



ISSN: 2814-1709

CURRENT TRENDS IN INFORMATION COMMUNICATION TECHNOLOGY RESEARCH
JOURNAL

(Information Science Papers) Vol. 1, No. 2, December, 2022

Influence of Leadership Style on Quality Health Service by Health Information Professionals in Teaching Hospitals in North-Central, Nigeria

Chinyere. N. Ikonne^a Ibraheem O. Salihu^{b*}

^aikonnect@babcock.edu.ng

^btoyeenibraheem@gmail.com

^aDepartment of Information Resources Management, School of Management Sciences, Babcock University, Ilishan-Remo, Ogun State

^bDepartment of information resources management, School of Management Sciences, Babcock University, Ilishan-Remo, Ogun State

Abstract

This study examined the influence of leadership style on quality health service of Health Information Professionals in University Teaching Hospitals in North-Central, Nigeria. Survey research design was employed for this study. The population for this study comprised the 251 health information professionals and 81,361 patients in the four university teaching hospitals in North-Central, Nigeria. The sample sizes for the study were determined using Taro Yamane (1967) formula. A total of 154 Health Information Professionals and 399 patients participated in the study. The main instrument for data collection was questionnaire which was subjected to validity and reliability test. The Cronbach's Alpha of the research instrument was 0.70. Data were analyzed with descriptive statistics and multiple regression. The result showed that the perception of patients towards quality service delivery of health information professionals in the teaching hospitals surveyed in the North-Central, Nigeria was strongest in respect of assurance ($\bar{x}=3.25$), followed by tangibility ($\bar{x}=3.20$), responsiveness ($\bar{x}=3.17$), reliability ($\bar{x}=3.13$); while the least was empathy ($\bar{x}=3.08$). Further interrogation of the data depicted that the prevalent leadership style employed was transactional ($\bar{x}=2.90$), followed by transformational ($\bar{x}=2.67$) and laissez-faire ($\bar{x}=2.50$). The study established that quality

service is provided by health information professionals and that mixed leadership styles are employed in the university teaching hospitals in North-Central, Nigeria.

Keywords: Health information professionals, Leadership style, North-Central, Quality service delivery, University teaching hospitals

* Corresponding author.

Introduction

In the health care setting, especially in teaching hospitals, healthcare service is very fundamental. Therefore, the strengthening of service delivery is crucial to the achievement of the provision of interventions and in reducing health issues such as child mortality, maternal mortality, burdens of HIV/AIDS, tuberculosis, malaria and other medical issues that threaten the lives of people. Awofeso (2018) states that service organizations such as hospitals have the mandate for and are compelled to concern themselves with quality service delivery because these are features that define what they do and make them attractive to patients. This assertion is based on the fact that hospitals deliver services such as emergency care, preventative care, rehabilitation, hospital care, diagnostics, and others and by right these services are expected to be of quality standard.

Quality service delivery according to Al-Damen (2017), involves the application of medical science and technology in such a way that maximum health benefits will be derivable without corresponding risks. For Agyapong, Afi and Kwateng (2018), quality service delivery is the customers' perception and judgement as per the complete package of health care delivery received that meets and surpasses their stated and implied needs. So, quality health service stems from the fact that those receiving the services are satisfied with whatever they are getting and therefore, it is very crucial. According to Izadi, Jahani, Fafiei, Maosud and Vali (2017), quality service delivery influences patients' satisfaction, faithfulness and perceived values and based on this, Al-Damen (2017) adds that the impact of quality of health care services on overall patients' satisfaction is statistically significant. The implication of this is that when patients are satisfied with the quality of the health care delivery they receive, their behavioral intentions and continuous patronage of the services will be influenced positively.

Quality health care service delivery in teaching hospitals, by the health care professionals is very important. In Nigeria, it has been observed that service delivery of the health information practitioners is poor. Studies have also revealed that services rendered by the health information department are below the expectations of the public. For instance, Ejumudo (2013) Bamigbade (2014) and Omisore and Agbabiaka (2016), Ajisebute (2016) found out from their various studies that the problems of the health information professionals stem from issues such as unavailable or inaccurate patients' records; loosing, mutilating, misplacing and missing of some patients' case files. In addition, patients queue up for hours at the health information management department before getting to register which results in serious delays in the delivery of health care. Peter, Ibraheem, Faruk, Adebayo and Omole (2020) also observed that there is the problem of influx of non-professionals with little skills and competencies in the health information management department. This study therefore seeks to investigate the influence of

leadership style on service delivery of health information professionals in university teaching hospitals in north-central, Nigeria.

According to Al Khajeh (2018), leadership style can be described the manner in which people are directed and motivated by a leader to achieve organizational goals. Therefore, a leadership style is a leader's style of providing, directing, implementing plans and motivating people. On the other hand, leadership style according to Mitonga-Monga and Coetzee (2012) can be described as a combination of different characteristics, traits and behaviors that are used by leaders for interacting with their subordinates. In summary, a leadership style is what a leader exhibits when managing, directing, guiding and motivating members of his organization and varies from one organization to another such that no two leaders can lead in the same style. Oladipo, Jamilah, Abdul, Jeffery and Salami (2013) claim that the success or failure of any organization, nation and other social units, is largely determined by the nature of the leadership style that is being practiced by the leader.

Leadership style that an organization adopts is a possible factor that can have influence on the quality of service that organization delivers. It is on this premise that Oladipo, Jamilah, Abdul, Jeffery and Salami (2013) noted that the success or failure of any organization, nation and other social units could be largely determined by the leadership style adopted by the leader. This indicates that in a setting like a hospital, the kind of leadership style chosen can either promote or hinder the kinds of services being provided by the health care professionals such as health information professionals. One can therefore conclude that an effective leadership in the management of teaching hospitals would directly positively affect quality care delivery of health information professionals.

Ardichvili and Kuchenke (2017) described transformational leadership style as a style in which leaders encourage, inspire and motivate employees to innovate and create changes that will help them grow and shape the future success of the organization. Accordingly, transformational leaders are the ones that focus on developing their followers while considering their needs. They align the interests of the organization and act as gaps between the followers and the organization (Kleefstra, 2019). In the hospital setting, it could be deduced that employees such as health information professionals would be able to willingly commit to a leader who exhibits this kind of style.

The next leadership style is transactional leader. A transactional leader is one who is always willing to give something in return (Uchenwamgbe, 2013). Thus, transactional leadership can be defined as the exchange of targets and rewards between the management and the employees (Ojokuku, Odetayo, & Sajuyigbe, 2012). It is noted that a transactional leader punishes his/her employees for low performance and rewards positively those who perform very well. However, Moore (2019) posits that transactional leadership style is the type that is always willing to give something in return for following them.

Objective of the Study

The specific objectives of this study were to:

1. find out the perception of patients towards quality service delivery by health information professionals in university teaching hospitals in North-Central, Nigeria;

- ascertain the prevalent leadership styles in the university teaching hospitals in North-Central, Nigeria

Research Questions

The following research questions were answered in the study:

- What is the perception of patients towards quality service delivery of health information professionals in the university teaching hospitals in North-Central, Nigeria?
- What is the prevalent leadership style employed in the university teaching hospitals in North-Central, Nigeria?

Hypothesis

The following hypothesis was formulated at 0.05 level of significance

H₀₁: Leadership style will have no significant influence on quality service delivery of health information professionals in the university teaching hospitals in North-Central, Nigeria

Literature Review

Service delivery either by standard, efficient or quality are best expressed by different users in their level of understanding with the consequence of making a final judgment from a subjective point of view, which also depends on their needs and interest at a specific period. Service delivery can be defined as the extent to which an organization realizes its goals or objectives (Cao, 2018). It has been argued by some scholars that service delivery in the public service can be measured using administrative/management policy and service criteria. (Hojat, Louis, Maxwell, Markham, Wender and Gonnella 2011). Service delivery relates directly to organizational goals and objectives or ends (Amberkar, & Nandit, 2012; Prasad & Dhungana 2014).

In the teaching hospitals, health care services are delivered to customers who are in need of medical attention. Meanwhile, health care service delivery could be regarded as multi-dimensional activities in that it embraces components, processes and policies that are not limited to curative and preventive only, but also include health promotion, rehabilitative and therapeutic. Ejumudo (2013) states that health care services would include all services dealing with diagnosis and treatment of disease as well as the promotion, maintenance and restoration of health. According to Atulomah (2019), health care service delivery includes clinical services, laboratory services, health education, promotion and training of health professionals to improve effectiveness and efficiency of services that are rendered to the people. Therefore, for a health care service delivery to be effective, it would require integrating all acceptable levels of program into the system which brings about quality health care delivery.

In determining what also constitutes quality health care delivery, WHO (2015) defines quality health care service delivery in relation to the extent to which health care services that are delivered to patients and individuals improve their desired health outcomes. According to Izadi, Jahani, Fafiei, Maosud and Vali (2017), quality health care service delivery influences patients' satisfaction, faithfulness and perceived values. This is the basis on which Al-Damen (2017) adds that the impact of quality of health care services on overall patients' satisfaction is statistically significant. When quality health care service in an organization is well harnessed, it will reduce some errors, limits morbidity and mortality rates, reduce patients' waiting time and many other

things which will ultimately lead to the satisfaction of patients and when patients are satisfied with the quality of the care delivery they received, their behavioral intentions and continuous patronage of the services will be influenced positively.

Furthermore, the concept of quality of health care service delivery as seen by Agyapong, Afi and Kwateng (2018) is the customers' perception and judgment as per the complete package of health care delivery received that meets and surpasses their stated and implied needs. So, quality health service stems from the fact that those receiving the services are satisfied with whatever they are getting and therefore, it is very crucial. Quality service delivery for Al-Damen (2017) involves the application of medical science and technology in such a way that it will maximize its benefits to health without corresponding risks. Based on this, WHO (2016) in Isaruk (2021) avow that quality of health care service delivery "depends on the physical infrastructure, human resources, knowledge, skills, and capacity to deal with both preventable diseases, normal pregnancies and complications that require prompt life-saving interventions". Mosadeghrad (2014) observes that quality health care service delivery is multi-dimensional as various models have been proposed by scholars. In evaluating the quality of healthcare services, some service quality models have been developed. However, Hellen (2018) argued that quality of service delivery is found to be positively correlated with leadership style of the organisation.

Leadership is an interpersonal process, through which one person is able to influence the activities of individuals or groups (i.e., the followers) towards the attainment of given objectives within a particular situation by means of communication (Covey, 2007). The concept of leadership has generated lively interest, debate and occasional confusion as management thoughts evolve. Lee and Chuang (2009) explained that the excellent leader not only inspires subordinate's potential to enhance efficiency but also meets their requirements in the process of achieving organizational goals. As Veliu (2017) observed, the term leadership therefore involves the exercise of influence in a social situation in which the followers' attribute leadership qualities to the leader. Leaders are leaders because other people view them as such. However, it must be noted that not all leaders are effective managers and not all managers are effective leaders. In other words, leadership has been described as a process of persuasion where the leader act as an example for a group in order to motivate and induce group members to pursue the objectives of the organization. In this regard, it is important to realize the culture of their working environment, and that they are integral parts of a system in which they arise yet dependent upon two-way communication with constituent forces that create the circumstances in which they emerge (Veliu, 2017).

In addition, leaders are accountable for the performance of their organization, which in most cases is dependent on employee's productivity. Aibieyi (2014) noted that leadership is an essential function in every organization, and that as a matter of fact, no organization can exist without a leader. This, he observed is because the goal of any organization depends on the people that are employed to achieve the organizational objectives. Effective administration therefore depends to a very great extent on sound leadership that can influence the workers in such a way that they all strive towards achieving the desired objective of the organization and most importantly be encouraged to work willingly with zeal and confidence. Since leadership is very important in organizations in that it can influence quality of service delivery of workers,

therefore, how health information professionals are being led by hospital administrators is crucial to their service delivery to patients.

Methodology

The research design employed in this study is the survey research design. The population for this study comprised the 251 health information professionals and 81,361 patients in the four university teaching hospitals in North-Central, Nigeria. The sample sizes for the study were determined using Taro Yamane (1967) formula, 154 Health Information Professionals and 399 patients participated in the study. The main instrument for data collection was questionnaire which was subjected to validity and reliability test. The reliability test result was 0.70 and this was considered high level of internal consistency among the items in the research instrument. Two (2) separate research instruments were designed for the study. One of the instruments was to elicit information health information professionals and the other from patients. 350 copies of questionnaire were retrieved from patients while 135 copies were retrieved from health information professionals. Likert-type scales adapted from Awofeso (2018) and Isaruk (2021) were used to elicit data from patients and health information professionals.

Results

Research Question One: What is the perception of patients towards quality service delivery of health information professionals in the university teaching hospitals in North-Central, Nigeria?

Table 1 Patients' Perceived Quality of Service Delivery of Health Information Professionals

Perceived Quality of Service Delivery	SA Freq. (%)	A Freq. (%)	D Freq. (%)	SD	Mean \bar{x}	Standard Deviation (SD)
Assurance (Mean = 3.25, SD = 0.61)						
My health record is secured in the custody of health information professionals.	149 (42.6)	175 (50)	25 (7.1)	1 (0.3)	3.35	0.62
I feel safe interacting with health information professionals in this hospital	126 (36)	199 (56.9)	22 (6.3)	3 (0.9)	3.28	0.62
Health information professionals are knowledgeable enough to attend to my needs	113 (32.3)	220 (62.9)	14 (4.0)	3 (0.9)	3.27	0.57
Health information professionals show me courtesy consistently.	90 (25.7)	213 (60.9)	44 (12.6)	3 (0.9)	3.11	0.64
Tangibility (Mean = 3.20, SD = 0.66)						
Health information professionals are well dressed and always appear neat and composed	144 (41.1)	189 (54)	16 (4.6)	1 (0.3)	3.36	0.58
Physical infrastructures are always available for the delivery of quality health care services.	125 (35.7)	197 (56.3)	23 (6.6)	5 (1.4)	3.26	0.64
Health care providers are adequately available in this hospital	109 (31.1)	197 (56.3)	33 (9.4)	11 (3.1)	3.15	0.71
Health information management	98	203	41	8	3.12	0.69

department of this hospital is visually attractive	(28)	(58)	(11.7)	(2.3)		
There are adequate communication tools in this hospital	89 (25.4)	217 (62)	37 (10.6)	7 (2.0)	3.11	0.66
Responsiveness (Mean = 3.17, SD = 0.63)						
In this hospital, patients' records are promptly retrieved.	109 (31.1)	211 (60.3)	28 (8.0)	2 (0.6)	3.22	0.61
Simple, clear and precise information are always provided	100 (28.6)	224 (64)	24 (6.9)	2 (0.6)	3.21	0.58
Acceptable services are always provided to patients in spite of their cultural differences	115 (32.9)	197 (56.3)	29 (8.3)	9 (2.6)	3.19	0.69
Needed information are always provided to patients at the right time.	95 (27.1)	222 (63.4)	30 (8.6)	3 (0.9)	3.17	0.60
Equitable care is always provided to patients irrespective of patients' social status	99 (28.3)	216 (61.7)	29 (8.3)	6 (1.7)	3.17	0.64
Patients' centered care is always provided	90 (25.7)	218 (62.3)	37 (10.6)	5 (1.4)	3.12	0.64
Efficient care is rendered to patients by ensuring that patients resources are not wasted	88 (25.1)	213 (60.9)	44 (12.6)	5 (1.4)	3.10	0.65
Reliability (Mean = 3.13, SD = 0.64)						
Patients' referral management is always carried out with patients consent.	114 (32.6)	214 (61.1)	21 (6.0)	1 (0.3)	3.26	0.58
Patients' health records are easily retrieved	101 (28.9)	217 (62)	29 (8.3)	3 (0.9)	3.19	0.61
keen interest is shown while taking care of Patients	101 (28.9)	209 (59.7)	38 (10.9)	2 (0.6)	3.17	0.63
Services are provided with skills and resources to meet patients need.	79 (22.6)	223 (63.7)	43 (12.3)	5 (1.4)	3.07	0.63
Satisfactory services is provided to patients	92 (26.3)	191 (54.6)	62 (17.7)	5 (1.4)	3.06	0.70
Errors are promptly in rectified.	81 (23.1)	205 (58.6)	57 (16.3)	7 (2.0)	3.03	0.69
Empathy (Mean = 3.08, SD = 0.67)						
Concern about patients' health challenges is always shown.	106 (30.3)	206 (58.9)	35 (10)	3 (0.9)	3.19	0.64
Due attention is given to patients in this hospital	87 (24.9)	211 (60.3)	46 (13.1)	6 (1.7)	3.08	0.67
Safe care is provided to patients by avoiding utterances that could cause harm to patients	87 (24.9)	210 (60)	44 (12.6)	9 (2.6)	3.07	0.69
I am always impressed by the power of creative imagination of health information managers.	95 (27.1)	190 (54.3)	58 (16.6)	7 (2.0)	3.07	0.72
Health information professionals often understand patients' anxiety	73 (20.9)	209 (59.7)	65 (18.6)	3 (0.9)	3.01	0.66
Overall Mean					3.16	0.64

KEY: SA=Strongly Agree, A=Agree, D=Disagree, SD=Strongly Disagree*Decision Rule if mean is 1 to 1.74 = Strongly Disagree; 1.75 to 2.49 =Disagree; 2.50 to 3.24 =Agree; 3.25 to 4= Strongly Agree**

Table 1 presents results on the perception of patients towards quality service delivery of health information professionals in the university teaching hospitals in North-Central, Nigeria and revealed that the patients generally agreed that there was quality service delivery by health information professionals in the university teaching hospitals in North-Central, Nigeria (\bar{x} =3.16). This result implies that the perception of patients towards quality service delivery of health information professionals in these hospitals was strongest in respect of assurance (\bar{x} =3.25), followed by tangibility (\bar{x} =3.20), responsiveness (\bar{x} =3.17), and reliability (\bar{x} =3.13); while the least was empathy (\bar{x} =3.08). This analysis implies that from the general standpoint, patients perceived that there was quality service delivery by health information professionals in the university teaching hospitals in North-Central, Nigeria.

Research Question Two: What is the prevalent leadership style employed in the university teaching hospitals in North-Central, Nigeria?

Table 2: Leadership Style of Health Information Professionals

Leadership Style	SA Freq. (%)	A Freq. (%)	D Freq. (%)	SD Freq. (%)	Mean \bar{x}	Standard Deviation (SD)
Transactional (Mean = 2.90, SD = 0.86)						
The leadership monitors to ensure jobs are performed diligently	53 (39.3)	60 (44.4)	12 (8.9)	10 (7.4)	3.16	0.87
The leadership always sets clear goals for me to strictly follow up	40 (29.6)	69 (51.1)	22 (16.3)	4 (3.0)	3.07	0.76
The leadership is keen about subordinates obeying commands	38 (28.1)	68 (50.4)	21 (15.6)	8 (5.9)	3.01	0.82
The leadership demand results regardless of the quality of resources provided for the staff	40 (29.6)	60 (44.4)	28 (20.7)	7 (5.2)	2.99	0.85
The leadership knows the right time to reward	24 (17.8)	62 (45.9)	31 (23)	18 (13.3)	2.68	0.92
The leadership does not accept new ideas from subordinates	23 (17)	41 (30.4)	50 (37)	21 (15.6)	2.49	0.95
Transformational (Mean = 2.67, SD = 0.89)						
The leaders have the interest of the subordinates at heart.	28 (20.7)	77 (57)	19 (14.1)	11 (8.1)	2.90	0.82
The leadership encourages me to take ownership of my work.	33 (24.4)	67 (49.6)	23 (17)	12 (8.9)	2.90	0.88
The leadership accepts new ideas from the subordinates.	31 (23)	70 (51.9)	20 (14.8)	14 (10.4)	2.87	0.89
The leadership allows subordinates to take part in decision making	19 (14.1)	61 (45.2)	33 (24.4)	22 (16.3)	2.57	0.93
The leadership gives subordinates complete freedom to solve problems on their own	12 (8.9)	57 (42.2)	41 (30.4)	25 (18.5)	2.41	0.89
The leadership does not impose policies	18 (13.3)	44 (32.6)	46 (34.1)	27 (20)	2.39	0.96

Laissez-faire (Mean = 2.50, SD = 0.93)						
The leaders assume the role of support to employees	20 (14.8)	62 (45.9)	32 (23.7)	21 (15.6)	2.60	0.92
The leadership delegates decision-making powers to followers.	21 (15.6)	55 (40.7)	38 (28.1)	21 (15.6)	2.56	0.94
The leadership leaves a lot of responsibility in the hands of the workers	26 (19.3)	39 (28.9)	53 (39.3)	17 (12.6)	2.55	0.94
The leadership relies on a few loyal employees to get the job done.	25 (18.5)	38 (28.1)	57 (42.2)	15 (11.1)	2.54	0.92
The leadership allows me to create my objectives.	18 (13.3)	48 (35.6)	51 (37.8)	18 (13.3)	2.49	0.89
The leaders give a lot of freedom to the employees allowing them to make decisions.	19 (14.1)	29 (21.5)	54 (40)	33 (24.4)	2.25	0.98
Overall Mean					2.69	0.90

KEY: SA=Strongly Agree, A=Agree, D=Disagree, SD=Strongly Disagree***Decision Rule if mean is 1 to 1.74 = Strongly Disagree; 1.75 to 2.49 =Disagree; 2.50 to 3.24 =Agree; 3.25 to 4= Strongly Agree

Table 2 shows that the prevalent leadership style employed in the university teaching hospitals in North-Central, Nigeria was transactional (\bar{x} =2.90), followed by transformational (\bar{x} =2.67) and laissez-faire (\bar{x} =2.50) followed by transformational, and while laissez-faire was the least leadership style employed.

Test of Hypothesis

Ho₁: Leadership style will have no significant influence on quality service delivery of health information professionals in the university teaching hospitals in North-Central, Nigeria

Table 3: Influence of Leadership Styles on Quality Service Delivery

Variables	B	Std. Error	Beta (β)	T	P	Adj.R ²	F	Df	P
(Constant)	85.513	5.122		16.694	.000	-	0.138	3	0.937
Transformational	-.160	.271	-.063	-.592	.555	0.020			
Transactional	.105	.339	.034	.310	.757				
Laissez Faire	.080	.252	.031	.317	.752				

Dependent Variable: Quality Service Delivery

Note: β = Standardized Coefficient, significant at 0.05

Table 3 indicates that leadership styles: transformational (β = -0.063, t = -0.592, p >0.05), transactional (β = 0.034, t = 0.310, p >0.05), laissez-faire (β = 0.031, t = 0.317, p >0.05) will not have relative significant influence on quality service delivery by health information professional in the university teaching hospitals in North-Central, Nigeria. The model shows that leadership style explains for less than 1% variation ($Adj. R^2$ = -0.020) in quality service delivery by health information professionals. Consequently, the null hypothesis which states that leadership styles will not have relative influence on quality service delivery by health information professionals in the university teaching hospitals in North-Central, Nigeria was accepted. This implies that

leadership styles are not predictors of quality service delivery by health information professionals in university teaching hospitals in North-Central, Nigeria.

Discussions of Finding

Findings from the study, on the demographic information of the respondents, revealed that majority of the health information professional participants are female. Many are between 30 and 40 years of age. Majority of the health information professional participants are educated with qualifications ranging from National Diploma, Higher National Diploma and Bachelor's degree. Findings on years of experience, established that majority of the health information professional had more than six (6) years working experience, are married and belong to the designation of officers and technicians. Also, majority of the health information professionals are from University of Ilorin Teaching Hospital.

Findings on the respondents' perceptions of quality health care service delivery in university teaching hospitals in North-central Nigeria revealed that the patients have positive perception of quality healthcare service delivery. Quality service delivery according to Cronin and Taylor (1999) was based on five elements which include tangibles, responsiveness, reliability, assurance, and empathy. The findings of this study unearth the fact that patients have positive perceptions of quality health care service delivery in university teaching hospitals in North-central Nigeria. The result also showed that patients strongly agreed on assurance, tangibility, responsiveness, reliability and empathy respectively as dimensions of evaluating their perceptions of quality health care service delivery by health information professionals. The finding of this study agrees with that of Isaruk, Ikonne and Alegbeleye (2021) in their study on health records management practices, referral systems and quality healthcare service delivery in public health facilities in River's state, Nigeria.

Findings of the present study is also in line with that of Nguyen and Nguyen (2012) who conducted a study on service quality and its impact on patients' satisfaction in Nigeria and found that tangibility (facilities, medical equipment and hospital environment), accessibility to health care services, attitudes and medical ethics have significant positive effects on patients' satisfaction. The findings of this work agrees with that of Deepti and Kavaldeep (2020) who conducted a survey titled measuring perceived service quality in healthcare setting in developing countries: a review for enhancing managerial decision-making in India. The study revealed that perceived healthcare service quality, patient satisfaction, and behavioural intentions are closely related to each other, and high-quality services lead to satisfied patients who further exhibits positive behavioral intentions. However, the outcome of this work is in contrast with that of Ephraim-Emmanuel, Adigwe, Oyeghe, and Ogaji, (2018) who evaluated quality of health care in Nigeria and found that the pace of development in the public health sector was unsatisfactory as evident in the discovery of poor service delivery and poor health status of Nigerian population. The study is also inconsistent with that of Osei-Poku (2012) who assessed the level of service quality delivery at Merchant Bank Ghana Limited and found that comparison between the customer responses and service providers revealed the need for Merchant bank management to work towards enhancing customer relationship management. It was however, concluded that customers were not satisfied with service delivery of Merchant Banks.

Prevalent leadership style employed in the university teaching hospitals in North-Central, Nigeria was also evaluated. Findings from this study revealed that the participants of the study agreed that different leadership styles were employed in the university teaching hospitals in North-Central, Nigeria. The participants further agreed that the prevalent leadership style employed was transactional, followed by transformational and laissez-faire leadership styles. Transactional leadership style was employed in the university teaching hospitals by monitoring to ensure jobs were performed diligently, always setting clear goals to strictly follow up and by knowing the right time to reward. Transformational leadership style was employed in the university teaching hospitals by having the interest of the subordinates at heart, encouraging subordinates to take ownership of their work and by allowing subordinates to take part in decision making. Finally, laissez-faire leadership style was employed in the university teaching hospitals by the leaders assuming the role of support to employees, delegating decision-making powers to followers and by relying on a few loyal employees to get the job done. This is in line with the assertion of Zhu, et al. (2012), that of rewards and observation of performance for corrective actions would lead to a relationship for continuous learning and better understanding of roles in the organization between the leader and follower. Such employees feel more committed towards organizational goals.

The finding of this study is also in line with that of Syed and Kamal (2015) who found that transactional leadership has significant relationship with job performance. The study is in contrast with that of Chimezie and Schwab (2013) who studied leadership style in Primary Healthcare Services in Isu, Nigeria and came up with a conclusion that healthcare service delivery is largely ineffective because of insufficient funding, misguided leadership, poor system infrastructure, and facility neglect.

Research hypothesis which states that leadership style will have no significant influence on quality service delivery of health information professionals in the university teaching hospitals in North-Central, Nigeria was tested to determine the influence of leadership style on quality service delivery of health information professionals in the university teaching hospitals in North-Central, Nigeria. Oladipo, Jamilah, Abdul, Jeffery and Salami (2013) noted that the success or failure of any organization, nation and other social unit could be largely determined by the nature of the leadership style that is being practiced by the leader. Finding of this study is in contrast with that of Amofa, Okronipa & Boateng (2016) who studied leadership styles and organizational productivity among cement factory workers in Ghana and discovered that leadership enhances the competencies and relations, and also help increase employees' output

Conclusions

The study was carried out to determine the perception of patients towards quality service delivery by health information professionals, the prevalent leadership styles, and the influence of leadership style on quality service delivery of health information professionals in the university teaching hospitals North-Central, Nigeria. The study has established that: patients generally agreed that there was quality service delivery by health information professionals in the university teaching hospitals in North-Central, Nigeria. The study also concludes that mixed leadership styles are employed and the prevalent leadership style in the university teaching hospitals in North-Central, Nigeria is transactional. This study further concludes that leadership

style does not have a significant influence on quality service by health information professionals in the university teaching hospitals in North-Central, Nigeria.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Since patients generally agreed that there was quality service delivery by health information professionals in the study area, the management of university teaching hospitals in North-Central, Nigeria should continue to motivate the health information professionals sustain this.
2. The study also established that mixed leadership style was employed although the prevalent leadership style is transactional. Therefore, the Nigerian government should train leaders of university teaching hospitals in North-Central, Nigeria on how to embrace other leadership styles such as transformational as necessary.

References

- Agyapong, A., Afi J. D., & Kwateng, K. O. (2018) Examining the effect of perceived service quality of health care delivery in Ghana on behavioural intentions of patients: the mediating role of customer satisfaction. *International Journal of Healthcare management*. 11(4)
- Aibieyi, S. (2014). Approaches, skills and styles of leadership in organisations. *Review of Public Administration and Management* 3(5), 53-59.
- Ajisenute, O. (2016). *Record keeping and service delivery in the Nigerian health sector*. Abuja, Nigeria. Lex Publishing
- Al-Damen, R. (2017). Health care service quality and its impact on patient satisfaction: Case of Al-Bashir Hospital. *International Journal of Business Management*. 12(a), 136-152.
- Al Khajeh, E. H. (2018). Impact of Leadership Styles on Organizational Performance, *Journal of Human Resources Management Research*, 10 (71)
- Amberkar, M. S., & Nandit, P. B. (2014). Patients' response to waiting time in an out-patient pharmacy at a tertiary care hospital. *Journal of Applied Pharmaceutical Science*, 2 (10), 090-093.
- Amofa, A.K., Okronipa, G. A. & Boateng, K (2016). Leadership styles and organisational productivity: A case study of Ghana Cement Limited. *European Journal of Business and Management*, 8(2), 13-28.
- Atulomah, N., Meegoda, M. L., Fernando, S., & Sivayogan, S. (2019). Exploring the preparedness of family care givers to provide cancer palliative care. *International Journal of Research*. 7(6), 18-26.
- Ardichvili, A. & Kuchinke, K. P. (2017). Leadership styles and cultural values among managers and subordinates; A comparative study of countries of the Former Soviet Union, Germany and the United States. *Journal of Human Resource Development International*. 10(21)
- Awofeso, A. O. (2018). *Records management practices, staff training and service delivery by health information management personnel in Tertiary Hospitals in South-West, Nigeria*. A dissertation for the award of the degree of Master of Science in Information Resources Management. Babcock University, Ogun State, Nigeria.

- Bamigbade, A. (2014). Service delivery in Nigerian health institutions. *African Journal of Health Services*, 7(3), 19-26.
- Cao, C. (2018). Measuring Sustainable Development Efficiency of Urban Logistics Industry. 2018. <https://doi.org/10.1155/2018/9187541>
- Chimezie, R. O., & Schwab, M. (2013). A Case Study of Primary Healthcare Services in Isu, Nigeria. ProQuest Dissertations and Theses, 3558764, 233. Retrieved from: <https://search.proquest.com/docview/1351985958?accountid=14643>
- Covey, S. R. (2007). *The 7 habits of highly effective people personal workbook*. Firesider, New York.
- Deepti S & Kavaldeep D (2020), Measuring Perceived Service Quality in Healthcare Setting in Developing Countries: A Review for Enhancing Managerial Decision-making in India. Retrieved from: <https://journals.sagepub.com/doi/abs/10.1177/0972063420963407>
- Ejumudo, C. (2013). Service delivery in Nigeria Health sector: reports from the South-East Region. *Journals of Public services and Administration* 3(4), 28-36.
- Hellen, O (2018). The influence of leadership styles on service delivery in Momibasa county, Kenya. School of business, University of Nairobi.
- Hojat, M., Louis, D. Z., Maxwell, K., Markham, F. W., Wender, R. C., & Gonnella, J. S. (2011). A Brief Instrument to Measure Patients' Overall Satisfaction With Primary Care Physicians. 43(6).
- Izadi, A., Hahani, Y., Rafiei, I. S. & Masoud, I. A. (2017). *Evaluating health service quality: patients perspectives*. London, England: Mandarin.
- Isaruk, Ikpoko-Ore-Ebirien D., Ikonne, C. N. & Alegbeleye, G. O. (2021). *Health records management practices, referral systems and quality health care service delivery in public health facilities in Rivers State, Nigeria*. A dissertation for the award of the degree of Master of Science in Information Resources Management. Babcock University, Ogun State, Nigeria.
- Kleefstra, A. (2019). A literature review into leadership styles discussed in the past five years. *Open Journal of Social Science*, 7 (6), 180-190
- Kwateng, K. O. (2018) Examining the effect of perceived service quality of health care delivery in Ghana on behavioural intentions of patients: The mediating role of customer satisfaction, *International Journal of Healthcare Management*, 11 (4), 276-288
- Mitonga-Monga, J. & Coetzee, M. (2012). Perceived leadership style and employee participation. *African Journal of Business Management*, 6(15).
- Moore, G. (2018). Effect Bias on the measurement of transformational, transactional and Laissez-Faire Leadership. *European Journal of work and Organizational Psychology*. 21.2, 271 – 297.
- Mosadeghrad, A. M. (2013). *Healthcare service quality: Towards a broad definition* New York, NY: Harper Perennial.
- Nguyen, T. & Nguyen, T. (2012). Psychological capital, quality of work life, and quality of life of marketers. *Journal of Macromarketing* 32(1):87-95.

- Ojokuku, R. M., Odetayo, T. A. & Sajuyigbe, A. S. (2012). Impact of leadership style on organisational performance: a case study of Nigerian banks. *American Journal of Business and Management*, 1(4), pp. 202-207
- Oladipo, K. S., Jamilah, O., Abdul, D. S, Jeffery L. D. & Salami, D. K. (2013). Review of Leadership theories and organizational performance. *International Business Management Journal: 3(2) 16 – 24.*
- Omisore, E. O. & Agbabiaka, H. I. (2016). Factors affecting patronage of medical tourism in metropolitan Lagos, Nigeria. *International Journal of Scientific and Technology Research*, 5(04).
- Osei-Poku, M. (2012). *Assessing Service Quality in Commercial Banks: A Case Study of Merchant Bank Ghana Limited*. Masters thesis. University of Ghana. Ghana.
- Peter, Ibraheem, Faruk, Adebayo, and Omole (2020). Quackery and unethical practices in Health Information Management profession.
- Syed M. M. S & Kamal B. A. H (2015). Transactional leadership and job performance: An Empirical investigation. Retrieved:
https://www.researchgate.net/publication/291336978_Transactional_Leadership_and_Job_Performance_An_Empirical_Investigation
- Uchenwamgbe, B. B. P. (2013). Effects of Leadership Style on Organisational Performance in Small and Medium Scale Enterprises (SMEs) in Nigeria. *European Journal of Business and Management*, 5(23), pp. 53-73.
- Veliu, L. (2017). The influence of leadership styles on employee's performance. *Journal of Management*, 2 (31) 59–69.
- Yamane, Taro (1967) *Statistics an Introductory Analysis*. 2nd Edition, New York, Harper and Row.
- Zhu, W., John, S.J., Riggio, R. E., & Yang, B. (2012). Relationships between transformational and active transactional leadership and followers' organizational identification: The role of psychological empowerment. *Journal of Behavioral and Applied Management*, 13(3), 186–212.