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Organizational Culture and Quality Service Delivery of Health Information Managers in Teaching Hospitals, North-West Nigeria.

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Abstract

The study examined organizational culture and quality service delivery in teaching hospitals in North-West Nigeria. The provision of adequate treatment, training and research, which are the functions of teaching hospitals, will be difficult to attain without a well-organized, effective and efficient health information management department. The study adopted the survey research design to investigate six teaching hospitals in North-West, Nigeria. The proportionate stratified sampling technique was used to administer copies of questionnaire to 243 health Information Managers (HIMs) and 443 patients, but 194 and 407 were returned respectively for data analysis. Data obtained were analyzed using descriptive statistics (frequency counts, percentage, mean and standard deviation). Findings revealed that the extent of quality service delivery in the teaching hospitals, was high ($\bar{x}=3.30$), on a scale of 4. All the indicators of quality service delivery showed high values: assurance ($\bar{x}=3.32$), empathy ($\bar{x}=3.31$), tangibles ($\bar{x}=3.30$), responsiveness ($\bar{x}=3.29$) and reliability ($\bar{x}=3.26$). The prevalent organizational culture in the teaching hospitals were mission ($\bar{x}=3.46$), involvement ($\bar{x}=3.45$), adaptability ($\bar{x}=3.41$) and consistency ($\bar{x}=3.41$). Organizational culture had significant influence on quality service delivery of HIMs in the teaching hospitals ($R^2= 0.043$, $\beta = 0.208$, $t(231) = 3.239$, $p<0.05$). It was, therefore, recommended that management of the teaching hospitals should make continual efforts to sustain key indicators of quality service delivery such as security of patients' files, protection of request forms, easy retrieval of patients' records and availability of physical infrastructure.

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Keywords: Organizational culture, Quality service delivery, Service, Teaching hospitals, North-West Nigeria

1. Introduction

Teaching hospitals serve as a referral hospital for primary and secondary hospitals and operate health care training programs and conduct research activities. The provision of adequate treatment, training and research, which are the functions of teaching hospitals will be difficult to attain without a well-organized, effective and efficient health information management department (Abdu-Ikadir, Aiyedun, Shoretire, Abubakar, Anka & Ologunde, 2010). Teaching hospitals are recognized as the ‘hub’ or ‘nerve’ centre to provide benefits such as improved quality of care, new courses and treatment therapies. The Nigerian teaching hospitals rank poorly in terms of access and quality just as the country was also feebly rated on transparency international's corruption perception index (Amederi & Ike, 2021).

Poor service delivery in Nigeria teaching hospitals is attributed to wasteful use of primary care services at referral centres, absence of adequately functioning primary health centers, poor or inadequate cost sharing schemes and due to corrupt practices in the health sector. It is essential for teaching hospitals to improve services at all levels. Nonetheless, exceptional and quality service delivery cannot be achieved without competent, dedicated and highly skilled workers. Teaching hospital services and support may not be complete without medical doctor and Health information managers (HIMs) persistent efforts to bring succor to patients. HIMs are people trained in the practice of acquiring, analyzing and protecting medical information vital to providing quality patients care (American Health Information Management Association [AHIMA], 2019).

Globally, provision of quality health service by HIMs continues to affect the service delivery of teaching hospitals. Emerging economies such as Brazil, China and India have introduced electronic medical records into their health systems but despite these good initiatives, the quality of health information management seems to be poor across low-income countries (World Health Organization [WHO], 2012). Some low-income countries have struggled to initiate large-scale electronic medical record systems, while others have been able to attract technical and financial resources to install patient information systems. Despite the increasing use of patients’ information record management system, many countries still rely on paper-based systems for health data collection.

The Nigerian health information management system is not left out in the issues such as poor storage, poor handling of case folders containing patients’ and documentation error plaguing the global healthcare system. These issues must be adequately tackled to actualize the visions and objectives of the health information departments in the Nigeria tertiary hospitals. American Health Information Management Association ([AHIMA], 2019) stated that, health information management involves not only maintaining patient files, but also coding the files to reflect the diagnoses and operations of the conditions affecting the patients. It can therefore, be seen that when files are not properly maintained or coded, this could lead to misdiagnoses and affect the quality of service rendered to patients in the teaching hospitals.

The HIMs in Nigeria must therefore, adapt to abreast of global best practices in health information. Owolabi and Ojo (2015) argued that if a patient's health records are incomplete and not in good condition, with all the laboratory test results intact; it can lead to the patients repeating a treatment that has commenced previously. This situation could in turn influence patient's perception of service quality as regards services. It then becomes obvious that, the objectives of teaching hospitals are unachievable without the unending support, and quality service delivery by HIM professionals. Hence, teaching hospitals have realized that achieving quality service delivery may be difficult without capable and competent staff (Kalaja, Myshketa & Scalera, 2016). A possible avenue by which HIMs could achieve quality service delivery could be through organizational culture.

In the context of this paper, organizational culture is the sum total of the values and customs that regulates the behavior of health information managers in teaching hospitals, North-West Nigeria. Organizational culture has also been approached from different perspectives by Tsai (2011), Ananta (2017) and Erika, Zahira, Kasey, Emily, Elizabeth and Leslie (2021). In the opinion of Tsai (2011), organizational culture is a perception based on shared assumptions, beliefs and attitudes that bind employees within the organizations. Ananta (2017) also supported that, strong organizational culture indicates that employees are like-minded and hold similar beliefs, rituals, roles, values and shared attitudes that transcends the members of the organization and the operating styles of the organization. Erika, Kasey, Zahira and Emily (2020) perceived that organizational culture in a hospital is linked to the patients' outcome. The views of these authors suggest that organizational culture which represents the value, norms and customs of workers in an organization can have a binding effect on employees and also provide a direction for the growth of the organization. To this end, this paper sought to determine the organizational culture and quality service delivery in teaching hospitals in North-West Nigeria.

Objectives of the Study

The specific objectives of the study are to:

1. find out the extent of quality service delivery in teaching hospitals in North-West Nigeria;
2. identify the prevalent organizational culture in teaching hospitals North-West Nigeria.
3. find out the influence of organizational culture on quality service delivery of HIMs in teaching hospitals, North -West Nigeria.

Research Questions

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

1. What is the extent of quality service delivery in teaching hospitals North-West Nigeria?
2. What is the prevalent organizational culture in teaching hospitals North-West Nigeria?

Hypothesis

H₀: Organizational culture will have no significant influence on quality service delivery of HIM in teaching hospitals, North-West Nigeria.

2. Literature Review

Service can be defined as the non-physical, tangible or intangible parts of daily socio-economic transactions engaged by an individual as opposed to goods which can be touched or handled (Nwachukwu, Ogundiwin & Nwaobia, 2015). In today's globalized and rapidly changing world, services constitute an important element of the economy in both developed and developing countries (Roy, Lassar, Ganguli, Nguyen & Yu, 2015). Whitaker (2017) noted that the primary and ultimate goal of service delivery is to achieve the customer/client/patients' satisfaction. Nwachukwu et al. (2015) highlighted the concept of service as physical tangible or intangible parts of routine socio-economic transactions performed by a person and which is different from the kind of items that can be seen physically or touched or seen in physical manner. Ayilegbe (2020) carried out a study on electronic health records use, human capital development and service delivery in government teaching hospitals in Nigeria. Ayilegbe (2020) further stated that quality service delivery by HIM has become a big concern for management in teaching hospitals due to reasons such as inconducive work environment, lack of good management policy on health records computerization, staff shortage, lack of system maintenance culture, inadequate computers and lack of management sponsorship for workshop. Studies have rated quality service delivery of health information managers' low due to factors such as inaccurate, poor and inadequate patients' health information management (Owolabi & Ojo, 2015; Wissmann, 2015).

Kalaja, Myshketa and Scalera (2016) assessed the quality of services in the public regional hospital of Durres, as one of the most important in Albania, considering that the quality is a key parameter in performance evaluation. Patients were the main actors in appraising and assessing the quality, therefore this study was based on a questionnaire completed by 200 hospitalized patients. The survey was based on "SERVQUAL" model using five dimensions of service quality such as: empathy, tangibility, responsiveness, assurance and reliability all essential in measuring the perceptions and expectations of patients in each of them. The result showed that patients were satisfied in all service dimensions (positive gap) and average values of the gaps were relatively low. One explanation for this result is low expectations of patients due to the service they had encountered when hospitalized in previous years. Although, dimensions analyzed have been scored relatively high, this finding was not in full compliance with the gap values as tangibles were weighted as low by the patients, because the efforts made to improve the conditions, equipment's, facilities and cleanliness are still too far to consider the hospital as being a modern one. Extant studies indicate that employee are like minded and hold similar beliefs, rituals, roles, values and shared attitudes that transcends the members of the organization and the operating styles of the organization (Erika et al, 2021; Denison, 2011).

Ghasi, Onyejiaku and Nkwonta (2018) in their study on organizational culture in the hospital environment in Nigeria revealed that team work and patient-health focus had a significant positive effect on health worker commitment and development respectively in tertiary hospitals Enugu states Nigeria. Several studies also show that involving staff in the daily running of business activities gives them a sense of belonging and increases their level of service delivery (Bookey-Bassett, Markle-Reid, Mckey & Akhtar-Danesh, 2016). Mina and Amid (2017) revealed that there was a positive correlation between organizational culture and midwives' job satisfaction in Iran. The study concluded that, organizational culture and the degree of moral stress in the workplace can affect job satisfaction and desertion of midwives. Zheng, Baiyin and McLean (2010) also revealed that organizational culture is related to quality service delivery.

3. Methods

This study used the survey research design to investigate organizational culture and quality service delivery in teaching hospitals in North-west Nigeria. The population of this research comprised 487 health information managers (HIMs) and 112,737 patients derived from the selected Federal and State Teaching University hospitals in North-West, Nigeria, making a total of 113,224. North-west Nigeria is one of the six geo-political zones in Nigeria. The university teaching hospitals used as the study settings in the region were: Ahmadu Bello University Teaching Hospital, Zaria, Kaduna State, Usman Dan-Fodio Teaching Hospital, Sokoto Sokoto State, Aminu Kano Teaching Hospital, Kano Kano State, Federal University Teaching Hospital, Dutse Jigawa State, Barau Dikko Teaching Hospital, Kaduna, Kaduna State and Abdullahi Wase Teaching Hospita, Kano, Kano State.

Taro Yamane sampling size determination formula was used to calculate the sample size of 243 health information managers (HIMs) and 443 patients. Seventy-two percent (71.8%) and 91.9% of the questionnaire administered to the HIMs and patients were returned respectively. Proportionate stratified sampling technique was adopted for the study. The research instrument was assessed using Crombach’s Alpha reliability index. The result indicated a reliability index of 0.79 - 0.93, signifying that the research instrument is reliable. Out of the 686 copies of questionnaire administered, 601 copies were retrieved for data analysis which constituted 87.67% of the response rate. Descriptive statistics and regression analysis were used to examine the data.

4. Findings

Demographic Information

Table 1: Health information managers’ demographic information

Demographic Variables	Frequency (n)	Percent (%)
Gender		
Male	134	57.3
Female	100	42.7
	234	100.0
Cadre		
Technician	133	56.8
Officer	101	43.2
	234	100.0
Highest educational qualification		
Professional Diploma (PD)	35	15.0
National Diploma (ND)	73	31.2
HND	99	42.3
B.Sc	17	7.3
M.Sc	8	3.4
PhD	2	.9
	234	100.0
Designation		
Health Records Technician (HRT)	70	29.9
Health Records Officer (HRO)	49	20.9
Senior Health Records Officer (SHRO)	49	20.9
Principal Health Records Officer (PHRO)	37	15.8
Assistant Chief Health Records Officer	17	7.3

(CHRO)	9	3.8
Assistant Director Health Records (ADHR)	2	.9
Deputy Director Health Records (DDHR)	1	.4
	234	100.0
Years of working experience		
0-5 years	40	17.1
5-10 years	42	17.9
11-15 years	49	20.9
16-20 years	36	15.4
21-25 years	26	11.1
26-30 years	41	17.5
	234	100.0

Table 1 showed that majority of the HIM- 134 (57.3%) were male, while 100 (42.7%) were females. Technician (133, 56.8%,) was highest cadre while officers was the least at 43.2% (101). HND (42.3%, n = 99) was the highest educational qualification while PhD (0.9%, n=2) was the least qualification. Health Records Technician (HRT) at 29.9% was considered to be the highest job designation while deputy Director Health Records (DDHR) was the least at 0.4%. HIMs with 0-5 years of work experience (17.1%) were the least while those within 26-30 years were highest (20.9%).

Demographic Information of Patients

Table 2: Patients' demographic information

Demographic Variables	Frequency (n)	Percent (%)
Gender		
Male	210	51.6%
Female	197	48.4%
	407	100.0%
Age range of respondent		
Less than 30 years	12	2.9%

30-44 years	196	48.2%
45-54 years	195	47.9%
55 years and above	4	1.0%
	407	100.0%
Highest educational qualification		
FSLC	15	3.7%
WAEC/NECO/GCE	77	18.9%
ND/NCE/TECHNICIAN	209	51.4%
HND/BSc/B. Tech/B. Art	86	21.1%
PGDE/Master/PhD	20	4.9%
	407	100.0%
Occupation		
Applicant	90	22.1%
Civil/public servant	168	41.3%
Dependent	53	13.0%
Farming	26	6.4%
Fishing	8	2.0%
Trading/business	62	15.2%
	407	100.0%

The results on Table 2 showed that two hundred and ten respondents (210, 52%) were males while 48.0% (197) of the respondents were females. Forty-eight percent (48.2%, 196) of the patients in the teaching hospitals in North-West Nigeria were between the age 30-44 years' work experience while those with 55 years and above were 1.0% (n=4). ND/NCE/Technician (51.4%, n=209) was the highest educational qualification while FSLC (3.7%, n=15) was the least qualification. Civil/public servant at 41.3% in the teaching hospitals in North-West Nigeria was highest as regards occupation while fishing (2.0%) was the least occupation.

Analyses of Research Questions

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

This question is answered with the data in Table 3.

Table 3: Extent of quality service delivery in teaching hospitals

	Mean	Std.
Assurance	3.32	0.59
Patients' files are secured in the health information management department	3.36	.81
Request forms are protected by HIM	3.35	.78
Confidentiality of patient information are safeguarded in this hospitality	3.33	.87
Prescription forms are secured in this facility	3.31	.79
Patients always receive reliable information for their health information management from the right sources in this hospital	3.24	.83
Empathy	3.31	0.61
HIM always show care about communication materials (patients' folders, request forms, and prescription form) when requested	3.38	.77
HIM give attention to patients in this facility	3.33	.78
HIM personnel seek to understand the need of patients who visit the hospital	3.32	.80
HIM always show concern about patients health challenges	3.30	.79
HIM in this hospital always understand patient anxiety	3.22	.82
Tangibles	3.30	0.50
Health information managers (HIM) are always available to give the patients care at all times	3.43	.69
Physical infrastructures are always available for the delivery of quality health information management services in this facility	3.36	.71
Communication materials such as patients folders, request forms, and prescription form are always available on request	3.27	.78
Appearance of HIM enables mutual interaction between health information managers and patients in this facility	3.23	.77
Equipment is available for the delivery of quality health information management in this hospital	3.19	.76
Responsiveness	3.29	0.58
Patients folders are retrieved by HIM without delay	3.33	.76
Request forms are retrieved by HIM without delay	3.31	.80
HIM in this hospital give patients the relevant information they need for their appointment booking	3.30	.80
Prescription forms are retrieved by HIM without delay	3.29	.85
HIM in this hospital always render the required health information services needed by patients within the time frame	3.21	.76
Reliability	3.26	0.56
Patients health records are easily retrieved always for the primary use of patient care in this facility	3.35	.76
Patients folders are always retrieved for the primary use of patient care	3.33	.75
Patients' prescription form are always retrieved for the primary use of patient care	3.22	.82
Patients request forms are easily retrieved always for the primary use of patient care in this facility	3.21	.80
Patients referrals management are always carried out with patients consents in this facility	3.19	.82

The result of Table 3 showed that the extent of quality service delivery in the teaching hospitals was high ($\bar{x}=3.30$), on a scale of 4. Further details from the analysis depict that all the indicators of quality service delivery show high values: assurance ($\bar{x}=3.32$), empathy ($\bar{x}=3.31$), tangibles ($\bar{x}=3.30$), responsiveness ($\bar{x}=3.29$) and reliability ($\bar{x}=3.26$). Out of the four dimensions of quality service delivery in the teaching hospitals, assurance had the highest score, while reliability had the lowest score. The implication of this analysis is that

the teaching hospitals in North-West Nigeria had high extent of quality service delivery in terms of assurance, empathy, tangibles, responsiveness and reliability.

Research question 2: What is the prevalent organizational culture in teaching hospitals North-West Nigeria?

This question is answered with the data in Table 4.

Table 4: Prevalent organizational culture in teaching hospitals North-West Nigeria

Statements	Mean	Std.
Mission	3.46	.52
In my hospital, HIMs understand the work plan schedule of their duties	3.62	.56
HIMs are committed to the achievement of the mission of the teaching hospital	3.56	.66
In my hospital, HIMs work towards actualizing the major target priorities of the teaching hospital	3.53	.63
HIMs can interpret the long-term and short-plan mission of the hospital	3.36	.65
The reason for setting up the HIM department in the teaching hospital is clearly communicated to me	3.35	.75
Involvement	3.45	.51
In my hospital, HIMs display skills and experiences on the job	3.57	.61
Teamwork is highly practiced among HIMs staff in my hospital	3.56	.63
Knowledge sharing is maintained among HIM personnel in my hospital	3.45	.67
HIMs are involved in knowledge sharing in the hospital	3.45	.67
HIMs take part in all major activities of the hospital	3.44	.65
Adaptability	3.41	.55
In my hospital, HIMs understand the needs of patients visiting the hospital	3.62	.60
HIMs adapt themselves to the changing patient’s needs in my hospital	3.54	.66
Users’ satisfaction is my primary focus	3.39	.79
In my hospital, HIMs take reasonable risks on the job for innovations to occur	3.34	.73
Adapting to changing trends is a norm HIMs always do	3.29	.71
Consistency	3.41	.51
In my hospital, HIMs always share a set of value that create a strong sense of identity with other members of HIM staff.	3.54	.57
HIMs always reconcile differences with other employees and patients in a constructive manner when necessary.	3.48	.62
In my hospital, HIMs are transparent in decision-making	3.43	.65
Critical issues are always put under control in the department	3.37	.72
In my hospital, HIMs are able to reach agreement always on critical issues	3.28	.71

Source: Researcher’s Field Survey, 2022

The analysis of research question two is shown in Table 4. The result revealed that the prevalent organizational culture in the teaching hospitals were mission (\bar{x} =3.46), involvement (\bar{x} =3.45), adaptability (\bar{x} =3.41) and consistency (\bar{x} =3.41). The finding suggests that, the organizational culture predominantly practiced in the teaching hospitals is mission. The teaching hospitals also practiced involvement, adaptability and consistency.

Hypotheses Testing

Hypothesis: Organizational culture will have no significant influence on quality service delivery of HIM in teaching hospitals, North-West Nigeria.

The hypothesis was tested with simple linear regression analysis and reported in Tables 3.

Table 5: Organizational culture and quality service delivery

Predictors	B	Beta (β)	T	P	R ²	Adj. R ²	F	ANOVA (Sig.)
(Constant)	2.060		4.984	.000				
Organizational culture	.390	.208	3.239	.001	0.043	0.039	10.490	0.000

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

Source: Field Survey Results, 2022

Table 5 shows that organizational culture has significant influence on quality service delivery of HIM in the teaching hospitals ($R^2 = 0.043$, $\beta = 0.208$, $t(231) = 3.239$, $p < 0.05$). The model shows that organizational culture explains 4.3% ($R^2 = 0.043$) change in quality service delivery of health information managers in the teaching hospitals. This implies that the quality service delivery of HIM depends on organizational culture. Hence, the null hypothesis which states that organizational culture will have no significant influence on quality service delivery of HIM in teaching hospitals, North-West Nigeria, was rejected. Hence, organizational culture is vital to improving the quality service delivery of health information managers in teaching hospitals.

The result of the Table 5 further indicates that, holding organizational culture to a constant zero, quality service delivery of HIM would be 2.060. In addition, the model shows that when organizational culture is improved by one unit on a measurement scale, there will be corresponding 39.0% (0.390) increase in the quality service delivery of health information managers. This result suggests that, organizational culture is a strong predictor of quality service delivery of health information managers in the teaching hospitals.

Discussion

Research question one indicated that HIM in the teaching hospitals in the study area scored high in quality service delivery. The quality service delivery could be based on the fact that patients' files are well secured, request forms are well protected, high confidentiality of patients' information, high care about communication materials (patients' folders, request forms, and prescription form), availability of HIMS to give patients care at all times and easy retrieval of health records by HIMS. However, in contrast to this study, some other studies rated quality service delivery of health information managers' low due to factors such as inaccurate, poor and inadequate patients' health information management (Owolabi & Ojo, 2015; Wissmann, 2015). The finding also contrasts Ayilegbe (2020) who found that quality service delivery by HIM has become a big concern for management in teaching hospitals due to reasons such as lack of management sponsorship for workshop, lack of good management policy on health records computerization, unconducive work environment and staff shortage. On the other hand, some studies have indicated quality service delivery in the health care sector (Kalaja, et al., 2016). Kalaja, et al (2016) on the quality of services in the public regional hospital of Durres, in Albania, found that patients were satisfied in service delivery. One explanation for this result is low expectations of patients due to the service they had encountered when hospitalized in previous years.

The result of research question two showed that the organizational culture predominantly practiced in the teaching hospitals is mission. The teaching hospitals also practiced involvement, adaptability and consistency. In line with this study, extant studies indicated that employees are like minded and hold similar beliefs, rituals, roles, values and shared attitudes that transcend the members of the organization and the operating styles of the

organization (Erika et al, 2021; Denison, 2011). Also demonstrated in this study is the high level of involvement of health information managers in the teaching hospitals of North-West Nigeria. Similarly, involving staff in the daily running of business activities gives them a sense of belonging and increases their level of service delivery (Bookey-Bassett, Markle-Reid, Mckey & Akhtar-Danesh, 2016).

The result of the hypothesis revealed that the organizational culture was found in this study to have significant influence on quality service delivery of HIM in the teaching hospitals. This result showed that, improving organizational culture can enhance quality service delivery of health information managers in teaching hospitals. This is consistent with Ghasi et al. (2018) who found that team work has a significant positive effect on health workers' commitment in Nigeria. Also, patient-health focus has a significant positive effect on development in tertiary hospitals in Enugu state, Nigeria. Also in corroboration is Mina and Amid (2017) revealed a positive correlation between organizational culture and midwives' job satisfaction. Several other studies have shown that organizational culture has a positive impact on quality service delivery in the health care sector (Zheng et al., 2010; Anusuya & Tulsee 2017; Rovithis et al., 2017).

5. Conclusions and Recommendations

The study has succeeded in establishing the influence of organizational culture on quality service delivery of HIMs in teaching hospitals North-west Nigeria. The study also showed that for health information managers to deliver quality service in their job they would need to take seriously the organizational culture of their various organizations. Therefore, the following recommendations are set forth:

1. The extent of quality service delivery in teaching hospitals North-West Nigeria was high. Management of the teaching hospitals should make continual efforts to sustain key indicators of quality service delivery such as security of patients' files, protection of request forms, easy retrieval of patients' records and availability of physical infrastructures.
2. Management of Teaching Hospitals in North-West Nigeria should ensure that the health information managers developed positive job norms and beliefs towards quality service delivery in the teaching hospitals.

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