.9%)	3.60	0.614
Mean: 3.64						
Retrieving information						
Limited access for patients to view some of their health	198 (61.5%)	97 (30.1%)	18 (5.6%)	9 (2.8%)	3.50	0.729

information						
Each health information management professionals are provided with the ICT access	174 (54.0%)	94 (29.2%)	35 (10.9%)	19 (5.9%)	3.31	0.888
The system that contains patient health information time out after it specific time of inactivity	179 (55.6%)	103 (32.0%)	30 (9.3%)	10 (3.1%)	3.40	0.784
There are procedures for granting access to patients' health information	208 (64.6%)	106 (32.9%)	3 (0.9%)	5 (1.6%)	3.61	0.593
Ability to retrieve patients' health records completely is paramount	209 (64.9%)	99 (30.7%)	4 (1.2%)	10 (3.1%)	3.57	0.676
Mean: 3.48						
Maintaining Patient's health Records/Information (Disposal or Weeding)						
Maintaining patient's health record/information involves reusing existing information to avoid collecting same information again	207 (64.35)	95 (29.5%)	13 (4.0%)	7 (2.2%)	3.56	0.678
Updating patient's health records in the shelves and database for update and security	204 (63.4%)	109 (33.9%)	6 (1.9%)	3 (0.9%)	3.60	0.579
Easy to maintain confidentiality of patients' health records	222 (68.9%)	91 (28.3%)	5 (1.6%)	4 (1.2%)	3.65	0.578
Getting output that will ensure that best information is available for medical practice	206 (64.0%)	105 (32.6%)	7 (2.2%)	4 (1.2%)	3.59	0.600
Mean: 3.60						
Grand Mean: 3.60						

Key: Strongly Agree (SA) = 4, Agree(A) = 3, Disagree(D) = 2, Strongly Disagree (SD) = 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)

The second research question has to with determining the level of preservation and conservation practices among HIM professionals in public health institutions in Oyo State. Five indicators were used which are Collecting information, Organizing information, Processing information, Retrieving information and Maintaining information. On a 4 -point scale, collecting information has a mean score of 3.65, organizing information has 3.65, processing information has 3.64, retrieving information has 3.48 while maintaining information has 3.60. Out of these indicators

only retrieving information fell under high and the rest falls under very high. Overall, from the grand mean score of 3.60, we could say that the him professionals in public health institutions in Oyo State gives very high level of preservation and conservation practice of HIM practices.

Test of Hypotheses

The null hypothesis states that there will be no significant influence of preservation and conservation practice on service quality among HIMprofessionals in public healthcare institutions, Oyo State, Nigeria.It was tested using regression analysis with results below:

Hypothesis: There will be no significant influence of Service quality on Preservation and Conservation Practices among HIMPs in public health institutions in Oyo State

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.667[a]	.445	.444	5.182

a. Predictors: (Constant), PRESERVATION AND CONSERVATION PRACTISES

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	6900.356	1	6900.356	256.935	.000[b]
	Residual	8594.054	320	26.856		
	Total	15494.410	321			

a. Dependent Variable: SERVICE QUALITY
b. Predictors: (Constant), PRESERVATION AND CONSERVATION PRACTISES

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	21.849	2.652		8.239	.000
	PRESERVATION AND CONSERVATION PRACTISES	.558	.035	.667	16.029	.000

a. Dependent Variable: SERVICE QUALITY

The study hypothesisinvestigate the influence of preservation and conservation practices of patients records on service quality among HIMProfessionals in public health institutions in Oyo State. The outcome shows preservation and conservation practice is an indicator of service quality with probability value = 0.000 at 5% significance level. This is lesser than the actual level of significance (0.05). The relationship between preservation and conservation practice on

service quality was at 0.667 from model summary table. This implies that there is 66.7% relationship between preservation and conservation practice and service quality. It also means that the relationship is positive and strong. The adjusted r^2 value is at 0.444. This means that preservation and conservation practice has significant contribution or influence on service quality among HIMPs in public health institutions in Oyo State.

Discussion of Findings

The outcome of research questions in this study was extensively expatiated upon using empirical findings to support this discussion. The first research question has its main subject of attention on service quality amongHIMPs. The four measures examined in determining service quality are; reliability of service, timeliness of service, communication of service and empathy. All the components surrounding service quality had high mean scores which remarkably are very satisfactory. The outcome of this study is in line with the statement that people who work in hospitals, in particular HIMPs to all patients should render patient-centered services (Strzelecka, Stachura, Wojcik, Kordyzon, Chmielewski, Luszczki & Nowak-Starz,2021).

The second research question was on preservation and conservation practice among HIMPs with five measures examined which includes collecting information, organizing information, processing information, retrieving information and maintaining patient's health records/information. All the components had approximately equal high mean scores indicating strongly agreed with positive protocol of practice except retrieving component that recorded simple agreement with positive protocol of practice. This is in line with the empirical assertion that professionals in HIM carry out responsibilities such as ensuring that hospital patients' health information is not disclosed to third parties without the management of the hospital's prior consent. They are equipped because of the type of information that is generated and present in hospitals which showcase a working regulatory authority that oversee their activities since hospital information is so sensitive. Therefore, it is fundamental that records preservation and conservation activities include collecting, organizing, processing, storage, retrieval, maintenance, careful use and disposal or weeding of medical information (Salehi,Janati, Nosratnejad & Heydari, 2018; Sinyiza, Kaseka, Chisale, Chimbatata, Mbakaya, Kamudumuli,Wu & Kayira, 2022).

Null hypothesis tested state "Preservation and conservation practice amongHIMPs will not significantly influence the Service quality". According to the outcome of the study, it comes out

to be significant, that is, the service quality of HIMPs is seriously influence by the practice of preservation and conservation of patient health record and it is in line with Pavlov& Micheli, 2023;Nguyen, Kumar, Jiang & Zimmermann, 2023; Carroll, Collins, Mckenzie, Stokes & Darley, 2023).

Conclusion

This study revealed that service quality of HIMPs can be very satisfactory with adequate practice of preservation and conservation. It also showed from the study that preservation and conservation practices are very essential and being a vital tool to delivering acceptable services, patient health records must keep in useable condition or format to serve both the patient and the health institution.

Recommendations

The following recommendations are hereby postulated considering the findings of this study:

- Health institution management should provide appropriate technology and modern equipment needed in all health records department to aid patient satisfactions as they access healthcare services in public health institutions in Oyo State (i.e. electronic or digital measures).
- Health Information Management Professionals working in public health institutions in Oyo State should be encouraged with seminars, conferences and other health related trainings that will broaden their mind and equip them in rendering a patient-centered service that can meet up with international standard
- Health Information Management Professionalsin public health institutions should be motivated and recognized for performing patient-centered services (i.e. financial and non-financial reward)

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