

## Commitment of Health Information Managers as Predictors of Service Effectiveness in Teaching Hospitals in Nigeria

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### Abstract

Lack of commitment of health information managers in teaching hospitals in Nigeria has led to poor quality of care for the citizens. This study examined the influence of commitment of Health Information Managers on service effectiveness in teaching hospitals in Nigeria. The study employed survey research design. The study population comprised 17,100 Health Information Management Officers. Multistage sampling technique was used to select the study sample. A sample size of 315 Health Information Management Officers selected from 20 Teaching Hospitals in Nigeria participated in this study. Data were collected with a structured questionnaire. The chronbach's Alpha coefficient test of the variables ranged from  $\alpha = 0.77 - 0.85$ . A response rate of 84% was obtained. Data were analysed using both descriptive (mean and standard deviation) and inferential (multiple regression analysis) statistics. The findings reveal that commitment of Health Information Managers ( $\beta = .121, t = 3.156, P < .05$ ); ( $\text{Adj. } R^2 = 0.419, F_{(2,312)} = 114.329, p < .05$ ) significantly influenced service effectiveness in Teaching Hospitals in Nigeria. It shows that only affective commitment significantly influenced service effectiveness. The outcome of this study reveals Health Information Management Officers demonstrated the three types of commitment: continuance, affective and normative commitment to a moderate extent on their jobs. The study concluded that, Health Information Management Practitioners should regularly engage in both continuance and Normative commitment with a view to enhancing their service effectiveness

**Keywords:** *Commitment, Health Information Managers, Service effectiveness, Teaching hospitals, Nigeria*

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### **Background to the Study**

Commitment to excellence is an acknowledged goal for all physicians and other health care providers such as the Health Information Management Officers. Such commitment entails being available and responsive when 'on call', accepting inconvenience to meet the needs of one's patients, enduring unavoidable risks to one's self when a patient's welfare is at stake, advocating the best possible care regardless of the ability to pay, seeking active roles in professional organizations and volunteering one's skills and expertise for the welfare of the community. Commitment is a psychological bond that is characterized by the members' feeling of attachment, obligation and loyalty to a given organization. Commitment also describes the level of employees' acceptance of the organization's goals and the willingness they have to work towards these goals (Spender, 1996)

Managers and management researchers have long believed that organizational goals are unattainable without the enduring commitment of members of the organizations. Motivation is a human psychological characteristic that contributes to a person's degree of commitment (Ismail, 2018). It includes the factors that cause, channel and sustain human behaviour in a committed direction. Commitment is defined as the connection between the organization and the employees. It is the willingness and steady forces that determine and maintain the attachment of an individual to an organization "(Naeem & Jamal, 2017). Commitment is the differentiating factor between top performing organizations and those of average performance (Fornes & Rocco, 2004). Commitment can be described as the interrelationships of employees and organization's goals and values. It includes affective commitment (emotional dependence of employees to identify with the organization and indulge in organization activities with a positive attitude), continuous commitment (commitment based on esteeming the organization and the individual's need to stay in organization), and normative commitment (employees' feelings about the necessity to stay in organizations).

According to (Harun & Karim, 2008) employees' commitment has three main aspects: affective, continuance, and normative. Affective commitment is defined as the emotional and sentimental attachment an individual has towards an organization. It is also considered as the level to which employees identify themselves with the organization and its goals to maintain their membership (Imran, Arif, Cheema, & Azeem, 2014). The characteristics of the affective commitment include three elements: the belief and the acceptance of the organization's values and objectives; the willingness to work towards the organization's goals, and the aim to maintain the relationship with the organization (Ismail, 2018). The continuance commitment is linked with the costs related to the alternatives to leave the organization. In other words, the employees remain in the organization because the alternatives are non-existent or not certain. Concerning the normative commitment, this is the moral obligation an individual has to remain in the organization. So, the employees are loyal and consecrated to the organization as a duty and obligation. Normative Commitment refers to perceived obligation to remain with the organization, an employee who is high in normative commitment usually stay in the organization because they feel that they ought to. Health Information Management Officers are expected to demonstrate the three types of commitment for them to be contributing significantly to service delivery in Teaching hospitals in Nigeria.

The Health Information Managers constitute a central component of the entire health care system of any nation. Their key roles centres on management of patient health information from creation to disposal. However, achieving the goal of effective service delivery, require that their level of commitment be evaluated for improved service delivery. Commitment of these officers is of great importance in achieving effective health service delivery at the various clinics of the hospital where large number of patients are concentrated. Studies on service effectiveness in the hospital has taken different dimensions; some have examined the role of nurse Nurses, Doctors, Pharmacists, Medical Laboratory Scientist and others (Kaplan & Komurcu, 2017). The Authors evaluated the effectiveness of health services training provided with different methods, their findings reveal that training given to the professional was more effective in encouraging them to be more effective on their jobs thereby contributing to the general health service effectiveness. However, the current study examines the role and commitment of Health Information Management Officers in achieving service effectiveness in the Teaching Hospitals in Nigeria. The health sector in any country forms the backbone of its growth and development. However, it has been argued that lack of effective health care in Nigeria has led to poor quality of care for the citizens (Lee & Hong, 2014).

Health care system in Nigeria is confronted with shortage of essential drugs and supplies, inadequate health care providers, poor infrastructural facilities, decreased government spending on health, as well as absence of integrated system for disease prevention among others. Strengthening health service delivery is crucial to achieving health-related Millennium Development Goals (MDGs). Also, ensuring sustainable health service effectiveness that meets minimum quality standard and securing access to them are necessary (Izadi, Jahani, Rafiei, Masoud, & Vali, 2017). These authors claimed that measuring hospital service effectiveness is an important strategy for managers wanting to improve services. Therefore, achieving improve service effectiveness in the teaching hospitals in Nigeria, Health information Officers need to be committed to their job to a large extent.

Effectiveness refers to the extent to which stakeholder requirements are met, while efficiency is a measure of how economically the firm's resources are utilized when providing a given level of stakeholder satisfaction (Kaplan & Komurcu, 2017). Service effectiveness is associated with judgment on how well an individual or organization is performing in relation to the services provided. Service effectiveness encompasses having clear objectives, important levels of participation from health care team members, emphasis on quality and support for innovation, as well as provision of high quality patient care. The concept of service effectiveness is of utmost importance to health care institutions in both developing and the developed economy, this is because it determines the overall service effectiveness of the nation. Health service effectiveness can be described as the extent to which health service provided to the citizens fulfills its intended purpose or function which entails disease diagnosis and treatment (Brand & Sweedman, 2002). The effectiveness in the health services provide to individuals and populations can increase the likelihood of desired health outcomes (Carrese et al., 2015). Health service effectiveness involves the introduction of innovations in patient care that is based on solid structure process and outcome.

Health service effectiveness can be measured from the three component model of Donabedian (1988) who summarized health service quality effectiveness based on structure, process and outcome. Structure refers to the basic characteristics involving the physicians, hospitals, other professionals, infrastructure, tools and technology as well as organizational resources that provide care and financing of care such as funding, staffing, payment schemes and incentives. Structure also described whether there are well-qualified health professionals, appropriate hospitals, nursing homes, and clinics, as well as well-maintained health information and/or medical records and good mechanisms for communication between clinicians. The second component 'process' refers to the interaction between caregivers and patients during which structural inputs from the health care system are transformed into health outcomes. Process provide answers to questions on what is expected to have been done to enhance patient care. The third component 'outcome' involves patients' satisfaction and responsiveness to the health care system (Kuzu, 2016). Outcome can also be measured in terms of health status, deaths, or disability-adjusted life years, a measure that encompasses the morbidity and mortality of patients or groups of patients. Outcome reflects the result of care so that investigation into instances of poor outcome can be conducted (Glickman, Baggett, Krubert, Peterson & Schulman, 2007).

The healthcare delivery system of a nation relies, to a considerable extent, on the efficacy of its hospitals delivering quality healthcare services. Every employee in the hospital contributes significantly to its overall effectiveness (Bertrand et al., 2004). Although when considering the skills, experience, motivation, and rank, some employees play a bigger role than others. Breitbach et al., (2015) reasoned that organizational effectiveness captures organizational performance plus the myriad internal performance outcomes normally associated with more efficient or effective operations that relate to considerations that are broader than those simply associated with economic valuation (either by shareholders, managers, or customers), such as corporate social responsibility. The key indicators of organizational effectiveness include strategy; structure, roles and capability; leadership; people, systems and processes, culture and values; employee engagement and customer satisfaction (Fath, Jahan, Moftakhari, Moghadam, & Jalali, 2017). Other indicators include communication of vision to employees and their buy-in of the vision, employee commitment, communication effectiveness, employee care, sense of accountability for results, customer centricity, customer satisfaction, growth and survival, organizational learning and innovation. Sustainable organizational effectiveness requires that attention be paid to all these elements.

### **Statement of the Problem**

the extent of health information managers' commitment to sustainable service effectiveness cannot be overemphasized, this is because it is assumed that a committed employee would not only be willing to give his/her best to the employer but will be willing to be part of the success and failures of the organization. On the other hand, lack of commitment would negatively affect service delivery. The current study therefore sought to validate the assumptions postulated above that commitment of Health Information Managers would influence service effectiveness in teaching hospitals in Nigeria.

## Objective of the Study

This study examined following specific objectives

1. To determine the level of commitment of health information managers in teaching hospitals in Nigeria
2. Assess the influence of commitment of health information managers on service effectiveness in teaching hospitals in Nigeria

## Methodology

The study employed survey research design. The study population comprised 17,100 Health Information Management Officers. Multistage sampling technique was used to select the study sample. A sample size of 315 Health Information Management Officers selected from 20 Teaching Hospitals in Nigeria participated in this study. Data were collected with a structured questionnaire. The cronbach's Alpha coefficient test of the variables ranged from  $\alpha = 0.77 - 0.85$ . A response rate of 84% was obtained. Data were analyzed using both descriptive (mean and standard deviation) and inferential (multiple regression analysis) statistics.

## Results

**Table 1:** Commitment of Health Information Managers in teaching hospitals in Nigeria

| Statements on Employee Commitment   | Extremely committed | Very committed | Moderately committed | Slightly committed | Not at all committed | Mean | SD  |
|---|---------------------|----------------|----------------------|--------------------|----------------------|------|-----|
| <b>Affective Commitment</b>   |                     |                |                      |                    |                      | 2.60 |     |
| I do not feel like a part of the family of my hospital  | 39(12.4)            | 49(15.6)       | 93(29.5)             | 128(40.6)          | 6(1.9)               | 3.04 | 1.2 |
| I do not feel emotionally attached to this hospital   | 23(7.3)             | 55(17.5)       | 153(48.6)            | 74(23.5)           | 10(3.2)              | 2.98 | 1.2 |
| I think that I could easily become as attached to another hospital as I am to this one to a reasonable extent | 47(14.9)            | 82(26.0)       | 138(43.8)            | 40(12.7)           | 8(2.5)               | 2.62 | 1.2 |
| This hospital has a great deal of personal meaning for me to an extent  | 74(23.5)            | 88(27.9)       | 54(17.1)             | 96(30.5)           | 3(1.0)               | 2.57 | 1.1 |
| I enjoy discussing my hospital with people outside to an extent.  | 83(26.3)            | 62(19.7)       | 100(31.7)            | 57(18.1)           | 13(4.1)              | 2.54 | 1.0 |
| I really feel as if this hospital problems are my own to a considerable extent.                               | 76(24.1)            | 97(30.8)       | 50(15.9)             | 90(28.6)           | 2(0.6)               | 2.51 | 1.0 |
| I feel a strong sense of belonging to this hospital   | 96(30.5)            | 90(28.6)       | 96(30.5)             | 27(8.6)            | 6(1.9)               | 2.23 | 1.0 |
| I am happy to spend the rest of my career with this hospital?   | 92(29.2)            | 84(26.7)       | 115(36.5)            | 18(5.7)            | 3(1.0)               | 2.22 | 0.9 |

|  |            |           |           |          |         |      |     |
|--|------------|-----------|-----------|----------|---------|------|-----|
| <b>Continuance Commitment</b>  |            |           |           |          |         | 2.7  |     |
| Staying with my hospital is not a matter of necessity  | 16(5.1)    | 84(26.7)  | 138(43.8) | 68(21.6) | 9(2.9)  | 2.90 | 1.1 |
| I do not think my life would be disrupted if I leave my hospital now.  | 38(12.1)   | 67(21.3)  | 131(41.6) | 69(21.9) | 10(3.2) | 2.83 | 1.1 |
| I am not too sure of the consequences of leaving this hospital   | 26(8.3)    | 99(31.4)  | 123(39.0) | 60(19.0) | 7(2.2)  | 2.76 | 1.0 |
| I think I am not afraid of what might happen to me if I quit my job.   | 53(16.8)   | 68(21.6)  | 111(35.2) | 71(22.5) | 12(3.8) | 2.75 | 1.0 |
| It would not be too costly for me to leave my hospital now   | 39(12.4)   | 79(25.1)  | 129(41.0) | 58(18.4) | 10(3.2) | 2.75 | 1.0 |
| I think it would be very hard for me to leave my hospital right now, even if I wanted to                                     | 50(15.9)   | 76(24.1)  | 102(32.4) | 84(26.7) | 3(1.0)  | 2.73 | 1.0 |
| One of the major reasons I continue to work for this hospital is that leaving would require considerable personal sacrifice. | 50(15.9)   | 70(22.2)  | 124(39.4) | 71(22.5) |         | 2.69 | 0.9 |
| I feel that I have too few options to consider leaving this hospital   | 44(14.0)   | 105(33.3) | 111(35.2) | 52(16.5) | 3(1.0)  | 2.57 | 0.9 |
| <b>Normative Commitment</b>  |            |           |           |          |         | 2.40 |     |
| I am committed to the hospital due to high investment  | 80(25.4)   | 80(25.5)  | 73(23.2)  | 75(23.8) | 7(2.2)  | 2.52 | 1.2 |
| I am obligated to my hospital and not ready to leave it  | 61(19.4)   | 95(30.2)  | 103(32.7) | 50(15.9) | 6(1.9)  | 2.51 | 1.1 |
| I am committed to my hospital because of its inclusive social process  | 59(18.7)   | 110(34.9) | 91(28.9)  | 49(15.6) | 6(1.9)  | 2.47 | 1.1 |
| One of the major reasons I continue to work for this hospital is that I believe that loyalty is important                    | 87(27.6)   | 76(24.1)  | 82(26.0)  | 67(21.3) | 3(1.0)  | 2.44 | 1.1 |
| The values of the hospital highly elate me morally   | 74(23.5)   | 113(35.9) | 63(20.0)  | 59(18.7) | 6(1.9)  | 2.40 | 1.1 |
| I feel the hospital provides me opportunity  | 75(23.8)   | 113(35.9) | 68(21.6)  | 55(17.5) | 4(1.3)  | 2.37 | 1.0 |
| The hospital is highly dependable  | 99(31.4)   | 81(25.7)  | 88(27.9)  | 44(14.0) |         | 2.24 | 1.0 |
| I am relevant in the hospital  | 109(34.6)  | 90(28.6)  | 56(17.8)  | 56(17.8) | 4(1.3)  | 2.23 | 1.0 |
| <b>Grand mean</b>  | <b>2.6</b> |           |           |          |         |      |     |

Table 1 reveals that Health Information Management Officers in teaching hospitals in Nigeria demonstrated overall moderate commitment to their jobs (grand mean = 2.6) on the scale of five points. The moderate level shows that the Officers need to improve their attachment and loyalty to their jobs and employers. The table reveals that the mean of continuance commitment was = 2.7 while that of affective commitment was 2.6 and normative commitment 2.4 on the scale of 5 points. This suggests that the officers demonstrated commitment by being emotionally attached to the hospitals as if it was their personal belonging. On the contrary, their affective commitment which was equally rated 'moderate' implies that a good number of the officers did not bother about the consequences of their leaving their employers anytime. Hence, some believed leaving their jobs is a personal matter. Lastly, the table shows that normative commitment was the least demonstrated because of the high price they were willing to pay if leaving the hospitals. The overall mean for the three types of commitment suggests that commitment of Health Information Management Officers in teaching hospitals in Nigeria need is still relatively low for effective service effectiveness.

### Test of Hypothesis

There would be no significant influence of Health Information Management Officers' commitment on service effectiveness in teaching hospitals in Nigeria.

**Table 2:** Influence of Health Information Management Officers' commitment on service effectiveness in teaching hospitals in Nigeria

| Model                      | Unstandardized Coefficients |             | Standardized Coefficients | t            | Sig.        |
|----------------------------|-----------------------------|-------------|---------------------------|--------------|-------------|
|                            | B                           | Std. Error  | Beta                      |              |             |
| (Constant)                 | 51.055                      | 2.946       |                           | 17.329       | .000        |
| Affective Commitment       | <b>0.751</b>                | <b>.168</b> | <b>.357</b>               | <b>4.477</b> | <b>.000</b> |
| Continuance Commitment     | 0.209                       | .174        | .086                      | 1.197        | .232        |
| Normative Commitment       | 0.077                       | .140        | -.037                     | -.547        | .585        |
| R <sup>2</sup> = .158      |                             |             |                           |              |             |
| Adj. R <sup>2</sup> = .149 |                             |             |                           |              |             |
| F (3,311) = 19.395         |                             |             |                           |              |             |
| P = .000                   |                             |             |                           |              |             |

a. Dependent Variable: **Service Effectiveness**

Table 2 reveals that 15.8% of the variance in service effectiveness in teaching hospitals in Nigeria is explained by commitment of Health Information Management Officers, the table shows that the independent variables statistically significantly influenced the dependent variable well,  $F(4, 310) = 56.227$ ,  $P < .05$ . Overall, the regression model is a good fit for the data. The table reveals that only affective commitment ( $\beta = 0.751$ ,  $t = 4.477$ ,  $P < .05$ ) statistically significantly different from 0 (zero). Implying that for each unit increase in affective commitment ( $\beta = 0.751$ ), there is a unit increase in the service effectiveness in teaching hospitals in Nigeria.



## Conclusion

The findings show that Health Information Management Officers demonstrated the three types of commitment: continuance, affective and normative commitment to a moderate extent on their jobs. The studies indicated that Health Information Management Officers' commitment significantly influenced service effectiveness in teaching hospitals in Nigeria. The findings show that only affective commitment significantly influenced service effectiveness. Thus, Health Information Management Practitioners should regularly engage in both continuance and Normative commitment with a view to enhancing their service effectiveness.

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