



LEADERSHIP STYLES, CHANGE MANAGEMENT AND JOB PERFORMANCE OF HEALTH INFORMATION MANAGEMENT PRACTITIONERS IN TERTIARY HOSPITALS IN SOUTH-WEST, NIGERIA

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Abstract

The study examined the influence of leadership styles and change management on job performance of Health Information Management practitioners in tertiary hospitals in South-West, Nigeria. The study employed survey research design. A sample size of 239 Health Information Management Practitioners in Tertiary Hospitals in South-West, Nigeria was employed using proportionate sampling technique. Besides, a self-developed structured questionnaire was used to gather data for the study. Data analysis involves both descriptive and inferential statistics. Result revealed a high level of job performance of Health Information Management practitioners in tertiary hospitals in South-West, Nigeria. In addition, the study revealed that leadership style and change management had a combined influence on job performance of Health Information Management practitioners in selected tertiary hospitals in South West, Nigeria ($Adj. R^2=0.287$, $\beta = 0.348$, $(t= 238)$, $F (2, 238) = 12.234$, $p<0.05$). The study therefore concluded that most Health Information Management Practitioners in South West Nigeria were performing well on their job as specified by Health information management practice. Despite the negative factors of wrong leadership styles there still exist high job performance because of skillfull trainings and professionalism. However, many do not adhere to policy of Health information management practice in the study area.

Key words: Leadership styles, Change management, Job performance, Health Information Management Practitioners, Tertiary Hospitals, South -West, Nigeria.

Introduction

Tertiary hospital is known for managing complicated issues as a result of referral from primary and secondary healthcare facilities. Tertiary hospitals provide complex health-

service procedures that cannot be managed in other primary health facilities or general hospitals. **Tertiary hospitals are aimed at providing services to patients and conducting medical research and training** (Jee-Fenn & Akram, 2020). **There are different categories of workers in the tertiary hospitals such as medical doctors, nurses, radiologists, radiographers, medical laboratory scientists, administrative staff, and health information management practitioners. Health information management practitioners are among the indispensable staff of the hospital that serve as gatekeepers to patients' health records. Health information practitioners are medical professionals trained with the duty of handling patient's health records and for information governance, or ensuring enterprise-wide health data integrity, privacy, and security** (Kestly, 2021). They are responsible for planning, organizing, overseeing, and **following up on all activities such as documentation, registration, booking appointments, health data collection and collation, coding and indexing of disease to mention a few related to the Health Information Management department and the integrity of clinical and financial data and ensure that healthcare practitioners have access to accurate and up-to-date patient health data whenever and wherever they need it** (Omidoyin, 2019).

Leadership skills such as technical skills, conceptual skills, interpersonal skills, emotional intelligence and social intelligence have positive impact on increasing the performance and output of employees. With respect to the study of Graen, Rowold & Heinritz (2018) on leadership and performance, their study reported that leadership impacts performance in the following ways; it improves employee morale, it is a source of motivation, forms basis for cooperation, divides work as per capability, gives necessary guidance and creates effective communication. It's also of the opinion that from every indication, there seems to be a strong link between leadership style and performance of employees in hospital.

Sambamoorthi and Bell (2016) viewed transformational leadership as a leadership style that can inspire positive changes in those who follow. Transformational leaders are generally energetic, enthusiastic, and passionate to reason that the concept can be seen when "leaders and followers make each other to advance to a higher level of moral and motivation." This explains how leaders change teams or organizations by creating, communicating, modeling a vision and inspiring employees to strive the intended vision (McShane & Glinow, 2010). In health information management transformational, democratic and Servant leadership styles were observed to be actively used.

The impact of leadership style in the overall success of the tertiary hospitals cannot be overemphasized as indicated in a related study (Akram, 2020). Many tertiary hospitals have not been able to attain the set goals due to problem arising from leadership styles adopted in those tertiary hospitals. Fredendell (2002) stated that leadership technique or skill in organizations is necessitated by the fact that the set objectives of tertiary hospitals, formulated policies or strategies aim at the achievement of goals. Therefore, for progress to be recorded in tertiary hospitals, leaders directing and coordinating the activities of hospital staff of the tertiary hospitals must ensure conformity with the policies and plan made, provide critical change and manage the change in order to remain relevant through job performance by staff.

In the Health Information Management department, like other hospital departments, each leadership style has effect on the job performance of health information management practitioners, saddled with the task of performing Health Information Management services such as to provide access to accurate and complete patients health information when and where needed, documentation and registration of patients health information, coding and indexing of diagnosed disease and surgical conditions, statistical compilation, monitoring and evaluating health programme, appointment services, clinic preparations, liaison between physician and patients to improve quality of documentation, overseeing and follow-up of all activities related to patients and health information management department, privacy, security and confidentiality of patients health information, prepare and analyze clinical data for research purposes, timely reporting of clinical and programme activities, manage health project which can be summed up into two; Health Information Technology and Electronic Health Records.

Critically, the above activities of health information management are performed traditionally not holistically, this yields minimal job performance of health information management practitioners in tertiary hospitals because, their departmental leadership do not embrace change driven by technology (HITs and HER) but will rather agree to mutual understanding, trust and commitment to hospital leaders as long as remuneration is not affected. Interestingly, the study of Naser, Mohammad, Alyahya Abdallah, Hasan, Aftab and Farid (2020) found that Health Information Technology have an indirect impact on hospital job performance through health information quality as a mediator. This study is limited to leadership style and change management on job performance of Health Information Management practitioners in Tertiary hospitals in South west Nigeria.

The objective of this study is to examine the influence of leadership styles and change management on the job performance of Health Information Management practitioners in tertiary hospitals in South-West, Nigeria. The study therefore answered the following research question which state; what is the job performance of Health Information Management practitioners in tertiary hospitals in South-West, Nigeria?

Hypothesis

H01: There is no significant influence of leadership style and change management on the job performance of Health Information Management practitioners in tertiary hospitals in South-west, Nigeria tested at 0.05 level of significance.

Methodology

The research method employed in this study is descriptive survey design. The target population for this study comprised all the 582 registered Health Information Management practitioners (both Officers and Technicians) in Tertiary Hospitals in South-West, Nigeria. Taro Yamane formula for calculating sample size for a known population was employed. Sample size determination

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

Where, N is the population size and e is the level of precision. Since the population is known, the formula then applies as follows:

$$n = \frac{582}{1 + 582(0.05^2)}$$

$$n = \frac{582}{1 + 582(0.0025)} = 237.06$$

Iteration of 1% was added to arrive at 239.43

Therefore, a sample size of 239 Health Information Management Practitioners in Tertiary Hospitals in South-West, Nigeria was used in this study.

Proportionate sampling technique was used. A self-developed structured questionnaire title 'Leadership Styles, Change Management and Job performance was used to gather information on the research topic. The questionnaire was divided into four (4) main sections (A-D). The researcher calculated the correlation between the results measurement and the results of the criterion measurement resulting in high correlation which indicated the test measured what it intends to measure. Other eminent scholars help to check its contents if it simple and useful. Judgmental approach was used to establish contents involves in literature reviews and then subject it to my supervisor for critic. The Cronbach alpha test was used to

measure the reliability of various questions to make sure they are consistent. The Cronbach alpha value greater than 0.60, is considered adequate for research. In all, 239 practitioners were selected among tertiary hospitals from 6 state of south west Nigeria during the study period. The questionnaire was distributed to health information management practitioners in each hospital with the support of their heads of department.

Efforts were made to acquaint the respondents with the overall focus of the study and the need to give accurate information on the questions asked in the questionnaire. The units of the practitioners was written out legibly and printed for clarity of purpose. The practitioners in each unit of the selected tertiary hospital was listed on five (5) separate lists each: SOP, MOP, GOPD, Library and Coding and Indexing list in each selected hospital. The research assistants were assigned to each unit for five days (1 week) to administer questionnaire in each selected tertiary hospital collecting data. The administration and retrieval of the study instrument lasted for six weeks and efforts were made to retrieve completed questionnaire on the spot. Field editing was carried out immediately to maximize response rate. The participants introduced the study and informed of their right not to partake in the process of the study, if they did not want from the onset and also they could withdraw out anytime they wanted to, these were clearly stated on the subject information sheet that was read to the respondents and thereafter sign consent form as they were guided by the research assistants on duty to administer the questionnaire. The exercise continued in all the selected tertiary hospitals weekly, until the intended sample size of 239 was achieved.

A pre-test was conducted systematically using questionnaire administration with a convenient sample. The pre-test was carried-out at university of medical science Ondo, Ondo state which was established among fifty (50) respondents. The Cronbach alpha was calculated and yielded accurate results. Statistical package of social sciences (SPSS) version 25 was used to analyze data. Systematically, questionnaires were sorted out for completeness and validity. The socio-demographic characteristic of the respondents and the research questions were analyzed using simple frequencies, percentages distribution and mean. The research questions were analyzed using frequency counts, percentage distribution, mean, standard deviation and chi-square to measure association between the independent variables (leadership styles, and change management) on the dependent variable (job performance of health information management practitioners); while research hypothesis was analyzed using descriptive statistics of T-test to determine whether there is any statistically significant difference among a number of independent groups using multiple regression analysis to test the hypothesis.

Correlation analysis was used to know the relationship between the job performance and leadership styles among health information management practitioners. The results were presented in tables and logical inferences and interpretations were made out of the resultant data. Ethical consideration of this study was requested from the study locations after the researcher submitted clearance from Babcock University Health Research and Ethics Committee (BUHREC) which address the implication and risks of data collection processes as the researcher avoided plagiarism by following turn-it-in policy of the university and result was attached. The researcher also obtained consent from each study participant by ticking a consent box at the top of the questionnaire after a verbal explanation by the researcher and research assistant. The researcher enlightened the respondents of the benefits of the study and that the information gathered was strictly to be used for the purpose of research without divulging into respondents' privacy and personal identifiable information.

Results

Table 1: Socio-Demography Data of the Respondents (n=239)

Variables	Categories	Frequency	Percentage (%)
Gender	Males	94	39.3
	Females	145	60.7
Age (years)	21-30	6	2.5
	31-40	61	25.5
	41-50	100	41.8
	51-60	72	30.1
Marital Status	Singles	13	5.4
	Married	215	90.0
	Widow/Widower	6	2.5
	Divorced	5	2.1
Educational Background	ND	59	24.7
	HND	132	55.2
	BSC	25	10.5
	PGD	15	6.3
	PHD	3	1.3
	MSC	5	2.1
Work Experience	Below 10 years	20	8.4
	10-20 years	143	59.8
	0-30 years	71	29.7
	Above 30 years	5	2.1
Professional qualifications	Officer	99	41.4
	Technician	140	58.6

The sex distribution of respondents under study were 94 (39.3%) male while female were 145 (60.7%). The age distribution of the respondents under review in which 20-30 years were 6(2.5%), 31-40years were 61(25.5%), 41-50years were 100(41.8%), 51-60years were 72(30.1%), The age group that was seen predominant among the age distribution was 41-50 and 51-60years which were 100(41.8%) and 72(30.1%) respectively. Thus, the professionals

under study were predominant among youth and age group preparing for retirement. The marital status of the respondents under study showed that 13(5.4%) were singles, married were 215(90.0%), widowed/widower were 6(2.5%) and divorced were 5(2.1%) of the total population under study. Thus married 215(90.0%) respondents in the study were predominant since most of the respondent's age group was among youth cadre and age group preparing for retirement. The educational status of respondents was revealed in the table with respondent having National Diploma, were 59(24.7%), professionals with Higher National Diploma were 132(55.2%), those with Bachelor of Science were 25(10.5%) and those with Post Graduate Diploma qualification were 15(6.3%). The professionals with Master's degree qualification were 5(2.1%) while those with PhD. were 3(1.3%). The work experience of the respondents showed that professionals below 10 years were 20(8.4%) of the total population under study, those with 10-20 years were 143(59.85), 10-30 years of experience were 71(29.7%) while above thirty years but not up to 35 years were 5(2.1%) of the population of professional respondents. The professional qualification of respondents revealed that officers were 99(41.4%) while technician were 140(58.6%) of the total population under study.

Table 2: Job performance of Health Information Management practitioners in tertiary hospitals institutions in South-West, Nigeria and Variables of Interest

Decision Making	Mean	Sd
I'm able to make accurate decisions as a result of the resources I'm provided with on my work as HIM practitioner	1.64	1.18
I'm able to arrive at my work related decisions as quickly as possible as HIM practitioner	1.46	1.91
I'm able to discern very important decisions from less important ones	1.37	1.18
I'm able to make important decisions on my own relating to my work as HIM practitioner	1.63	1.19
My decisions are never out of context of the problem to be solved in HIM department where I work	1.49	1.18
EFFECTIVENESS AND EFFICIENCY	1.63	1.18
I always plan my specific Health Information Management work in my unit so that it is done quickly	1.63	1.18
I effortlessly handle HIM task at work with little or no supervision	1.63	1.18
I always fulfill all my job related responsibilities especially monthly statistics	1.63	1.18
I always take on challenging professional tasks when available	1.63	1.18
I ensure that I minimize cost as I carry out my daily HIM job description at work	1.63	1.18
Creativity and innovativeness		
As HIM practitioner, I'm able to generate bright ideas at work especially when there is need to solve critical problem	1.43	1.11
As HIM practitioner, I always take initiative when there is a problem to be solved concerning my professional work	1.43	1.21
As HIM practitioner, I always come up with creative solutions to new problems at work	1.43	1.01
As HIM practitioner, I always suggest more flexible and easier ways than those in the laid down procedures that can provide fast solution to problems at hand	1.63	1.25
As HIM practitioner, I always maneuver through a tight situation with great skill e.g. facility, State, National and Implementing partners (institute of Human Virology, Aids Prevention Initiative in Nigeria, United Nations International Children Emergency Fund e.t.c.) statistical returns	1.63	1.18
Timeliness		
As HIM practitioner, I always resume earlier to work than my patients or before required time clinic/ work activities begins	1.63	1.18
As HIM practitioner, I always complete my work assignments in time e.g. roster, clinic preparation, folders for research and documentations	1.63	1.18
As HIM practitioner, my patients always get prompt attention from me during documentation and registration, data for research, liaison between doctors and patients during clinic visit	1.63	1.18
As HIM practitioner, I always quickly rectify errors that occur during attendance to patients, e.g. documentation and registration of patients, need for case note at another clinic (specialty clinic)	1.63	1.18
As HIM practitioner, I always give my patients a precise response time during attendance at clinic visits especially for appointment booking to avoid unnecessary delay	1.63	1.18
Communication		
As HIM practitioner, I communicate well with my colleagues and ask for help when I need one especially when I'm not available for a specific task that can jeopardize their efforts	1.43	1.18
As HIM practitioner, communication with my colleagues always yield the desired results of making my unit organized	1.43	1.18
As HIM practitioner, I relate well with my superiors and able to communicate my opinions objectively	1.51	1.18
As HIM practitioner, information is accurately disseminated throughout the organization	1.63	1.18
As HIM practitioner, I always discuss issues with my colleagues, unit supervisor and Head of Department to carry them along so as to be on the same page on issues	1.63	1.18
Adherence To Policy		
As HIM practitioner, I understand the reasons for establishing and adherence to HIM policy	1.43	1.18
As HIM practitioner, I'm well aware of the policies and procedures that govern my job as HIM practitioner	1.63	1.18
As HIM practitioner, I make sure I carry out my duties in line with the existing policies especially on release of health data for research	1.63	1.18
As HIM practitioner, the existing policies enable me carry out my tasks with ease without prejudice	1.63	1.18
As HIM practitioner, when issues of concern arise, I always look out for the existing policies guiding HIM practice	1.63	1.18
Grand mean	1.57	1.20

The above table shows the job performance of Health Information Management practitioners in tertiary hospitals institutions in South-West, Nigeria *with respect to Variables of Interest* such as decision making, effectiveness and efficiency, creativity and innovativeness, timeliness, communication, adherence to policy and effectiveness and efficiency with chi-

square and asymptotic value at <0.005 . It was observed that the professionals had decision making which has strong significance with job performance of Health Information Management practice as revealed by the standard Deviation = 1.184, $X = 1.639$, $\chi^2 = 41.228$ at P-value of 0.000. The study also tested effectiveness and efficiency of with respect to job performance of Health Information Management practice and revealed that Standard Deviation was 1.183, Mean was 1.631, $\chi^2 = 115.239$ at P-value of 0.000 which shows that job performance of Health Information Management practice is efficiently and effectively carried out in the study area. This could be because sizeable proportion of the respondents has skillful knowledge with respect to training as revealed by their college degree qualifications, work experience and professionalism.

Creativity and innovativeness was also tested with job performance of Health Information Management practice and it was observed standard Deviation = 1.113, $X = 1.143$, $\chi^2 = 123.241$ at P-value of 0.914. Timeliness was also tested with job performance of Health Information Management practice as revealed standard Deviation = 1.163, $X = 1.183$, $\chi^2 = 121.12$ at P-value of 0.000. Communication of Health Information Management practitioners was also tested with job performance and yielded Standard Deviation was 1.183, Mean was 1.432, $\chi^2 = 234.12$ at P-value of 0.001 giving the implication that communication have strong effect on Health Information job performance. Also, Adherence to policy of Health Information Management practice was tested with job performance and yielded Standard Deviation was 1.432, Mean was 1.183, $\chi^2 = 112.641$ at P-value of 0.000.

Hypothesis Testing

H01: There is no significant influence of leadership style and change management on the job performance of Health Information Management practitioners in tertiary hospitals in South-west, Nigeria-tested at 0.05 level of significance.

Table 3: Influence of leadership style and change management on the job performance of Health Information Management practitioners in tertiary hospitals in South-west, Nigeria.

Predictors	B	Beta (β)	T	P	R ²	Adj. R ²	F	P value
(constant)	3.147	0.348	14.358	0.000				
Leadership Style	0.049	0.943	6.744	0.000	0.822	0.287	12.234	0.001
Change Management	0.079	0.069	0.623	0.534				
Dependent Variable Predictors: (Constant), Leadership style, change management DF (F-Statistic) =2, 238 DF(F-Statistic) = 238								

Source: Field Survey Result, 2022

Table 3 depicts that leadership style and change management had a combined influence on job performance of Health Information Management practitioners in selected tertiary hospitals in South West, Nigeria ($Adj. R^2=0.287$, $\beta = 0.348$, ($t= 238$), $F (2, 238) = 12.234$, $p<0.05$). The model shows that the linear combination of leadership style and change management explains 28.7% ($Adj. R^2=0.287$) in job performance of health information management practitioners in tertiary hospitals in South West, Nigeria. This implies that leadership style and change management predicts job performance of health information management practitioners. Therefore, the null hypothesis which states that, there is no combined influence of leadership style and change management on job performance of health information management practitioners in tertiary hospitals in South-West, Nigeria was rejected. This suggests that enhancing change management and leadership style would result in improved job performance of health information management practitioners in tertiary hospitals in South West, Nigeria.

$$JP = 3.147 + 0.049LS + 0.049CM + e \dots\dots\dots \text{Model3}$$

Where:

JP=Job Performance
 LS=Leadership Style
 CM= Change Management

Conclusion

Most Health Information Management Practitioners in South West Nigeria were performing well on their job as specified by Health information management practice. Despite the negative factors of wrong leadership styles there still exist high job performance because of skillfull trainings and professionalism. However, many do not adhere to policy of Health information management practice in the study area.

Implication of the study

The outcome of this study will enlighten the government on programmes that will enable the health information management practitioners, board members and head of departments of Health Information Management in various tertiary hospitals to increase rate of job productivity in the chosen areas, South west and Nigeria at large by sensitizing health information management practitioners in the study area; It will also help health information practitioners to focus attention on appropriate interventions responsive to the job performance needs of health information practitioners by strengthening health services and promoting a safe and supportive social environment in which they can thrive. Lastly, the findings will also help in health information education and research by increasing literature on this topic and thus serving as a source of information for other studies and further studies.

Study Limitations

The study examined leadership style, job performance and change management of Health Information Management Practitioners in South West Nigeria

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