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Organizational Culture and Service Delivery by Health Information Management Practitioners in the Federal Teaching Hospitals in Southwestern Nigeria

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ABSTRACT

This study investigates the influence of organizational culture on the service delivery of Health Information Management Practitioners (HIMPs) in Federal Teaching Hospitals in South-Western Nigeria. This study employed the survey research design. The population comprises all HIM Practitioners employed in the Federal Teaching Hospitals in South-Western Nigeria who have been duly registered and are licensed by the Health Records Officers Registration Board of Nigeria (HRORBN). A preliminary investigation shows that the Federal teaching hospitals in the six states in the South-West geopolitical zone have a total of 325 HIMPs. A total enumeration method is employed to gather information from the 325 HIMPs that constitute the study population. The instrument for data collection is a structured questionnaire. The instrument is validated. The copies of the questionnaire are administered to the respondents by the researchers and six research assistants in the six Federal Teaching Hospitals and Federal Medical Centres in Southwestern Nigeria. The data are analyzed using descriptive and inferential statistics. The study provides compelling evidence of the significant influence of organizational culture, leadership style, and staff training on service delivery of Health Information Management Practitioners (HIMPs) in Federal Teaching Hospitals in Southwestern Nigeria. Consequently, the management of the healthcare institutions should prioritize the development of a positive organizational culture that values collaboration and teamwork among HIMPs.

Keywords: *Organizational culture, service delivery, Health Information Management Practitioners, HIMPs, Federal Teaching Hospitals and leadership style.*

INTRODUCTION

Health service delivery refers to the organized provision of medical care and healthcare services to individuals or communities. It involves the coordination of various components, including healthcare facilities, healthcare professionals, medical technologies and administrative systems to ensure the effective and efficient delivery of healthcare. Healthcare refers to the medical and paramedical services provided to the sick and the injured. Such care services can be offered both at the public and private health institutions. Nurses, doctors and other providers play a significant role in achieving quality health for all (Žibert & Starc, 2018).

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Healthcare can be in the form of promotive, protective, preventive, diagnostic, curative, and rehabilitative services offered to people, families, and communities through a people-centred Healthcare system (Scott et al., 2016; Ghahramanian et al., 2017). Promotive health involves protective and preventive healthcare, which may not necessitate patients or clients physically present in a hospital or facility for diagnostic, curative, or rehabilitative care (Bartels & Bearings, 2019). These services aim to promote and maintain good health by encouraging healthy behaviours and lifestyles. They focus on empowering individuals and communities to take control of their own health. Examples include health education, awareness campaigns, and community-based interventions.

Alongside doctors, nurses, and other healthcare professionals, Health Information Management Practitioners (HIMPs) contribute significant roles in the provision of high-quality and effective health services (Ghafari, 2019; Gabel et al., 2019). The service delivery of HIMPs in Nigeria can vary based on factors such as the healthcare facility, available resources, and the level of implementation of HIM practices. HIMPs offer services in all facets of records management, including data collection and management, integrity, standards, disclosure, coding, disposition, and privacy of health information. They play a vital role in managing health data within healthcare facilities. They collect, organize, analyze, and interpret health information to ensure its accuracy, completeness, and confidentiality. This includes tasks such as patient registration, medical coding, data entry, and record maintenance.

To give effective healthcare services, it is the primary responsibility of the HIMPs to ensure the quality and proper documentation of patient clinical information (Vashishth et al., 2019; Pounder & Greaves, 2020; Usak et al., 2020; Dong et al., 2022). HIMPs create and retrieve patients' medical data, provide clinical statistics for monitoring, administrative, and medical needs. They assist in compiling morbidity and mortality data (Abad-Corpa et al., 2010) and in constructing an efficient numbering system for patient health records, which makes patient medical information more accessible. By implementing an effective patient appointment system, healthcare providers can ensure continuity of patient care (Zupelari-Goncalves et al., 2017; Barker et al., 2018). Additionally, by maintaining a high level of confidentiality with patient health information, they demonstrate their commitment to safeguarding the privacy and security of sensitive medical data.

An effective patient appointment system allows for better scheduling and coordination of patient visits, enabling continuity of care. Barker et al. (2018) and Zupelari-Goncalves et al. (2017) support the importance of a successful appointment system. Maintaining patient confidentiality places the responsibility on healthcare providers have a responsibility to protect the confidentiality of patient health information. This shows their commitment to patient privacy and the secure handling of sensitive medical data. In addition to providing accurate and comprehensive information on a patient that will be helpful in diagnosis and treatment, HIMPs offer professional services by ensuring the quality, integrity, and effective use of health information to support patient care, improve population health, and advance healthcare outcomes (Atatsi et al., 2019). HIM practitioners (HIMPs) play a crucial role in effectively documenting patient information and managing patient registration. They seamlessly integrate

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traditional paper-based records and modern electronic health record (EHR) systems to support both curative and preventive health services for patients.

Organizational culture influences service delivery, which sets forth the principles and philosophies on which the services are built. It is the entirety of principles that every individual in the group upholds to fulfil their objective. Organizational culture has been defined as the standards and principles that guide how an organization operates and provides its services (Charles & Nawe, 2017). Organizational culture is deeply institutionalized in work processes, having an impact on both employees and employers, as well as encouraging close relationships among employees (Moran et al., 2016).

There are various types of organizational culture connected to service delivery, and hierarchy-oriented (controlling) (Alsaqqa & Akyürek, 2021) and clan-oriented culture (collaborative) are the four most prevalent organizational cultures. According to Alsaqqa and Akyürek (2021), a clan-oriented culture is a collaborative type of culture in which the organization's members value trust, openness, involvement, and a strong sense of belonging. Additionally, they value strong interpersonal relationships that bind the group members together. Clan-oriented culture is frequently practised among family-dominated organizations. The adhocracy-oriented claims that organizations must invest in the development of new skills for their employees as well as the provision of adequate infrastructure and resources for the workers to execute their job routines, such as computers and other resources, as well as creating new challenges for the organizations that will foster innovation and improve performance (Chin-Loy & Mujtaba, 2011).

From the foregoing, organizational culture remains an index of sustainable healthcare delivery in a community, state or country. Culture remains the way of life; when an organization has an inclusive culture, particularly in hospital settings, there is improved and enhanced service delivery. A key factor in maintaining organizational culture is leadership. A related study revealed that organizational culture and leadership had a considerable impact on the performance and satisfaction of employees (Paais & Pattiruhu, 2020). As part of the organizational culture, policies and programs established by the leadership hierarchy in a company set the tone for work processes. Regardless of the organization's industry, leadership enhances service delivery. To fulfil the organization's corporate mission and vision, a leader directs the actions of others (Chathoth et al., 2020).

Health service delivery refers to the provision of healthcare services to individuals and communities to promote, maintain, and restore health. It encompasses a wide range of activities, including prevention, diagnosis, treatment, rehabilitation, and palliative care. Global indices have shown that healthcare service is complex, requiring teamwork and collaboration among the workforce. Usak et al. (2020) reported that healthcare services management includes a potential partnership between health professionals and patients (or individuals seeking help to enhance their health and happiness) at any level.

Primary healthcare services are typically provided at the grassroots level and include health promotion, disease prevention, early detection and treatment, and referral to higher-level care when necessary (Ayala Solares et al., 2020). Health service delivery often involves multidisciplinary care teams that comprise various healthcare professionals, such as physicians,

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nurses, pharmacists, allied health professionals, and community health workers. A trend in health service delivery is the integration of services across different levels of care and various health sectors. Integrated care aims to provide seamless and coordinated services, ensuring that individuals receive comprehensive and continuous care throughout their healthcare journey (Gandrup et al., 2020). Integration can occur horizontally (within a level of care) and vertically (across different levels of care).

Community health workers and volunteers play a significant role in bridging the gap between healthcare providers and communities (Bhaumik et al., 2020). Health service delivery extends beyond national boundaries, with an increasing emphasis on cross-border healthcare. This includes medical tourism, where individuals travel to other countries for specialized treatments, as well as collaborations and partnerships between countries to address shared healthcare challenges.

The service delivery by HIMPs is a subset of universal health service delivery, which has to be improved upon as a strategy for achieving universal health coverage (Olateju et al., 2022). Universal Health Coverage (UHC) is one of the Sustainable Development Goals, ensuring healthy lives and well-being for all ages. The UHC target has two components: first, the effective coverage of essential health services; second, preventing health-related catastrophic financial expenditure (Alawode & Adewole, 2021; Boerma et al., 2014). Service delivery is germane to the survival of any service organization because it is the gauge by which the quality of services provided is measured. Service delivery is about the nature of services provided as well as the seriousness of the service provider. The individuals or organizations providing the services are concerned about the satisfaction of their clients as much as possible. Thus, providing high-quality services leads to cost savings, and increases market share, profitability and Service delivery.

Health information professionals, therefore, need to integrate a variety of skills, such as expertise in computer and Information Technology (IT), a strong knowledge of medical terminology, disease processes and other conditions, experience with clinical classification systems and excellent managerial skills, to enable them to manage the range of health information services for which they are responsible, including human resources (Abdelhak, Grostick & Hanken, 2012). Alharbi and Abedelrahim (2018) have raised concerns that there is no agreed single definition of organizational culture, as there are different views on the concept. Organizational culture is the personality of an organization, a pattern of shared basic assumptions, values, beliefs and codes of practice that emerge within an organization to achieve its mission and solve its problems. Schein (1992, 1984) indicated that organizational culture could be divided into three levels: assumptions, artefacts and values. This is because it has a huge effect on different aspects of organizational behaviour. According to Alharbi and Abedelrahim (2018), organizational culture (OC) is a decision-making driver in organizations and a critical determinant of their effectiveness. They reasoned further that culture can be the source of failure or success of the organization. Hence, the organization must define and determine the type of culture if it desires to succeed and achieve its goals.

The healthcare sector is crucial for the well-being of individuals and communities, and the role of Health Information Management Professionals (HIMPs) is vital in delivering quality

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healthcare services. However, the Federal Teaching Hospitals in South-West Nigeria are confronted with critical issues as organizational culture, leadership style and training (Amin, Lala, Oduwole & Oyawoye, 2022). Ajayi, Wamae & Muthee (2021) have highlighted the challenges associated with Health Information Management (HIM) practices in Nigeria. HIMPs in the country face obstacles such as limited infrastructure and outdated technology, which hinder the effective implementation of HIM practices, including Electronic Health Records (EHR) systems, data storage and retrieval systems, and health information exchange platforms.

Furthermore, the hiring of non-professionals in the Health Information Management Department has posed significant challenges in patient health information management (Ajayi, Wamae & Muthee, 2021). These unqualified individuals lack the necessary skills and knowledge to uphold patient information confidentiality, maintain accurate health records, and appropriately code diseases and operation procedures. This issue may be influenced by the organizational culture of the Nigerian healthcare system, as well as inadequate leadership style, training opportunities, and framework for HIMPs. The current study, therefore, investigated organisational culture and service delivery by health information management practitioners in federal teaching hospitals in South-Western Nigeria.

The general objective of this research is to investigate the influence of organizational culture on the delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria. The specific objectives are set to:

1. Find out the level of service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria.
2. Find out the prevalent organizational culture commonly practised among HIMPs in Federal Teaching Hospitals in Southwestern Nigeria.
3. Determine the influence of organizational culture on service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria.

Research Questions

The following research questions were answered in the course of this study:

1. What is the level of service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria?
2. What is the prevalent organizational culture commonly practised among HIMPs in Federal Teaching Hospitals in Southwestern Nigeria?

This study investigated the influence of organizational culture on the service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria. Six States, which include Ekiti, Lagos, Ogun, Ondo, Osun, and Oyo in the South-West geopolitical zone of Nigeria, were covered by the study. Regardless of their rank or title, the respondents are HIMPs. There was no discrimination among the respondents as they provided the same services at varying degrees based on their backgrounds and qualifications. The study is restricted to how organizational culture affects the service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria. The healthcare industry will gain from this study, particularly teaching hospitals. Studies in this field that seek to address the healthcare delivery systems' problems are still

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important and require empirical support as long as the problem exists. The hospital's management and policymakers will benefit from the outcome of the current study for the commitment of HIMPs to work and efficiency, thereby contributing to achieving the hospital's mission and vision statement of quality health delivery to the citizenry, regardless of socio-political status. In addition, the findings will suggest strategies for improving the relationship between HIMPs and patients at the clinics regarding registration, retrieval of patients' health records and the hospital appointment system, thereby reducing patients' waiting time and enhancing patients' satisfaction with the care.

The outcome of this research would strengthen the leader-subordinate relationship in the health information management department in teaching hospitals in South-West Nigeria. The findings would help in the training of HIMPs, which would increase productivity and enhance service delivery. The findings would contribute to the existing body of knowledge on organizational culture and service delivery. The study would suggest relevant strategies that can be adopted by the government at all levels to improve the service delivery of HIMPs in Nigeria.

METHOD

This study employed the survey research design. The population comprised all HIM Practitioners employed in the Federal Teaching Hospitals in Southwestern Nigeria who have been duly registered and are licensed by the Health Records Officers Registration Board of Nigeria (HRORBN). A preliminary investigation showed that the Federal teaching hospitals in the six states in the South-West geopolitical zone have a total of 325 HIMPs.

Table 1: HIM Practitioners in Southwestern Nigeria

S/N	Name of Hospital	Location	States	HIMPs
1	Federal Medical Centre	Abeokuta	Ogun	44
2.	Federal Medical Centre	Owo	Ondo	47
3	Federal Teaching Hospital	Ido – Ekiti	Ekiti	36
4	Lagos University Teaching Hospital	Idi-Araba	Lagos	63
5	Obafemi Awolowo University Teaching Hospital	Ile-Ife	Osun	67
6	University College Hospital	Ibadan	Oyo	68
	Total			**325**

Source: Head of Departments of Health Information Management (August 2025)

A total enumeration method was employed to gather information from the 325 HIMPs that constitute the study population. The instrument for data collection was a structured questionnaire. The copies of the questionnaire were administered to the respondents by the researchers and six research assistants in the six Federal Teaching Hospitals and Federal Medical Centres in Southwestern Nigeria. The research assistants were trained on how to conduct the survey. The data were analyzed using descriptive and inferential statistics.

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RESULTS AND DISCUSSION

Table 2: Respondents socio-demographic characteristics

Parameters	Classification	Frequency	Percentage (%)
Hospital	OAUTHC, Ile-Ife	58	23.4
	LUTH, Idi-Araba	46	18.5
	UCH, Ibadan	44	17.7
	FMC, Owo Ondo State	42	16.9
	FMC, Abeokuta	30	12.1
	FTH, Ido-Ekiti	28	11.3
	Total	**248**	**100.0**
Gender	Female	167	67.3
	Male	81	32.2
	Total	**248**	**100.0**
Age in years	<30 years	19	7.7
	30-39	79	31.9
	40-49	74	29.8
	50-59	76	30.6
	Total	**248**	100.0
Highest educational background	BSc/HND	183	73.8
	Professional Diploma	10	4.0
	Masters	33	13.3
	ND	14	5.6
	PGD	4	1.6
	PhD	4	1.6
	Total	**248**	**100.0**
A unit within the HIM Department	Admission Discharges and Death (ADD)	15	6.0
	Central Registration	33	13.3
	Coding and indexing	75	30.6
	Computer Section	9	3.6
	Health Records Library	34	13.7
	HOD's office	7	2.8
	OPD	41	16.5
	Statistics	33	13.3
	Total	**248**	**100.0**
Designation/Rank	HIM Officer I	83	33.5
	Senior HIM Officers	48	19.4
	HIM Officer II	32	12.9
	Assistant Chief HIM	31	12.5
	Chief HIM	22	8.9
	Assistant Director	14	5.6
	Others junior cadres	11	4.4
	Deputy director	7	2.8
	Total	**248**	**100.0**

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Years of working experience	5years& below	73	29.4
	6-10 years	67	27.0
	11-15 years	60	24.6
	16-20 years	30	12.1
	21 years and above	16	6.5
	Total	**248**	**100.0**

Table 2 indicates that the highest percentage of respondents, 58(23.4%), participated from OAUTHC, Ile-Ife, followed by LUTH, Idi-Araba, 46(18.5%). Others include UCH, Ibadan 44(17.1%), FMC, Owo Ondo State 42(16.9%), FMC, and Abeokuta 30(12.1%) while FTH, Ido-Ekiti had the lowest percentage 28(11.3%). Furthermore, the majority of the respondents, 167(67.3%), were female, while males accounted for 81(32.2%).

Regarding age, the table shows that 19(7.7%) of the respondents were below the age of 30 years, 79(31.9%) others were between the ages of 30-39, 74(29.8%) others were between the ages of 40-49, and lastly, 76(30.6%) were older than 50 years. Additionally, more than two-thirds, 183(73.8%), were graduates of various higher institutions with either an HND or BSc. Also, 10(4.0%) professionals had diplomas, while 33(13.3%) Master's Degree holders. Those with National Diploma (ND) accounted for 14(5.6%), while PGD and PhD accounted for 4(1.6%) each.

As regards unit of posting, the respondents work at the various units within the HIM department namely Admission Discharges and Death 15(6.0%), Central Registration 33(13.3%), coding and Indexing Section 75(30.6%) Computer Section 9(3.5%), Health Records Library 7(13.7%) HOD's office 2.8% and statistics section 33(13.3%) respectively.

In addition, the table shows that the highest percentage of respondents was HIM Officer 1, accounting for 38(3.5%), followed by Senior HIM Officer 1, which accounted for 48(19.4%). Others include HIM Officer II accounting for 32(12.9%), Assistant Chief 31(12.5%), Chief HIM 22(8.9%), Assistant Director 14(5.6%) and other junior cadres 11(4.4%) while deputy director accounted for 7(2.8%) respectively.

Lastly, as regards years of working experience, those below 5 years accounted for 73(29.4%), followed by 6-10 years, which accounted for 67(27.0%), 11-15 years, 60(24.6%), 16-20 years 30(12.1%) and those with over 20 years of working experience accounted for 16(6.5%) respectively.

Table 3: Level of service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria

Survey Items of Service Delivery	**Very high level VHL(5) F(%)**	**High level HL (4) F(%)**	**Moderate level ML (3) F(%)**	**Low level LL (2) F(%)**	**Very low level VLL (1) F(%)**	**Mean**	**Std. Dev.**
Structure (average mean)						**3.3**	**1.1**
Provision of basic health records files	11(4.4)	78(31.4)	84(33.9)	51(20.6)	17(6.6)	3.0	1.0

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Provision of adequate tables & chairs	42(16.9)	109(44.0)	50(20.2)	39(15.7)	8(3.2)	3.6	1.0
Provision of health records forms	60(24.2)	71(28.6)	82(33.1)	16.(6.5)	19(7.7)	3.6	1.2
Availability of supplies such as patients' name index cards	11(4.4)	78(31.4)	84(33.9)	51(20.6)	17(6.6)	3.0	1.0
Affordability of services in terms of cost of services received	56(22.3)	69(27.8)	77(31.0)	24(9.7)	22(8.9)	3.5	1.2
Provision of adequate funding for the health information management department	56(22.1)	66(26.6)	75(30.2)	31(12.5)	20(8.1)	3.4	1.2
Availability of qualified HIM staff	33(13.3)	57(23.0)	73(29.4)	44(17.7)	40(16.1)	3.0	1.3
Process (average mean)						**3.2**	**1.12**
Process of registering patients	16(6.5)	65(26.2)	62(25.4)	66(26.6)	38(15.3)	2.8	1.2
Interaction between HIM officers and patients	49(19.8)	75(30.2)	40(16.1)	38(15.3)	46(18.5)	3.2	1.4
Process of booking patients for next appointment date	15(6.0)	96(38.7)	72(29.0)	49(38.7)	14(5.6)	3.2	1.0
Waiting time for doctor's attention	48(19.4)	92(37.1)	63(25.4)	31(12.5)	14(5.6)	3.5	1.1
Outcome (average mean)						**3.3**	**1.1**
Improved patients' waiting time	59(23.4)	83(33.5)	74(29.8)	22(8.9)	10(4.0)	3.6	1.1
Reduced morbidity and mortality	50(20.2)	97(39.1)	48(19.4)	41(16.5)	11(4.4)	3.5	1.1
Reduced hospital stays	22(8.9)	72(29.0)	77(31.0)	47(19.0)	30(12.1)	3.0	1.2
Reduction in medical errors d	27(10.9)	84(33.9)	71(28.6)	53(21.2)	7(2.8)	3.2	1.1
Patients satisfaction	44(17.7)	61(24.4)	67(26.2)	41(16.5)	30(12.1)	3.2	1.3
Better acceptance of HIM services	44(17.7)	67(27.0)	62(25.0)	56(22.6)	17(6.8)	3.3	1.2
Greater collaborative decision-making among staff	32(12.9)	66(26.6)	67(27.0)	65(26.2)	18(7.2)	3.1	1.2
Enhanced consumer/patient safety	27(10.9)	97(39.1)	93(37.0)	29(11.7)	2(0.8)	3.5	0.9
Grand mean						**3.3**	**1.1**

Decision Rule: *If the mean score ranges between*
1.0 – 1.79 = very low;
1.80 – 2.59 = low level;
2.60- 3.39 = moderate level
3.40 – 4.19 = high level;
4.20 – 5.0 = very high level
Criterion Mean = 5.0

Table 3 revealed an overall moderate level of service delivery of HIMPS in Federal Teaching Hospitals in Southwestern Nigeria, with a grand mean of 3.3 on a 5-point scale. The study found that of the three components examined, the organizational structure was rated highly, with a mean score of 3.3 out of 5 points. Interestingly, the outcome of care also had an equal mean score of 3.3 on the same 5-point scale. In addition, the process has a mean score of 3.2 on a 5-point scale. Essentially, the results indicated a generally moderate level of service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria.

With regard to structure, items with high mean scores include the provision of adequate tables and chairs, as well as 'provision of health records forms', which had the highest mean of 3.6, closely followed by 'affordability of services in terms of cost of services received' (mean = 3.5) on the scale of 5 points. In addition, items with the lowest mean score were

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'availability of supplies such as patients' name index cards' (mean = 3.0), as well as 'availability of qualified HIM staff (mean = 3.0). These results implied that the selected hospitals have significantly improved their structures and/or infrastructure to enhance quality healthcare in the zone.

Similarly, the table revealed that the item ranked highest among the items of the process was 'waiting time for doctor's attention' (mean = 3.5), followed by interaction between HIM officers and patients (mean = 3.2) as well as 'process of booking patients for next appointment date' (mean = 3.2). The process of registering patients has the lowest mean score (mean = 2.8). This implies that the process of care in the selected hospitals needs to be improved to meet the demand of increased patient attendance at the tertiary hospitals in the zone.

Lastly, the table above indicates that the item of outcome with the highest mean score was 'improved patients' waiting time' with a mean of 3.6, followed by reduced morbidity and mortality (mean = 3.5), while 'reduced hospital stays' has the lowest mean score of 3.0 on the scale of 5 points. This also implies that the hospital now has improved outcomes as a result of the enhanced structures put in place for effective healthcare delivery in the selected hospitals. Therefore, the mean of 3.3 and the standard deviation of 1.1 indicated a moderately wide dispersion around the mean.

Table 4: Organizational Culture of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria

Items of Organizational Culture	**SA (4) F(%)**	**A (3) F(%)**	**D (2) F(%)**	**SD (1) F(%)**	**Mean**	**Std. Dev.**
Clan-Oriented Culture (Collaborative) (average mean)					**2.6**	**0.9**
The working environment is friendly.	42(16.9)	84(35.3)	86(34.7)	35(14.1)	2.5	0.9
People have a lot in common, and it feels like a large family.	36(14.5)	108(43.5)	72(29.0)	32(12.9)	2.6	0.9
The leaders are seen as mentors or father/mother figures.	42(16.9)	124(50.0)	42(16.9)	37(14.9)	2.7	0.9
The organization is held together by loyalty and tradition	26(10.5)	123(49.6)	75(27.4)	24(9.7)	2.6	0.8
There is great involvement of employee	27(10.9)	124(50.0)	68(17.4)	(12.1)	2.6	0.8
The organization emphasize long-term Human Resource Development	19(7.7)	109(43.9)	82(33.1)	37(14.9)	2.4	0.8
Success is defined within the framework of addressing the needs of the clients and caring for the people.	36(14.5)	108(43.5)	72(29.0)	32(12.9)	2.6	0.9
The organization promotes teamwork, participation, and consensus.	42(16.9)	124(50.0)	42(16.9)	37(14.9)	2.7	0.9
Adhocracy-oriented (created) (average mean)					**2.7**	**0.8**
In your organisation, employees take risks	17(6.9)	150(60.5)	47(19.0)	34(13.7)	2.6	0.8
Experiments and innovation are a way of bonding	34(13.7)	133(53.4)	49(19.8)	29(11.7)	2.7	0.9
Prominence is emphasised.	29(11.7)	133(53.6)	58(23.4)	28(11.3)	2.7	0.8
The long-term goal is to grow and create new resources	36(14.5)	137(55.2)	46(18.1)	29.(11.7)	2.7	0.9
The availability of new products or services is seen as a success	16(6.6)	127(51.2)	86(34.7)	19(7.7)	2.6	0.7
The organization promotes individual initiative and freedom	35(14.1)	109(43.9)	81(32.6)	21(8.5)	2.6	0.8
Hierarchy-oriented (controlling) (average mean)					**2.7**	**0.9**
Leaders are proud of efficiency-based coordination and organization.	34(13.7)	113(45.6)	77(31.0)	21(8.5)	2.6	0.8
Keeping the organization functioning smoothly is crucial.	27(10.9)	110(44.3)	73(25.4)	38(15.3)	2.5	0.9
Formal rules and policies keep the organization together.	44(17.1)	133(53.6)	50(20.2)	21(8.5)	2.8	0.8
The long-term goals are stability and results, paired with efficient and smooth execution of tasks.	50(20.2)	102(41.1)	73(29.4)	23(9.3)	2.7	0.9

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Reliable delivery, continuous planning, and low cost define success.	50(20.2)	94(37.9)	70(28.2)	34(13.7)	2.6	1.0
Personnel management has to guarantee work and predictability.	47(19.0)	101(40.7)	68(27.4)	32(12.9)	2.7	0.9
Market-oriented (competing) (average mean)					**2.7**	**0.8**
People are competitive and focused on goals. Leaders are hard drivers, producers, and rivals.	35(14.1)	128(51.6)	54(21.2)	31(12.5)	2.7	0.9
They can be tough with high expectations.	54(21.8)	109(43.9)	59(23.6)	26(10.5)	2.8	0.9
The emphasis on winning keeps the organization together.	55(22.2)	109(43.5)	67(26.6)	18(7.3)	2.8	0.9
Reputation and success are the most important.	34(13.4)	108(43.5)	91(36.7)	14.(5.6)	3.0	0.6
The long-term focus is on rival activities and reaching goals.	60(24.2)	78(31.5)	73(29.4)	35(14.1)	2.6	1.0
Market dominance, achieving your goals, and great metrics are the definitions of success	45(18.1)	121(48.8)	62(25.0)	20(8.1)	2.8	0.8
Competitive prices and market leadership are important	22(10.9)	121(48.8)	78(31.4)	27(10.9)	2.5	0.8
The organizational style is based on competition.	36(14.5)	113(45.5)	86(34.5)	13(5.2)	2.7	0.8
Grand mean					2.7	0.9

Decision Rule: *If the mean score ranges between*

1.0 – 1.74 = Strongly Disagree
1.75 – 2.49 = Disagree
2.50- 3.24 = Agree
3.25- 4.0 = Strongly Agree
Criterion Mean = 3.0

Table 4 revealed an overall high level of organizational culture of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria, with a grand mean of 2.7 on a 4-point scale. It revealed further that among the components of organizational culture, Adhocracy-oriented (created), Hierarchy-oriented (controlling) and Market-oriented (competing) cultures were rated higher with a mean of 2.7 when compared with the Clan-Oriented Culture (Collaborative), which had the lowest score of 2.6 on a 4-point scale. Therefore, the implication of this is that within the health sector, HIMPs in Federal Teaching Hospitals in the South-West have a culture that guides their professional duties.

The study found that, regarding clan culture, the item with the highest mean score was "the leaders are seen as mentors or father/mother figures". This had a mean score of 2.7 on a 4-point scale. Additionally, the item "the organization promotes teamwork, participation, and consensus" also had a mean score of 2.7 on the same 4-point scale. Clan culture, which emphasizes cohesion, teamwork, and a nurturing work environment, appears to be moderately present in the health information management practitioners' organizations. The relatively high mean scores of 2.7 out of 4 indicate this. Specifically, practitioners perceive their leaders as taking on a mentorship or parental role, fostering a familial, supportive dynamic. Similarly, organizations are seen as promoting collaborative, consensus-driven approaches, encouraging employee participation and teamwork. The equal mean scores of 2.7 for these two clan culture-related items indicates they are equally prevalent or valued aspects of the organizational culture. On the other hand, the item of clan culture with the lowest mean score was 'the organization emphasize long-term Human Resource Development', having a mean of 2.4. This

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implies a general level of practice of organizational culture among HIMPs in federal teaching hospitals in Southwestern Nigeria.

As regards Adhocracy-oriented (created), three of the six items were rated highest with a mean score of 2.7, while three other items also had an equal mean score of 2.6 on the scale of 4 points, being the lowest scores. This means that the hospitals shared a similar culture with regard to Adhocracy-oriented culture. Furthermore, the table shows that the item rated highest among the Hierarchy-oriented (controlling) culture was 'formal rules and policies keep the organization together' with a mean of 2.8, while the item with the lowest mean score was 'keeping the organization functioning smoothly is crucial' with a mean of 2.5 on the scale of 4points. This implies that Hierarchy-oriented practice is commonly practised to a moderate level across the selected hospitals in Southwestern Nigeria.

Lastly, with regard to Market-oriented (competing), the item with the highest mean score was 'reputation and success are the most important' with a mean of 3.0, closely followed by Market dominance, achieving your goals, and great metrics are the definitions of success (mean = 2.8), and emphasis on winning keeps the organization together (mean = 2.8), among others. The item with the lowest mean score was 'competitive prices and market leadership are important', having a mean of 2.5 on the scale of 4 points. This also means that the hospitals shared a similar culture, probably because of the team spirit commonly demonstrated among the practitioners.

By implication, it means that the majority of respondents agreed and strongly agreed that the organizational Culture of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria is generally high and can be sustained for improved service delivery of HIMPs in the zone. Hence, the mean of 2.7 and the standard deviation of 0.9 indicated a close dispersion around the mean.

Table 5: Multiple regression analysis showing the influence of organizational culture on service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	13.335	2.314		5.763	.000
Clan	1.979	.145	.866	13.665	.000
Adhocracy	-1.079	.262	-.342	-4.122	.000
Hierarchy-oriented (controlling)	-.093	.279	-.033	-.334	.739
Market-oriented (competing)	.599	.148	.308	4.056	.000

a. Dependent Variable: HSD of HIMPs.
Level of significance =0.05

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R^2	68.9	Df	(3,244)
Adj. R^2	68.4	Mean square	10684.086: 79.333
Std. Error for regression estimate	8.907	F. Statistics	134.674
The total sum of the squares	62014.242	P (Statistics)	0.000

$$SHD = BO + B1CLN + B2ADH + 3HDC + B4MOC + Ei$$

$$SHD = 13.335 + 1.979CLN - 1.079ADH - 0.09HOC + 0.599MO(Prescriptive)$$

Table 5 shows that organizational culture has a significant influence on the service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria (*Adj. R2*= 68.4, *F*(3, 244) = 134.674, *p*<0.05). The model shows that the linear combination of components of organizational culture accounted for 68.4% of the service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria. They imply that the linear combinations of dimensions of organizational culture are determinants of service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria. It also indicated a statistically significant relationship between organizational culture and the service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria. Hence, the null hypothesis, which states organizational culture does not have a significant influence on the service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria, is rejected.

Relatively, the Clan culture (β = 1.979, t = 13.665, *p*<0.05), Adhocracy (β = -1.079, t = -4.122, *p* <0.05) and Market-oriented (competing) (β = .599, t = 4.056, *p* <0.05), were shown to have a significant positive influence on service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria. The Hierarchy-oriented culture was determinant of the service delivery of HIMPs (β = -.093, t = -.334, *p* >0.05), but it did not reveal a statistically significant positive influence on the service delivery of HIMPs in Federal Teaching Hospitals in Southwestern Nigeria.

The regression model generated from the data in Table 4.7 is:

Regression Model:
HSD of HIMPs = 13.335+ 1.979 (clan) -1.079 (Adhocracy) -.093 (Hierarchy-oriented + 0.599 Market-oriented (competing)+e

Goodness of Fit:
The R-squared value of 68.9% indicates that the organizational culture dimensions (clan, adhocracy, market, hierarchy) explain a substantial 68.9% of the variance in the service delivery of HIMPs in federal teaching hospitals in Southwestern Nigeria.
The adjusted R-squared of 68.4% suggests the model has a good fit and the predictors are collectively relevant in explaining the outcome variable.

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Significant Predictors:

Clan culture ($\beta = 1.979$, $p<0.05$) and market-oriented (competing) culture ($\beta = .599$, $p<0.05$) were found to have statistically significant positive influences on the service delivery of HIMPs.

Adhocracy culture ($\beta = -1.079$, $p<0.05$) also had a significant, but negative influence on service delivery.

Hierarchy-oriented culture ($\beta = -.093$, $p>0.05$) did not have a statistically significant influence on service delivery at 0.05 level of signficance.

The results suggest that organizational cultures characterized by collaboration, teamwork, and flexibility (clan culture), as well as competitiveness and market orientation, are associated with better service delivery by HIMPs in federal teaching hospitals. The negative influence of adhocracy culture indicates that an organizational environment that values innovation, risk-taking, and adaptability may not necessarily translate to improved service delivery by HIMPs in this context. The lack of significant influence of hierarchy-oriented culture implies that a bureaucratic, rule-driven organizational structure does not necessarily hinder or enhance the service delivery performance of HIMPs.

The study revealed an overall high level of service delivery by Health Information Management Practitioners (HIMPs) working in Federal Teaching Hospitals located in the South-West region of Nigeria. The grand mean score for service delivery was 3.3 on a 5-point scale. This indicates that, on average, the HIMPs were perceived to be delivering a high quality of services within the federal teaching hospital setting. The 3.3 mean score, which falls between the "agree" and "strongly agree" points on the 5-point scale, suggests that the service delivery by these practitioners was evaluated quite positively. The high grand mean score of 3.3 out of 5 points highlights the competence and effectiveness of the HIMPs in fulfilling their roles and responsibilities within the healthcare facilities. It suggests that the HIMPs were meeting or exceeding expectations for the various services they provide as part of the health information management function. This finding is significant, as it demonstrates the valuable contribution that HIMPs are making to the overall quality of healthcare delivery in the federal teaching hospitals across South-West Nigeria. The high level of service delivery can have positive ripple effects throughout the healthcare system and for the patients it serves.

CONCLUSION AND RECOMMENDATIONS

This study investigates the influence of organizational culture on the service delivery of Health Information Management Practitioners (HIMPs) in Federal Teaching Hospitals in South-Western Nigeria. It provides compelling evidence of the significant positive influence of organisational culture, leadership style, and staff training on service delivery of Health Information Management Practitioners (HIMPs) in Federal Teaching Hospitals in Southwestern Nigeria. The findings highlight the critical role of these factors in the

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effectiveness and efficiency of healthcare services provided by HIMPs. The study's results demonstrate that a strong and positive organisational culture fosters a conducive work environment, promotes teamwork, and enhances communication and collaboration among HIMPs. This, in turn, positively impacts the quality of service delivery, leading to improved patient outcomes and satisfaction.

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

i. The management of the selected healthcare institutions should prioritise the development of a positive organisational culture that values collaboration and teamwork among HIMPs. This can be achieved through regular team-building activities, recognition programs, and creating a supportive work environment.

ii. The department should create mentorship initiatives where experienced HIMPs can provide guidance, support, and knowledge transfer to junior staff members. This facilitates knowledge sharing, career development, and fostering a learning culture.

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