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ASSESSMENT OF KNOWLEDGE AND ATTITUDE OF PATIENTS TOWARDS HEALTH INFORMATION MANAGEMENT PRACTICE AT ESUT TEACHING HOSPITAL PARKLANE, ENUGU.

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ABSTRACT

Background: The present study was on assessment of knowledge and attitude of patients towards health information management practice at ESUT Teaching Hospital Parklane, Enugu. **Objective:** To ascertain if patients at ESUT Teaching Hospital Parklane, Enugu have the knowledge of health information management practice, to assess the attitude of patients at ESUT Teaching Hospital Parklane Enugu towards health information management practice, as well as to determine the factors affecting the acceptance of health information management practice by the patients at ESUT Teaching Hospital Parklane, Enugu. **Methodology:** The study population consisted of 207 patients at ESUT Teaching Hospital Parklane, Enugu. A sample size of 136 patients was derived using "Taro Yamane" formula. Descriptive research design was adopted while structured questionnaire was used as the only measuring instrument and purposive sampling technique was used in selecting 118 adult patients of ESUT Teaching Hospital Parklane, Enugu whose opinion was sampled. **Result:** Findings revealed that majority of the respondents representing 98.2% have knowledge of health information management profession, who gained their knowledge when they were being admitted. Findings also revealed that 31.5% of the respondents felt health information management practitioners to be those who register and document the patients, 42.9% believing that they lack interpersonal communication skills. **Conclusion:** The researcher recommended that more students should be trained in the profession of health information management.

KEYWORDS: Knowledge, Attitude, Health Information Management.

INTRODUCTION

Background of the Study

Health Information, practice is as old as medicine and obviously it should be as old as evolution of orthodox medicine globally. Before the advent of colonial rule, traditional medicine was the main medical practice in Nigeria but painfully, there were no written documents (records) about the practice to a great extent. As stated by Health Information Management Association of Nigeria (HIMAN, 2016) health information management (HIM) is information management applied to health and healthcare. It is the practice of acquiring and protecting digital and traditional medical information towards providing quality patient care. With the widespread computerization of health records, traditional (paper-based) records are being replaced with electronic health records (EHR). The health informatics and health information technology tools are continually improving to bring greater efficiency to information management systems and health human resources information system (HRHIS) is common implementation of health information management. Canadian Health Information Management Association (CHIMA,2017), wrote that health Information Management (HIM) encompasses a wide scope of practice with an ever-increasing number of roles drawing from the care skill sets learned in an accredited health information program. The health information management career paths span many types of organizations and diverse roles. All health information management opportunities have, their core, managing health information regardless of format, creator or purpose. Health information management professionals are part of a team of people, processes and technology that work together to enable and support quality care of the individual. Therefore, health information management professionals plan information systems, develop health policy, and identify current and future information needs. Meanwhile, the practice of health

information management in the hospital is mainly targeted to ensuring that sufficient resources are available in the hospital and most importantly that patients are comfortably receiving care in the hospital. The health information management professionals gather reasonable health related data from patients, which they are bound to keep confidential, privately and secured. Since they are the custodian of patients' case note, they are required not to let loose of any patient folder to inappropriate quarters. However, the health information field is complex on the demand side; there are different users of information-people and patients, communities, service providers, program managers, policy –makers, providers of funds, global agencies and organizations. All these users need information on a range of health measurement areas including mortality and morbidity rates, disease outbreaks; determinants of health (such as nutrition environment, socioeconomic status; access, coverage and quality of services, cost and expenditures) and methods of collecting data including vital registration and census system; household, facility and destruct surveys routing clinic-based; disease surveillance systems; national health accounts; and modeling.

Nevertheless, patients who value the health information management profession always give out their medical information to them when asked, knowing that it is for the benefit of their quality healthcare. Unfortunately, some patients do not give out their medical/health information to the health information manager in-charge owing that they are not medical doctors.

That is why Whiddett, Hunter, and Handy (2006), in International Journal of medical informatics stated in accordance with their findings that many patients were unwilling to have their personal information distributed other than for purpose of clinical care. This most often result to patients unwilling to give information to what a health information manager seeks for his health care owing to giving the information only to the doctors.

In some cases, patients who have the knowledge of their rights in the hospital would like to participate in making decisions and giving consent about their health care, but in most cases, this might is been taken from them which the blames will be upon the health information manager involved since they are the "first and the last" people to be contacted in the hospital, for this reasons the patient may find it hard/difficult to divulge further information about their privacy.

For this reason, Yves, Hugo, Lucian, Susan, Liam and Didier, (2010) in the Journal of US National Library of medicine, stated that health care workers to abandon their traditional role and to delegate power. It also stated that many nurses exercise almost absolute power and control over patients and consider them unable to make decisions. The traditional perception is a major barrier to patient participation. Another example of paternalism is that a significant proportion of nursing students do not consider lying to patients as unprofessional behavior. Similarly, physicians are reluctant to encourage patient participation because either they refuse to delegate power or control or they are afraid to lose their identity, even though they may not be openly negative about the concept.

Based on the aforementioned, the researcher sought to find out the knowledge and attitude of patients towards health information management practice at ESUT Teaching Hospital Parklane Enugu.

Statement of the Problem

In every health sector, patients accord respect to all the health practitioners, but some do not regard health information practitioners as worthy to be in the hospital. However, Health Information Practitioners are supposed to be the most respected health practitioners in health care sector, since some patients do not know the worth of health information management practice in the hospital they tend to disregard them, thereby would not want to share their health information with them.

For this reason, Beth (2014) postulated that patients should first understand just how much they benefit when providers and researchers can access their health data electronically in real time. "Your data helps your physician manage your health by providing ongoing, longitudinal, and integrated access to your information within and across providers. "Pharmacists will have quick insight into all of the medications you are taking and how they interact, reducing the prescriptions errors that course so much damage.

The early recognition of those problems in Parklane Enugu is essential to its management while identifying its common primary commodities to provide great opportunity for prevention and control.

Aims and Objectives of the Study

Broad objectives: To identify the knowledge and attitude of patients towards health information management practice at ESUT Teaching Hospital Parklane Enugu.

Specific objectives are

1. To ascertain if patients at ESUT Teaching Hospital Parklane Enugu have the knowledge of health information management practice.
2. To access the attitudes of patients at ESUT Teaching Hospital Parklane towards health information management practice.
3. To determine the factors affecting the acceptance of health information management practice by the patients at ESUT Teaching Hospital Parklane Enugu.

Research Questions

1. Do patients at ESUT Teaching Hospital Parklane Enugu have the knowledge of health information management practice?
2. What are the attitudes of patients towards the practice of the health information management at ESUT Teaching Hospital Parklane Enugu?
3. What factors affect the acceptance of health information management practice by the patient at ESUT Teaching Hospital Parklane Enugu?

Significance of the Study

The result will serve as a basis for immediate and long-term solutions to the problems identified. It will go a long way to ascertaining the knowledge of the patients about health information management practice. The findings of this study will also reveal to the researcher the attitudes of patients towards health information management practice. The study will provide useful baseline information on which subsequent interventions in the study area could be based and evaluated.

Scope of the Study

The scope was to ascertain if patients at ESUT Teaching Hospital Parklane Enugu have the knowledge of health information management, to assess their attitudes towards health information management practice, as well as to determine the factors affecting the acceptance of health information management practice by the patients at ESUT Teaching Hospital Parklane Enugu.

Geographically, the scope of the study was delimited to ESUT Teaching Hospital Parklane Enugu.

LITERATURE REVIEW

Conceptual Review

Concept of Attitude

There is no gain saying the fact that attitude does not have a definite definition, rather attitude can be defined from many perspectives by different authors, but here psychologically, an attitude is an expression of favour or disfavor toward a person, place, thing or event, (the attitude object). Prominent psychologist, Gardon (1935) cited in the context termed "Psychological Construct on Attitude", describing attitude, as "the most distinctive and indispensable concept in contemporary of social Psychology".

An attitude is the evaluation of an object, ranging from extremely negative to extremely positive. Most contemporary perspectives on attitude also permit that people can also be conflicted or ambivalent towards an object by simultaneously holding both positive and negative attitudes towards the same object. This has led to some discussions on whether individuals can hold multiple attitudes towards the same object.

An attitude can be positive or negative evaluation of people, objects, event, or ideas. It could be concrete, abstract or just about anything in your environment, but there is a debate about precise definitions. Eagly and Chaiken, (1998) for example, defined an attitude as "a psychological tendency that is expressed by evaluating a particular entity with some degree of favor or disfavor". Though it is sometimes common to define an attitude as effect towards an object, effect (i.e. discrete emotions or overall arousal) is generally understood to be distinctive from attitude as a measure of favorability. Attitude object, the use of categories for encoding information and the interpretation, judgment and recall of attitude-relevant information. These influences tend to be more powerful for strong attitudes which are easily accessible and based on elaborate knowledge structure. Attitudes may guide attention and encoding automatically, even if the individual is pouring unrelated goals.

Jung (2009), defines attitude as "a readiness of the psyche to act or react in a certain way". Attitudes very often come in pairs. One conscious and the other unconscious. Within this broad definition, Jung defines several attitudes.

The main (but not the only) attitude dualities that Jung defines are as follows;
Consciousness and unconsciousness, the "Presence of the two attitudes is extremely frequent, once conscious and the other unconscious. This means that consciousness has a constellation of contents different from that of the unconsciousness, a duality particularly evident in neurosis".

Extraversion and introversion: This is so elementary to Jung's theory types that he labeled them the "attitude-types".

Rational attitude subdivides into the thinking and feeling psychological functions, each with its attitude.

The irrational attitude subdivides into the sensing and intuition psychological functions, each with its attitude. "There is thus a typical thinking, feelings, sensation, and initiative attitude".

Concept of Knowledge

Information and knowledge are growing at a four more rapid pace than ever before in the history of humankind. Herbert Simon Wisely (1996) stated that the meaning of knowing has shifted from being able to remember and repeat information to being able to find and use it. "More than ever, the sheer magnitude of human knowledge renders its coverage by education on impossibility; rather, the goal of education is better conceived as helping students develop the intellectual tools and bearing strategies needed to acquire the knowledge that allow people to think productively".

Knowledge is a familiarity; awareness or understanding of someone or something, such as facts, information, descriptions, or skills, which acquired through experience or education by perceiving, discovering, or

learning. Knowledge can refer to a thematically or practical understanding of a subject. It can be implicit (as with practical skill or expertise) or explicit les with the thematically understanding of a subject); Dekel (2006).

Kent (2017) stated that we can be willing in one context to attribute a bit of knowledge that we would not attribute and might even deny in another, especially a context in which we are stumped by a skeptical argument. Apparently, our standards for knowledge sometimes go up, sometimes way up. How can this be? By claiming that the very contexts of knowledge ascribing sentences vary with context of use. Kent also stated that variation in standards is built into this claimed variation in contexts. According to him, the contexts of knowledge attributions are invariant.

The variation is in what knowledge attribution we are willing to make or accept. Sometimes our standard are too strong, sometimes they are too weak, and sometimes they are just right.

Conceptualism aims both to acknowledge and to escape the forces of skeptical arguments. Consider these seemingly paradoxical reflections of David Lewiss (1996): when they do epistemology, they make knowledge vanish. First they do know, than they do not. But he had been doing epistemology when he said that. The un-eliminated possibilities were not being ignored-not just then. So by what right did he say even that there are all those un-eliminated possibilities of error? Yet did he not claim that knowledge is, by definition, infallible knowledge? He did claim all three things. But not once, conceptualism is an ingenious way out. What counts as knowledge varies with the context in which it is attributed. More precisely, what so varies is the relation expressed by the word "knowledge" (or "know")".

Role of Health Information Practitioners in Health Care Sector

Xiaoming, Rebecca and Marcio (2009) in the article "Perspectives in Health Information Management" stated that the Committee on Professional Development of American Health Information Management Association (AHIMA) states that health information management (HIM) professionals are responsible for improving "the quality of healthcare by ensuring that the best information is available for making any health care decision" by managing healthcare data and information resources. The Professionals can be in charge of the services in "planning, collecting, aggregating, analyzing, and disseminating individual patient and aggregate clinic data". In summary, Health Information Management professionals are conveniently the business managers and custodians of data and information in healthcare.

Golden valley memorial healthcare (2017) wrote concerning the role of Health Information Management Practitioners to patients, stating that the health information management department is the repository of all the records resulting from the care of patients, whether the care is an impatient stay or services rendered to an outpatient.

Those records are readily available to any physician for continuity of care as well as historical patient care. These records are also used for obtaining reimbursement for the patient care rendered.

The department is made up of several sections: transcription, analysis, coding, filing and support services, all of which depend on each other for success in completion of other duties.

Empirical Review

In the study of patient's attitude towards sharing their health information made by Whiddett, Hunter, and Handy (2006), it was revealed that over 200 responses were collected from five clinics. Respondent's attitudes towards sharing their information were found to be influenced by three factors.

1. Identity of recipient: Whilst respondents were generally willing to have information shared between health Professionals, they were increasingly unwilling for it to be distributed to other stakeholders, such as administrators, researchers or other government department.
2. Level of anonymity: respondents were more prepared to share anonymous information.
3. Type of information: respondents were increasingly unwilling to share their information as it takes on a more personal nature. Respondents were also found to be very poorly informed about the use of their information, 90% of the respondents indicated that they had either incomplete or no knowledge of how their information was shared and 79% had no knowledge of the uses of their National Health Index (NHI) number. The findings also indicated that respondents would prefer to be consulted about the distribution of their information.

In another study done by Hind, Vaishail, Scott, and Steve (2011), on Public Attitudes Towards Health Information Exchange: Perceived Benefits and Concerns: it was stated that majority of the 1847 respondents reported that they were either "very" or "somewhat" concerned about privacy of Health Information Exchange (70%), security of Health Information Exchange (HIE) (75%), or security of Electronic Health Records (EHRs) (82%). Concerns were significantly higher among employed individuals 40-60 years old and minorities. Many believed that benefits of EHIR, outweighed risks to privacy and security, and 60% would permit HIE for treatment purposes even if the physician might not be able to protect their privacy, all of the time.

Over half (52%) wanted to choose which providers access and share their data.

Also in another study done by Baker et al (2005) on "Patients" attitude towards healthcare providers collecting information about their race and ethnicity". The findings indicated that approximately 80% somewhat or strongly agreed that health care providers (HCPs) should collect information on patient's race/ethnicity.

However, 28% had significant discomfort reporting their own race/ethnicity to clerk, and 58% were somewhat or very concerned that this information could be used to discriminate against patients.

Compared with whites, blacks, and Hispanics felt less strongly that Health care providers (HCP) should collect race/ethnicity than whites.

Telling patients that this information would be used for monitor quality of care, improved comfort more than telling patients that the data collected;

1. Was mandated by others
2. Would be used to guide staff hiring and training and
3. Would be used to ensure that patients got the best care possible.

SUMMARY OF LITERATURE REVIEW

Health Information Management Practice entails mostly the gathering, analysis, and dissemination of patients' health care.

Findings shows that some patients do not have their information divulged to health information management professionals except to doctors. Some do not give out their health information about their race/ethnicity to health information management professionals ascribing them to be mere clerk.

Findings also showed that some health care providers collect information from patients with regards to a mandate by others, that the data would be used to guide staff training and hiring as well as that it would be used to ensure the patients got the best care even, instead of gathering the information for the purpose of monitoring quality of care and to improve standards.

The only way to improve on this appalled attitude of patients towards the health information management practice is by training health information practitioners in order to clearly narrate the needs and uses of patients' health information to them.

Definition of terms

The terms used in this study were defined operationally.

Health Information Management- is the practice of acquiring analysis and protecting digital and traditional medical information vital to providing quality patient care.

Knowledge – facts, information and skills acquired though experience or education.

Attitude – is the expression of favor of disfavor of health information management practice by the patients.

RESEARCH METHODOLOGY

Research Design

The research design that was adopted was descriptive research design owing to the fact that this design did not require manipulation of variables. In a study carried out by Obiefuna (2016), descriptive research design was used to determine the attitude of health information practitioners on the challenges of health data collection, so the researcher deemed it wise and effective to use descriptive research design to study the knowledge and attitude of patients towards health information management practice at ESUT Teaching Hospital Parklane Enugu.

Research population including Area of the Study

The area of study was ESUT Teaching Hospital Parklane Enugu, which is located in the heart of Enugu (Coal City) GRA, behind Shoprite (Shopping Plaza).

The hospital is under the state government of Enugu and has many health departments to its credit.

The research population used was all the adult patients in the hospital wards/bed with a population of 168 patients. The population is as shown in the table below;

Table 1: Population of adult patients in ESUT Teaching Hospital Parklane Enugu Adult Ward.

Wards	Number of Beds
Amenity Ward	20
Gynae Ward	18
Surgical Ward	30
Orthopaedic Ward	25
Eye Ward	22
Accident/Emergency	15
Maternity Ward	32
Medical Ward	45
Total	207

Sample and Sampling Techniques

Avoiding the risk of high mortality rate in this study made the researcher not to use the whole population of adult patients in the wards of ESUT Teaching Hospital Parklane Enugu, which was 168 patients; as a result, the researcher sorted the population out and reduced it using the formula of "Taro Yamane" which states

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

Where:
n = Sample size
N = Number of population
e = level of significance or limit of tolerable error
1 = Unit or a constant

Therefore:

$$n = \frac{207}{1+ 207 \times 0.05^2}$$

$$n = \frac{207}{1+ 207 \times 0.0025}$$

$$n = \frac{207}{1+ 0.5175}$$

n = 136.408566

n = approximately to 136 patients.

Whereby, reducing the population to 136 patients, that was enrolled for the study which automatically is the sample size for the study.

The researcher adopted stratified random sampling technique in selection of the exact number of the students to be sampled in each of the departments.

Table 2: Sample Stratification.

Health worker	Strata population	Calculation	Strata
Amenity Ward	20	20 x 136/207	13
Gynae Ward	18	18 x 136/207	12
Surgical Ward	30	30 x 136/207	20
Orthopedic Ward	25	25 x 136/207	16
Eye Ward	22	22 x 136/207	14
Accident/Emergency	15	15 x 136/207	10
Maternity Ward	32	32 x 136/207	21
Total	**207**		**136**

Table 2 above showed that out of one hundred and thirty-six (136) copies of questionnaire distributed to patients in the various wards of the hospital, 13 copies were given to patients in the Amenity ward, 12 copies to patients in Gynaecology ward, 20 copies to patients in the surgical ward, 16 copies to patients in the Orthopaedic ward, 14 copies to patients in the Eye ward while 10 copies were given to patients in the Accident and Emergency ward and 21 copies to patients in maternity ward.

Instrumentation

A structured questionnaire was the only instrument used in collecting the data for this study, the questionnaire was formulated from the research questions, the questionnaire contains 15 questions that comprises of 2 sections; Section A contains demographic data of the respondents with four (4) questions, section B contains the thematic data of the respondents containing 11 (eleven) questions.

Validity and Reliability of Instrument

To ensure the validity of the research instrument, the researcher submitted a copy of the drafted questionnaire to the project Supervisor, who went through it to ensure that it is capable of helping the researcher achieve the objectives. In order to validate this instrument, the project Supervisor made some corrections. These corrections were affected by the researcher after which a final copy of the questionnaire was produced.

To measure the reliability of the instrument, the researcher produced 5 (five) copies of the research instrument (Questionnaire) and distributed it to 5 (five) discharged patients of ESUT Teaching Hospital Parklane Enugu in her area, this was because these patients share experiences with the study population and would give answers to each question in the questionnaire as the study population would give. The researcher ensured that she identified each of the patients with each other question filled.

After one month the researcher presented another set of five (5) copies of questionnaire to the same set of patient. After wards, the researcher checked the responses of the respondents in the first and the second test and found them to be quite consistent, therefore reliable for the study.

Data Collection Procedure

The researcher got a letter of identification from the principal of school of Health Information Management, UNTH Ituku-Ozalla, Enugu which enabled her to be introduced to the Chairman Medical Advisory Committee (C-MAC) of ESUT Teaching Hospital Parklane Enugu who after some questions approved her request and notified the doctors and nurses in the wards pleading with them to render assistance to the researcher by letting her into the wards for her research work.

The researcher together with 2 (two) friends shared 30 copies of the questionnaire the first day and guided as well as explained to the respondents the contents of the questionnaire, this made it easy for the respondents to fill it and returned the filled questionnaire to the researcher.

Repeatedly, the researcher accompanied by her 2 (two) friends (classmates) underwent this procedure for 4 (four) consecutive days and was able to share 118 questionnaires which as they received back only 110 questionnaires as soon as they were completely filled while remaining 8 (eight) questionnaires could not be recovered due to the patients (respondents) being unable to attend to the questions when it was given to them.

Methods of Data Analysis
The questionnaires were collected and examined to ensure they were completely and correctly filled. The data obtained were analyzed using simple statistical methods of frequency tables, bar charts and histogram for easy reference.

Ethical Consideration
The Chairman Medical Advisory Committee (C-MAC) of ESUT Teaching Hospital Parklane Enugu gave an approval for this study to be carried out in the hospital wards.

The researcher applied the principles of voluntary participation and confidentiality in the study. By voluntary participation, it means that the respondents were not forced to participate in the study.

By confidentiality, it means that the respondent's responses were assured to be kept in confidence and not to be made known to anyone else.

The researcher as well advised the respondents to observe anonymity while filling the questionnaire; this means that the respondent does not have any need to mention their names in the questionnaire.

Data Presenta\Tion And Analysis
Data Presentation and Analysis
Table 3: Gender Distribution of the respondents.

Gender	Frequency	Percentage %
Male	65	59.1
Female	45	40.9
Total	110	100%

Source: field survey, 2017.

Table 3 shows that majority of the respondents is 65 (59.1%) were male while 45 (40.9%) were female.

Table 4: Age Distribution of the respondents.

Age (Years)	Frequency	Percentage %
18-25	20	18.2
26 - 35	25	22.7
36 – 45	40	36.4
46 and above	25	22.7
Total	110	100%

Source: field survey, 2017

The above figure indicates that majority of the respondents 40(36.4%) were at the range of 36-45 years, 25(22.7%) of the respondents were within the ages of 26-35 years, 25 (22.7%) of the respondents were within the ages of 46 years and above, and 20 (18.2%) of the respondents were at the age range of 18 – 25 years.

Table 5: Religion Distribution of the respondents.

Religion	Frequency	Percentage %
Christian	80	72.7%
Muslim	20	18.2%
Traditional	10	9.1%
Total	110	100%

Source: field survey, 2017

Table 6 above indicates that more of the respondents 80 (72.7%) were Christians, while 20 (18.2%) were Muslim, then only 10(9.1%) of the respondents practiced traditional religion.

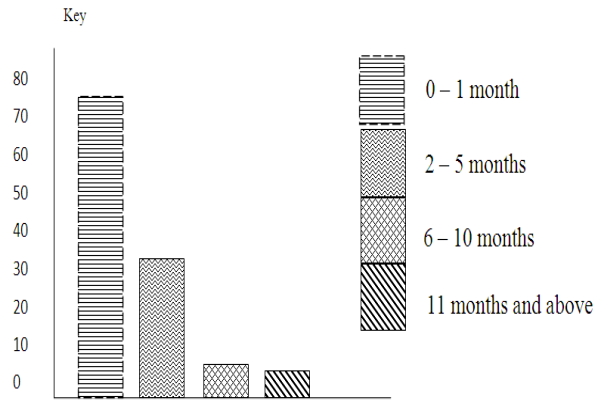


Figure 1: Bar Chart representing the respondents on how long they have been in the hospital.

Source: field survey, 2017
The above figure indicates that majority of the respondents 74 (67.3%) have been in the hospital for the period of 0-1 month, 25 (22.7%) of the respondents have been there for 2-5 months, 6 (5.5%) of the respondents have been in the hospital for the period of 6 -10 months while 5 (4.5%) of the respondents have been in the hospital for 11 months and above.

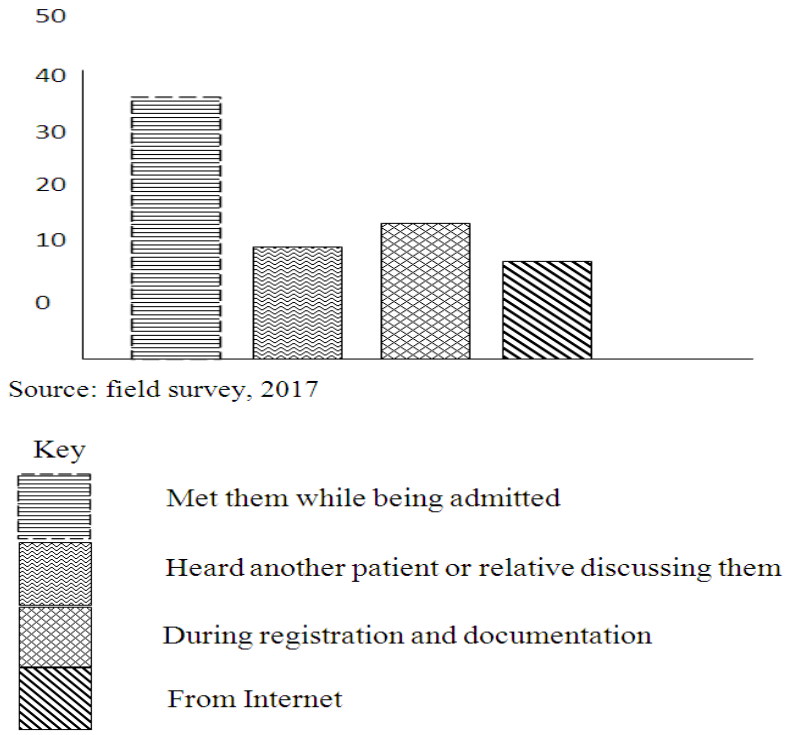
Research question 1: Do patients at ESUT Teaching Hospital Parklane have the knowledge of Health Information Management Practice? The data answering this question are presented in tables 5, 6 and figure 2.

Table 6: Responses of the respondents on whether they know about Health Information Management Profession.

Responses	Frequency	Percentage %
Yes	108	98.2%
No	2	1.8%
Total	110	100%

Source: field survey, 2017

In the table above, it was found out that many of the respondents 108 (98.2%) have the knowledge of Health Information Management Profession, while 2 (1.8%) of the respondents did not.



Source: field survey, 2017

Figure 2: Histogram representing the responses of the respondents on what was their source of information.

Figure 2 above shows that majority of the respondents 50 (46.3%) obtained their knowledge of Health Information Management while being admitted, 23 (21.3%) of the respondents obtained their knowledge during registration and documentation, 20 (18.5%) of the respondents obtained their knowledge when they heard another patient or relative discussing them, and 15 (13.9%) of the respondents obtained theirs from internet.

Table 7: Responses of the respondents on the roles of Health Information Management Practitioners as understood by them.

Responses	Frequency	Percentage %
They register and document patients	20	18.5%
They admit patients in the hospital	35	32.4%
They carry folders about the hospital	53	49.1%
Any other role you know (specify)	-	-
Total	108	100%

Source: field survey, 2017

The above table indicates that majority of the respondents 53(49.1%) understood the roles of health information management practitioners as those who carry folder about the hospital, 35 (32.4%) of the respondents said that they admit patients in the hospital while 20 (18.5%) of the respondents said that they register and document patients.

Research question 2: What are the attitudes of patients towards the practice of health information management at ESUT Teaching Hospital Parklane?

The data answering this question is presented in tables 7, 8, 9 and 10.

Table 8: Responses of the respondents on how they feel about Health Information Management Practitioners in the hospital.

Responses	Frequency	Percentage %
They are just messengers in the hospital	20	18.5%
They are just ward clerk	25	23.1%
They aid in the patients' healthcare	29	26.9%
They register and document patients	34	31.5%
Others (specify)	-	-
Total	108	100%

Source: field survey, 2017

It was indicated in the above table that most of the respondents 34 (31.5%) felt that health information management practitioners register and document the patients in the hospital, 29(26.9%) of the respondents felt that they aid in patient's healthcare, 25 (23.1%) of the respondents felt that they are just ward clerk, while 20 (18.5%) of the respondents felt that they are just messengers in the hospital.

Table 9: Responses of the respondents on whether they think that health information management practice is important to the hospital?.

Responses	Frequency	Percentage %
Yes	38	35.2%
No	70	64.8%
Total	108	100%

Source: field survey, 2017

Table 8 above shows that majority of the respondents 70(64.8%) thought that health information management practice is not important to the hospital, while 38(35.2%) of the respondents thought that they are important to the hospital.

Table 9: Responses of the respondents on whether they are of the opinion that other health workers should collect data from patients other than health information practitioners.

Table 10: Responses of the respondents on whether they are of the opinion that other health workers should collect data from patients other than health information practioners.

Responses	Frequency	Percentage %
Yes	70	64.8%
No	38	35.28%
Total	108	100%

Source: field survey, 2017

The above table indicates that majority of the respondents 70 (64.8%) said that they are of the opinion that other health workers should collect data from patients other than health information practitioners, but 38 (35.2%) of the respondents were not supporting that opinion.

Table 11: Responses of the respondents on why they support other health workers to collect data from patient than health information practitioners.

Responses	Frequency	Percentage %
Lack interpersonal communication skill	30	42.9%
Are not well trained for the services	20	28.6%
Do not have the ability of petting a patient	5	7.1%
Are rude to the patients	15	21.4%
Others (specify)	-	-
Total	70	100%

Source: field survey, 2017

Table 11 shows that many of the respondents 30 (42.9%) gave their reasons for supporting other health workers other than health information management practitioners to collect data from patients was because they lack inter-personal communication skill, 20 (28.6%) of the respondents said they are not well trained for the services, 15(21.4%) said that they are rude to the patients, and 5(7.19%) said that they do not have the ability of petting patient.

Research question 3: What factors affect the acceptance of health information management practice by the patients at ESUT Teaching Hospital Parklane Enugu?.

The data answering this question are presented in table 11, 12, 13, and14.

Table 12: Respondents' responses on if the health information management practitioners in their ward have contributed to the improvement of their health.

Responses	Frequency	Percentage %
Yes	40	37.0%
No	68	63.0%
Total	108	100%

Source: field survey, 2017

The above table shows that majority of the respondents 68(63.0%) said that the health information management practitioners in their ward have not contributed to the improvement of their health, while 40 (37.0%) of the respondents said they have contributed to the improvement of their health.

Table 13: Respondents responses on if they have ever insulted a health information practitioners in the hospital.

Responses	Frequency	Percentage %
Yes	69	63.9%
No	39	36.1%
Total	108	100%

Source: field survey, 2017

It was indicated in table 12 above that majority of the respondents 69(63.9%) have insulted a health information practitioner in the hospital, but 39(36.1%) of the respondents have not.

Table 14: Respondents responses on whether they always give answer to the questions asked by a health information practitioner while collecting their health data.

Responses	Frequency	Percentage %
Yes	39	36.1%
No	69	63.9%
Total	108	100%

Source: field survey, 2017

The above table indicates that most of the respondents 69(63.1%) did not always give answer to the question asked them by a health information practitioner while collecting their health data, but 39 (36.1%) of the respondents always give answers to the question asked them.

Table 15: Respondents' responses on their reasons for not giving answers to the questions asked them by a health information management practitioner.

Responses	Frequency	Percentage %
Because they always gossip with the information	5	7.2%
Because they are reckless and can misuse patients information	40	58%
Because they always shout at me while collecting my health data	24	34.8%
Total	69	100%

Source: field survey, 2017

From the above table, it is shown that majority of the respondents 40(58%) do not give the answers because they believe that health information practitioners are reckless and can misuse patients health information, 24(34.8%) of the respondents believe that they always shout at them while collecting their data, but 5 (7.2%) of the respondents believe that they gossip with the information.

DISCUSSION OF MAJOR FINDINGS

The study indicated that majority of the respondents, 65 (59.1%) were male, while 40(36.4%) were within the age range of 36-45 years, with 80 (72.7%) being Christians, and 74(67.3%) respondent had stayed for 0-1 month in the hospital.

It was found out that most of the respondents, 108 (98.2%), were aware of health information management profession, out of which 53(49.1%) gained their knowledge when they were being admitted, 50(46.3%) respondents understood the roles of health information management practitioners to be the people who carry folders about the hospital.

Study also revealed that 34(31.5%) of the respondents felt that health information management practitioners in the hospital register and document the patients. 70 (64.8%) of respondents thought health information management practice is not important in the hospital and 70 (64.8%) also felt that other health workers should collect data from patients instead of health information practitioners as 30 (42.9%) respondents believed that the health information practitioners lack inter personal skills.

In addition, the study revealed that 68(63%) of the respondents said that health information management practitioners in their ward have not contributed to the improvement of their health. 69 (63.9%) respondents claimed to have insulted health information practitioner in the hospital. 69 (63.9%) respondents also stated that they do not give answers to the questions asked them by the health information management practitioners while collecting their data, because 40(58%) of the respondents felt, that they are reckless and can misuse patients health information.

SUMMARY, CONCLUSION AND RECOMMENDAIONS

Summary

The present study was on the assessment of knowledge and attitude of patients towards health information management practice at ESUT Teaching Hospital Parklane Enugu.

The objectives were to ascertain if patients at ESUT Teaching Hospital Parklane Enugu have the knowledge of Health Information Management Practice, to assess the attitudes of Health Information Management Practice, as well as to determine the factors affecting the acceptance of Health Information Management practice by the patients at ESUT Teaching Hospital Parklane Enugu. Literatures related to the present study were

reviewed under conceptual and empirical review after which it was summarized.

Descriptive research design was adopted for this study. Population of the study consisted of 168 patients at the adult wards of ESUT Teaching Hospital Parklane Enugu. Avoiding high mortality rate due to respondents compelled the researcher to sort the population in order to have a sample size by using "Tairo Yamane" formula, thereby having 118 as her sample size. The only instrument used for this study was structured questionnaire. Using frequency tables, bar chart and Histogram made it easy to analyze the findings of this study, which indicated that majority of the respondents were male, who were within the age range of 36-45 years, been Christians, who have been in the hospital for 0-1 month.

These patients (respondents) had the knowledge of health information management profession, which they got while being admitted; they understood the professionals to be the people who carry folders about the hospital.

They felt that health information management practitioners are those that register and document the patients in the hospital, thinking that this profession is not important to the hospital, suggesting that other health workers should collect data from patients other than health information practitioners, just because the health information practitioners lack interpersonal communication skills.

Finally, the respondents said that the health information management practitioner in their ward have not contributed to the improvement of their health, that they have insulted the health information practitioner in the hospital, and does not give answers to the questions asked them by a health information practitioner while collecting their health data, because they are reckless and can misuse patients health information.

CONCLUSION

Based on the findings, the researcher concluded that the adult patients at ESUT Teaching Hospital Parklane Enugu understood the health information management practitioners in the hospital to be just those who carry folders about, because of this, they felt that the profession is not important in the hospital, owing to their recklessness and misusing of patients health information, they refused to give answers asked them by the practitioners.

Therefore, there is need for more training in the area of interpersonal communication skills for the health information practitioners and more sensitization about health information management practice to the patients of ESUT Teaching Hospital Parklane Enugu.

Limitations of the study

When this study was being carried out, the major limitations the researcher encountered were limited time to carry out the research work and financial constraints.

Finally, the researcher had the challenges of finding enough empirical studies because much has not been done on this topic as regards to the objectives of the study.

Recommendations

Considering the findings of this study, the following recommendations were brought out;

- There should be early morning training about health information management practice for the patients as this will enable the patients to see the needs of giving answers to every question asked them by the health information practitioner while collecting their health data.
- More students should be encouraged to study health information management, as this will help create more awareness, therefore sensitizing the parents on the roles of health information management.
- More teaching in the area of interpersonal communication between the patients and the health information practitioners.

Suggestions for further studies

In line with the findings of this study, the researcher suggests that further study should be done on "the factors affecting the services rendered by the health information management practitioners" as this will reveal the areas where the health information practitioners are lacking while rendering their services in the hospital.

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