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INFLUENCE OF LEADERSHIP STYLES ON QUALITY SERVICE DELIVERY OF HEALTH INFORMATION MANAGEMENT PRACTITIONERS IN TERTIARY HOSPITALS IN SOUTH-WEST, NIGERIA

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ABSTRACT

Health Information Management Practitioners (HIMPs) play a crucial role in ensuring the well-being of patients by providing access to accurate and complete health information. This study examines the influence of leadership style on the service delivery of HIMPs in Tertiary Hospitals in South-West Nigeria. The research employed the descriptive survey design. The target population consisted of 830 licensed HIMPs in 10 Teaching Hospitals and Federal Medical Centers in South-West Nigeria. Primary data was collected through a structured questionnaire. The internal consistency level for leadership style was (Cronbach's alpha of 0.726). Validity was ensured through content and face validity assessments, and field editing was conducted to maximise the response rate. Data collection spanned two months, and descriptive analysis techniques such as frequency counts, percentage distribution, mean, and standard deviation as well as linear regression analysis were computed on the data collected for the study based on the formulated research questions and hypotheses. The findings revealed that leadership style (Adj.R2= 0.050, $p<0.05$) significantly predicted quality service delivery of HIMPs in Tertiary Hospitals in South-West Nigeria. The study recommended that longitudinal studies are suggested to examine the long-term effects of leadership style, motivation, and organisational commitment on the quality service delivery of Health Information Management Practitioners.

Keywords: Health Information Management Practitioners, Leadership, Quality service delivery

Introduction

The healthcare delivery system of a nation can only be sustained in the hyper-competitive environment of the 21st century when the workforce delivers quality healthcare services. Thus, for any health institution to gain a competitive advantage, its workforce must be able to provide quality service that can engender patients' satisfaction and loyalty. Essentially, quality

healthcare service is rendered to the right person at the right time and any good healthcare system should endeavor to utilize the available resources to meet the collective goals and objectives of the organization. Quality healthcare refers to the process of consistently delighting the patient by providing efficacious, effective and efficient healthcare services according to the latest clinical guidelines and standards, which meet the patient's needs and satisfy providers (Chiwaula et al., 2021)

It has been asserted that the healthcare delivery system of a nation largely depends on the efficacy of the hospitals in the quality of healthcare services to patients (Ojo, 2017). This assertion was equally shared by other scholars who have conducted similar studies in Nigeria (Olateju et al., 2020) Hence, the delivery of quality services to patients has become imperative for the attainment of patient satisfaction leading to patient loyalty, citizenry wellness, and economic growth in the long run. In the health facility locale, the services delivered by healthcare providers involve diagnosing and treating, counselling and providing health education, public health interventions, surgical, and non-surgical management, and pharmacological, and non-pharmacological management of patients qualitatively with the prime purpose of either preventing or curing a disease (Tarteret et al., 2021).

Scholars have asserted that quality healthcare service delivery involves the application of medical science and technology in a manner that maximizes its benefits to health without correspondingly increasing risk (Adedeji, 2021), (Awe, 2020). In addition, Donabedian distinguishes three components of quality such as technical quality, interpersonal quality and amenities (Donabedian Model, 2013). Technical quality relates to the effectiveness of care in producing achievable health gain. Interpersonal quality refers to the extent of accommodation of patient needs and preferences. Amenities include features such as the comfort of physical surroundings and attributes of the organisation of service provision.

Health Information Management Practitioners play a vital role in the delivery of quality healthcare services in Nigeria. Research has shown that some Nigerian patients are not all that satisfied with service delivery by Health Information Management Practitioners (HIMPs) as a result of incessant delays being experienced before the retrieval of their case notes (Opele & Adepoju, 2024), (Adeleke et al., 2015); (Awe, 2020). Other scholars have argued that nonetheless, patients have high demands on the quality and complexity of the services they receive (Adepoju & Opele, 2021). The best quality health service cannot be enjoyed by the patients, if their health information cannot be provided or made available when needed. This is because patients' case files represent the patient's medical, social, economic, and family history which without it doctors can do little or nothing and this will hurt the health condition of the concerned patients resulting in poor health service delivery on the side of Health Information Management Practitioners (Awogbami et al., 2021). There is no gainsaying that Health Information Management Practitioners will likely function well where the hospital leadership allows the workers to perform their tasks without compulsion and close monitoring. Hence a need to pay close attention to the leadership structure within the Health Information Management department for efficient service delivery. Leadership refers to the capacity to inspire and stir the interests

of a group of people and to channel their efforts into successfully and enthusiastically attaining the desired objectives (Mtsweni et al., 2020).

Leadership has been described as a dual-focused management technique that concentrates on both individuals and groups at the same time because it has an impact on the status of crucial organizational leadership (Rinfret et al., 2020). Leadership is often considered to be an essential component in an organization's success, regardless of its corporate or commercial structure. Organizational leadership is also a mindset that empowers a group or individual in any defined function to lead the business from the bottom up to the top (Wiradana & Dewi, 2021). Scholars and academics have characterized organizational leadership as a management style that could effectively define an organization's vision and set strategic objectives (Hassan, 2021).

In the context of healthcare service delivery, the importance of leadership style cannot be overstated. Leadership is crucial for managing and leading human resources, facilities, funds, and other resources. One or more persons must have the ability to influence others for a group of people to move in a reliable direction (Molnár et al., 2021). The leadership style adopted within an organization plays a critical role in determining its success or failure. A leader is responsible for influencing, guiding, and motivating others to effectively carry out specific tasks, while also inspiring subordinates to perform at their best in the pursuit of the organization's corporate objectives. Leadership goes beyond managing people; it involves exerting influence to steer individuals in a particular direction with a clear focus on achieving specific goals (Elkomy et al., 2020). It is a significant contributing factor that directly impacts the overall well-being of an organization, as without effective leadership in place, tangible results cannot be achieved.

The leadership style adopted by members of an organization ultimately determines its success or failure. The leader's position is crucial in fostering employee motivation and focusing on individuals who demonstrate productivity, success, expertise, insight, and a long-term vision aligned with the organization's objectives. Leadership styles encompass the leader's approach to directing followers, implementing plans, and motivating people to achieve the hospital's set goals (Zaheer et al., 2015). The chosen leadership style sets the tone for the organization, shaping the overall culture and influencing the behaviour and performance of its members. Effective leadership styles promote teamwork, collaboration, and a shared sense of purpose, resulting in improved healthcare service delivery and organizational outcomes. Healthcare organizations need to recognize the significance of leadership style and invest in developing leaders who can inspire and guide their teams effectively. By fostering a positive leadership culture and providing leadership development opportunities, healthcare organizations can enhance motivation, engagement, and performance among their workforce, ultimately leading to improved healthcare service delivery and better patient outcomes.

Objective of the study

The study investigated the following specific objectives which are set to:

1. ascertain the level of quality service delivery of health information management practitioners in tertiary hospitals in South-West, Nigeria

2. find out the types of leadership styles exhibited among health information management practitioners in tertiary hospitals in South-West, Nigeria.

Research questions

The following research questions were raised at the onset of this study

1. What is the level of quality service delivery of health information management practitioners in tertiary hospitals in South-West, Nigeria?
2. What are the types of leadership styles exhibited among health information management practitioners in tertiary hospitals in South-West, Nigeria?

Theory of Service Quality

Donabedian model of health service quality (1988)

Donabedian model of health service quality was propounded in 1988 which identified the need for a sustainable structure, process and outcome (Donabedian Model, 2013). According to Donabedian, Structure refers to the basic characteristics involving the physicians, hospitals, other practitioners, infrastructure, tools and technology as well as organizational resources that provide care and financing of care such as funding, staffing, payment schemes and incentives. The structure also describes whether there are well-qualified health practitioners, 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 Donabedian model provides a framework for examining health services and evaluating the quality of healthcare (Thompson et al., 2022). Donabedian described service quality based on three components comprising (1) structure, (2) process and (3) outcome. In this context, structure refers to infrastructure, tools and technology as well as organizational resources that provide care and financing of care such as funding, staffing, payment schemes and incentives (Donabedian Model, 2013). The second component was 'process' which refers to the interaction between caregivers and patients during which structural inputs from the healthcare system are transformed into health outcomes. The process provides answers to questions on what is expected to have been done to enhance patient care. The process also involves every visit that patients pay to a provider. The private nature of the doctor-patient consultation, the lack of measurement criteria and the absence of reliable measurement tools have been shown to affect the process (Peabody & Liu, 2007). Lastly, the third component 'outcome' involves patients' satisfaction and responsiveness to the healthcare system (Surgery & Lives, 2009). 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 outcomes can be conducted.

This model is flexible to apply in health information service quality for three main reasons. According to Donabedian, structures of healthcare which refer to the physical and organizational aspects of care settings such as facilities, equipment, personnel, and operational and financial processes that support medical care are crucial in quality health service delivery. As indicated in the model, the processes rely mainly on the structures to provide resources

and mechanisms for providers to carry out patient care activities. Lastly, processes are performed to improve patient health outcomes in terms of promoting recovery, functional restoration, survival and even patient satisfaction. Above all, the model helps to appreciate the significance of infrastructure for medical care as well as the need for adequate qualified personnel including the physicians and other healthcare providers in the hospital environment. The model argued that what is needed to achieve quality health service delivery are just three basic elements and if any or all of these elements are not put in place, quality health service may not be attained.

Research Method

The research employed the descriptive survey design. The target population consisted of 830 licensed HIMPs in 10 Teaching Hospitals and Federal Medical Centers in South-West Nigeria. Primary data was collected through a structured questionnaire. The internal consistency level of leadership style was (Cronbach's alpha of 0.726). Validity was ensured through content and face validity assessments, and field editing was conducted to maximise the response rate. Data collection spanned two months, and descriptive analysis techniques such as frequency counts, percentage distribution, mean, and standard deviation as well as simple and multiple regression analysis were computed on the data collected for the study based on the formulated research questions and hypotheses.

Presentation of Results

Research question one: What is the level of quality service delivery of HIMPs in tertiary hospitals in South-West, Nigeria?

Table 1: Level of quality service delivery of HIM practitioners

Survey Items	Strongly Agree F(%)	Agree F(%)	Moderately Agree F(%)	Disagree F(%)	Strongly Disagree F(%)	$\bar{x}$	Std. Dev.
Structure (average mean)						**4.24**	**0.90**
The use of a name index card is one of the keys to prompt access to patient records in the hospital	233(60.8)	116(30.3)	25(6.5)	9(2.3)	0(0.0)	4.50	.723
HIM practitioners are always in charge of Health information to prevent misfiling	230(60.1)	115(30.0)	34(8.9)	3(0.8)	1(0.3)	4.49	.712
An inpatient and outpatient data unit/section	219(57.2)	131(34.2)	18(4.7)	12(3.1)	3(0.8)	4.44	.790
There is standard documentation by HIM practitioners	210(54.8)	139(36)	19(5.0)	15(3.9)	0(0.0)	4.42	.761
There is professionalization of the health information department	194(50.7)	156(40.7)	27(7.0)	6(1.6)	0(0.0)	4.40	.691
Only authorized individuals are allowed into the health information area in the hospital	202(52.7)	123(32.1)	38(9.9)	16(4.2)	4(1.0)	4.31	.890
There is an availability of current coding tools in my hospital	174(45.4)	134(35.0)	50(13.1)	22(5.7)	3(0.8)	4.19	.924
There is provision of an adequate health information library in my hospital	162(42.3)	137(35.8)	53(13.8)	26(6.8)	5(1.3)	4.11	.970
There are enough practitioners to carry out coding activities	149(38.9)	135(35.0)	71(18.5)	23(6.0)	5(1.3)	4.04	.966
There is release of patient health information to a third party without his/her consent is not allowed in this hospital	168(43.9)	68(17.8)	23(6.0)	51(13.3)	73(19.1)	3.54	1.594
Process of care (average mean)						**4.30**	**0.98**
Periodic statistical reports and analysis have been of great to this hospital management in decision-making	211(55.1)	137(35.8)	31(8.1)	3(0.8)	1(0.3)	4.45	.699
Unit numbering adopted has been of great help to prompt assessment of patient's health information	223(58.2)	123(32.1)	28(7.3)	5(1.3)	4(1.0)	4.45	.774
Timely coding of patient diagnosis has been a source of research information for health researchers in the hospital	219(57.2)	131(34.2)	21(5.5)	8(2.1)	4(1.0)	4.44	.780
Clinic preparation has greatly contributed to reducing patient waiting time in this hospital.	235(61.4)	101(26.4)	28(7.3)	10(2.6)	9(2.3)	4.42	.911
Error-free statistical compliance by HIM practitioners has been contributing to quality health service delivery in the hospital	207(54.0)	130(33.9)	35(9.1)	7(1.8)	4(1.0)	4.38	.810
Good public relations possessed by HIM practitioners usually make the patient release the information that assists the HIM practitioners in providing quality service delivery	205(53.5)	136(35.5)	23(6.0)	13(3.4)	6(1.6)	4.36	.863
The type of appointment system adopted has reduced patient waiting time	177(46.2)	165(43.1)	33(8.6)	8(2.1)	0(0.0)	4.33	.722

Discharge summary is usually written by doctors to aid coding activities by HIM practitioners	189 (49.3)	137(35.8)	27(7.0)	12(3.1)	18(4.7)	4.22	1.033
Timely statistical reports by HIM have been curbing the spread of infectious diseases in this hospital and environ	173(45.2)	134(35.0)	48(12.5)	18(4.7)	10(2.6)	4.15	.989
The appointment and service quality of HIM practitioners have reduced congestion and prevented nosocomial infection	148(38.6)	166(43.3)	52(13.6)	12(3.1)	5(1.3)	4.15	.863
Newly employed staff in the Health Information department in my hospital are made to swear an oath of service	141(36.9)	158(41.3)	42(11.0)	20(5.2)	17(4.4)	4.12	2.309
Minimal waiting time has increased patient patronage and influx in this hospital	158(40.7)	153(39.9)	41(10.7)	24(6.3)	9(2.3)	4.10	.984
Outcome (average mean)						**4.16**	**1.03**
There is an increase in acceptance of HIM services in my hospital	194(50.7)	148(38.8)	33(8.6)	8(2.1)	0(0.0)	4.38	.731
There is greater collaboration among clinical and non-clinical staff	163(42.6)	168(43.9)	37(9.7)	14(3.7)	1(0.3)	4.35	2.181
There is enhanced consumer/patient safety in my hospital	144(37.6)	179(46.7)	50(13.1)	6(1.6)	4(1.0)	4.18	.795
Improved patient satisfaction is observed in my hospital	148(38.8)	163(42.6)	53(13.8)	24(6.3)	11(2.9)	4.16	.863
Reduced patient's hospital length of stay is observed in my hospital	150(39.2)	152(39.7)	64(16.7)	11(2.9)	6(1.6)	4.12	.896
There is reduced morbidity and mortality in my hospital	150(39.2)	142(37.1)	71(18.5)	11(2.9)	9(2.3)	4.08	.948
Reduction in medical errors is now experienced in my hospital	130(33.9)	177(46.2)	60(15.7)	10(2.6)	6(1.6)	4.08	.858
Sustainable writing of discharge summary is common practice	161(42.0)	133(34.7)	59(15.4)	15(3.9)	15 (3.9)	4.07	1.040
Improved patient waiting time is now the order of the day	132(34.5)	163(42.5)	53(13.8)	24(6.3)	11(2.9)	3.99	.997
Grand mean						4.24	0.96

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

Table 1 revealed an overall very high level of quality service delivery of HIM practitioners in tertiary hospitals in South-West, Nigeria with a grand mean of 4.24 on the scale of 5-point Likert-type scale. However, among the three main components of quality service delivery examined, process of care was rated highest with a mean score of 4.30 closely followed by structure which has a mean of 4.24 and outcome having a mean of 4.16. These results imply that there has been a significant improvement in the quality of healthcare in South-West, Nigeria in recent times

About the structure put in place to enhance the services of HIM practitioners, the table revealed that the three top-rated items include the Use of name index card as one of the keys to prompt access of patient records in the hospital ($\bar{x}$ = 4.50), followed by HIM practitioners are always in charge of Health information to prevent misfiling ($\bar{x}$ = 4.49), and an inpatient and outpatients' data unit/section ($\bar{x}$ = 4.42). the table shows that the release of patient health information to a third party without his/her consent is not allowed in this hospital and has the lowest score mean score of 3.54 on a scale of 5 points. Similarly, the top three rated items of the process of care were Periodic statistical report and analysis has been of great to this hospital management in decision making ($\bar{x}$ = 4.45), Unit numbering adopted has been of great help to prompt assessment of patient's health information ($\bar{x}$ = 4.45) followed by Timely coding of patient's diagnosis has been a source of research information to health researchers in the hospital ($\bar{x}$ = 4.44) while Minimal waiting time has increased patient patronage and influx in this hospital was ranked the least with a mean of 4.10 on the scale of 5 points.

Lastly, about the outcome of care, the table indicated that the top three items with high means scores were an increase in acceptance of HIM services in the hospital ($\bar{x}$

= 4.38), followed by There is greater collaboration among clinical and non-clinical staff ($\bar{x}$ = 4.35) and 'there is enhanced consumer/patient safety in my hospital' ($\bar{x}$ = 4.18) respectively. Besides, among the items of outcome of care, Improved patient waiting time is now the order of the day and has the lowest mean score of 3.99 respectively. Essentially, this suggests that the quality service delivery of the practitioners has improved significantly compared to what was obtainable in the past years as indicated by studies (Opele & Okunoye, 2019),

Research question two: What are the types of leadership styles prevalent in tertiary hospitals in South-West, Nigeria?

Table 2: Types of leadership style demonstrated by health information management practitioners in tertiary hospitals in South-West, Nigeria

Survey Items	Very low extent F(%)	Moderate extent F(%)	High extent F(%)	Great extent F(%)	$\bar{x}$	Std. Dev.
Transformational (average mean)					**2.72**	**1.32**
Performance: Transformational leaders involve people in setting goals, ensuring that everyone has challenging objectives.	66(17.2)	69(18.0)	183(47.8)	65(16.9)	3.17	4.182
Feedback: Transformational leaders are compassionate to their people.	30(7.8)	103(28.9)	188(49.1)	62(16.2)	2.74	.822
Achievement: Transformational leaders communicate passion, encouraging their direct reports to challenge old assumptions.	57(14.9)	45(11.7)	224(58.5)	57(14.9)	2.73	.890
Commitment: Transformational leaders consider the ethical consequences of decisions.	59(15.9)	71(18.5)	191(49.9)	62(16.2)	2.67	.925
Communication: Transformational leaders convey an attention-grabbing vision of the future, using stories and symbols to communicate.	58(15.1)	82(21.4)	178(46.5)	65(17.0)	2.65	.933
Empathy: Transformational leaders generate higher commitment to the organization from their employees by treating people as individuals, treating them fairly demonstrating that they value their views and opinions.	59(15.4)	88(23.0)	172(44.9)	64(16.7)	2.63	.937
Empowerment: Transformational leaders encourage people to lead and empower them to take the initiative within an agreed framework of delegated authority.	64(16.7)	74(19.3)	183(47.8)	62(17.0)	2.63	.945
Motivation: Transformational leaders motivate people to feel part of something important that will make a difference in people's lives.	71(18.5)	94(24.6)	163(42.6)	55(14.4)	2.53	.954
Transactional style (average mean)					**2.61**	**0.89**
He explains what the employees are to do and how to do it to meet the expectations set forth	37(9.7)	98(25.6)	185(48.3)	63(16.4)	2.72	.853
He provides feedback to the employees regarding whether the objective has been met	54(14.1)	71(18.5)	199(52.4)	59(15.4)	2.69	.899
He explains how performance would be achieved and evaluated	52(13.6)	77(20.1)	200(52.2)	54(14.1)	2.67	.882
He allocates rewards based on the attainment of the objectives	43(11.2)	113(29.5)	173(45.2)	54(14.1)	2.62	.862
He is involved in the clarification of what was expected from the subordinate including the objective of their performance	51(13.3)	98(25.6)	193(50.4)	41(10.7)	2.58	.852
He emphasizes role clarity and task requirement	59(15.4)	107(27.9)	153(39.9)	64(16.7)	2.58	.942
He provides followers with materials or psychological rewards contingent on the fulfilment of contractual obligations	67(17.5)	78(19.8)	200(52.2)	40(10.4)	2.56	.899
He is involved both in positive and negative exchange based on followers' performance	85(22.2)	81(21.1)	177(46.2)	40(10.2)	2.45	.950
Laissez-faire (average mean)					**2.22**	**0.96**
Always passive in his approach to things	76(19.8)	138(36.0)	134(35.0)	35(9.1)	2.33	.897
He is also always inactive rather than active or proactive	126(32.9)	77(20.1)	143(37.3)	37(9.7)	2.24	1.017
He scores high on avoiding but low on collaborating	108(28.2)	119(31.1)	113(29.5)	43(11.2)	2.24	.986
Always avoiding decision-making and supervisory responsibilities	97(25.3)	135(35.2)	116(30.3)	35(9.1)	2.23	.933
He is never worried about the success of the subordinates	114(29.8)	100(26.1)	139(36.3)	30(7.8)	2.22	.963

He does not care about how subordinates handle assignments and task	117(30.5)	101(26.4)	127(33.2)	38(9.9)	2.22	.993
He often lacks directive on matters arising	113(29.5)	109(28.5)	137(35.8)	24(6.3)	2.19	.933
He always complains and never bothers about how things are done	129(33.7)	111(29.0)	110(28.7)	33(8.6)	2.12	.978
Grand mean					**2.52**	**1.06**

Decision Rule: If the mean score ranges between 1.0 – 1.74 = low level;
1.75 – 2.49 = moderately high level
2.50- 3.24 = high level;
3.25- 4.0 = very high level
Criterion Mean = 3.0

Table 2 indicated an overall high level of leadership styles prevalent in tertiary hospitals in South-West, Nigeria with a grand mean of 2.52 on the scale of 4-point Likert-type scale. In addition, among the three leadership styles prevalent in tertiary hospitals, transformational leadership style was rated highest with a mean score of 2.72 closely followed by Transactional style which has a mean score of 2.61 while Laissez-faire has the lowest mean score of 2.22. The table shows that top among the items of transformational leadership style with high mean scores include performance of the leaders ($\bar{x}$ = 3.17), followed by achievement of the leaders ($\bar{x}$ = 2.74) and commitment of leaders ($\bar{x}$ = 2.67). Others include communication ($\bar{x}$ = 2.65), Empathy ($\bar{x}$ = 2.63), Empowerment ($\bar{x}$ = 2.63), and Motivation ($\bar{x}$ = 2.53) while Transformational leaders motivate people to feel part of something important that will make a difference in people's lives was ranked the least with a mean of 2.53 on the scale of 4 points.

The table shows that top among the items of transactional leadership styles with high mean scores include 'he explains what the employees are to do' and 'how to do it to meet the expected objective' ($\bar{x}$ = 2.72), followed by 'he provides feedback to the employees regarding whether the objective had been met' ($\bar{x}$ = 2.69) and 'he explains how performance would be achieved and evaluated' ($\bar{x}$ = 2.67). Others include allocating rewards based on the attainment of the objectives ($\bar{x}$ = 2.62),' he is involved in clarification of what was expected from the subordinate including the objective of their performance' ($\bar{x}$ = 2.58), 'he emphasizes role clarity and task requirement' ($\bar{x}$ = 2.58),' provides followers with materials or psychological rewards contingent on the fulfilment of contractual obligations ($\bar{x}$ = 2.56) and ranked last was 'he involves both in positive and negative exchange based on followers' performance' ($\bar{x}$ = 2.45). while He is involved both in positive and negative exchange based on followers' performance and has the lowest mean score of 2.45 on a scale of 4 points.

About Laissez-faire, 'he is always passive in his approach to things' ($\bar{x}$ = 2.33), 'he is also always inactive rather than active or proactive' ($\bar{x}$ = 2.24), scores high on avoiding but low on collaborating ($\bar{x}$ = 2.24). Others include 'always avoiding decision-making and supervisory responsibilities' ($\bar{x}$ = 2.23), 'he is never worried about the success of the subordinates' ($\bar{x}$ = 2.22), 'he does not care about how subordinates handle assignments and tasks' ($\bar{x}$ = 2.22), 'he often lacks directive on matters arising' ($\bar{x}$ = 2.19), and 'he always complains and never bother how things are done' ($\bar{x}$ = 2.12) while He always complains and never bothers about how things are done has the lowest mean score of 2.12 on the scale of 4 points. It implies that most of the leaders at the helm of

affairs were transformative and transactional leaders.

Hypotheses Testing

The formulated hypotheses were tested at a .05 level of significance:

H_{o1}: There is no significant influence of Leadership style on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria

Table 3: Regression analysis showing the influence of Leadership style on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria

Leadership styles	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	142.926	5.780		24.727	.000
Transformational	0.290	.320	0.136	0.906	.367
Transactional style	0.931	.379	0.366	2.457	.016
Laissez-faire	0.028	.229	0.012	0.122	.903

a. Dependent Variable: QSD of Health Information Management Practitioners

R square	0. 078	**Df**	2, 380
Adjusted R square	0.050	**Mean square**	583.289: 207.390
Std. Error for regression estimate	14.401	**F. Statistics**	2.813
The total sum of the squares	206.381	**P (Statistics)**	0.043

Table 3 shows that leadership style has a significant relative influence on the quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria ($Adj.\ R^2 = 0.050$, $F\ (2, 380) = 2.813$, $p<0.05$). The model shows that the linear combination of components of leadership style accounted for 7.8% of the quality service delivery of Health Information Management Practitioners in tertiary hospitals in the South-West. This implies that the linear combinations of dimensions of leadership style are key determinants of quality service delivery of Health Information Management Practitioners in tertiary hospitals in the South-West. It also implies a statistically significant relationship between leadership style and quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria. Hence, the null hypothesis, which states that there is no significant influence of Leadership style on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is rejected. Relatively, the Transactional style ($\beta = .931$, $t = 2.457$, $p<0.05$) was shown to have a significant positive influence on the quality service

delivery of Health Information Management Practitioners in tertiary hospitals in the South-West. Other determinants of Transformational leadership style (β = 0.290, t = 0.906, p>0.05) and Laissez-faire leadership style (β = 0.028, t = 0.122, p>0.05) did not reveal a statistically significant positive influence on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is rejected. The regression model generated from the data in Table 4.7 is:

Regression Model:

QSD of HIMPs = 142.926+ 0.290 (transformational) + 0.931(Transactional)+0.028 (Laissez-faire) +e

Discussion

Research question one sought to assess the level of quality service delivery of HIMPs in tertiary hospitals in South-West, Nigeria. The findings from the study revealed an overall very high level of quality service delivery of HIM practitioners in tertiary hospitals in South-West, Nigeria with a grand mean score on the scale of 5-point Likert-type scale. However, among the three main components of quality service delivery examined, process of care was rated with the highest mean score, closely followed by structure, and outcome was rated the lowest. This finding agrees with the study of Opele (2020), who investigated the same components of health service quality in teaching hospitals in three geopolitical zones of Nigeria. Essentially, this suggests that the quality service delivery of the practitioners has improved significantly compared to what was obtainable in the past years. These findings also reflected and corroborated other previous findings that have examined Donabedian model of quality health service delivery and how the three components of his model agree to influence health service qualities (Lawson & Yazdany, 2012), (Donabedian Model, 2013).

About the types of leadership styles among HIMPs in tertiary hospitals in South-West, Nigeria. Findings from the current study indicated an overall high level of leadership styles prevalent in tertiary hospitals in South-West, Nigeria. In addition, among the three leadership styles prevalent in tertiary hospitals, the transformational leadership style was rated with the highest mean score, closely followed by the Transactional style which has a mean, while Laissez-faire was rated the lowest. Several studies (Ebrahimi et al., 2016), (Abasilim et al., 2019) have also corroborated what was found in the current study. As shown in the study of (Mulenga et al., 2018) and (Abasilim et al., 2019), the workforce in various organizations has suggested their preference for Transactional and transformational styles over any other leadership styles. Also, these findings were further corroborated by (Alrubaysh et al., 2022). Regarding the Laissez-faire leadership style which ranked lowest and always passive in its approach to things, many studies have shown that many employees like to be headed by a Laissez-faire leader because such is considered a weak leader (Donkor et al., 2021), (Jamali et al., 2022).

The study revealed a significant influence on the quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria. In addition, the three leadership styles – Transformational, Transactional and Laissez-faire leadership styles – which were the focus of the current

study, all have a significant influence on quality service delivery. Several studies which examined and analyzed the relationship between the three leadership styles (transformational, transactional and laissez-faire) and employee commitment (Silva & Mendis, 2017) and work engagement of public sector employees in Vietnam (Thanh & Quang 2022), further corroborated this finding. Relatively, the Transactional style, over Transformational and Laissez-faire leadership styles, was shown to have a most significant positive influence on the quality service delivery of Health Information Management Practitioners in tertiary hospitals in the South-West; this finding corresponds to a study by (Opele, 2020).

All of these imply a statistically significant relationship between leadership style and quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria. Hence, the null hypothesis, which states that there is no significant influence of Leadership style on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is rejected. Since the null hypothesis: there is no significant influence of leadership style on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is rejected, hence, the alternative hypothesis: there is significant influence of leadership style on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is accepted.

Conclusion

Findings from the study revealed an overall very high level of quality service delivery of HIM practitioners in tertiary hospitals in South-West, Nigeria. The results of the study indicated an overall very high level of leadership styles prevalent in tertiary hospitals in South-West, Nigeria. In addition, among the three leadership styles prevalent in tertiary hospitals, transformational leadership style was rated highest followed by Transactional style while Laissez-faire had the lowest score. Lastly, the findings show that leadership style has a significant influence on the quality service delivery of Health Information Management Practitioners in tertiary hospitals in the South-West. Based on the results obtained from this study, several recommendations can be made to improve the quality service delivery of Health Information Management Practitioners. Hospital administrators and managers should provide leadership training programs for healthcare practitioners, specifically focusing on leadership styles that promote employee engagement, empowerment, and collaboration

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