

Influence of Leadership Style on Service Effectiveness of Health Information Management Practitioners in Teaching Hospitals in South-West, Nigeria

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Purpose: This study investigated the relationship between leadership style and service effectiveness of Health Information Management Practitioners in teaching hospitals in South-West, Nigeria.

Design Methodology/Approach: The study employed the descriptive survey design. Four hundred and seventy-four (474) Health Information Management Practitioners in the Teaching Hospitals in South-West Nigeria participated in the study. The main instrument for data collection was a structured questionnaire. The instrument was validated using Cronbach's Alpha test and the value 0.75 and above was considered adequate for the study. Data analysis involved both descriptive and inferential statistics such as percentage distribution, mean and standard deviation as well as correlation and regression analysis.

Findings: The findings revealed a strong relationship between leadership style, staff motivation and training of Health Information Management Practitioners in Teaching Hospitals in South-West, Nigeria. In particular, the study revealed a high level of service effectiveness of Health Information Management Practitioners in Teaching Hospitals in South-West, Nigeria. The study concluded that structure, process and outcome of health information management practitioners were found very satisfactory. It was a significant influence of leadership style on service effectiveness of Health Information Management Practitioners in Teaching Hospitals in South-West, Nigeria.

Implication: findings indicated a significant relationship between the leadership style and service effectiveness of health information management practitioners in south-West, Nigeria. It was found that all the three-leadership style, transformational ($\beta = 0.521$, $p < 0.05$), transactional style ($\beta = 0.395$, $p < 0.05$) and Laisserz faire ($\beta = -0.361$, $p < 0.05$) had significant influence on service effectiveness of the Health Information Management Practitioners in Teaching Hospitals in South West Nigeria.

Originality/Value: It was recommended that hospital management staffs and departments of health information in particular should encourage HIM practitioners to participate more in the off-the-job training programme of the Teaching Hospitals in South-West, Nigeria.

Keywords: leadership style, service effectiveness, Health Information Management Practitioners, staff motivation, staff training

INTRODUCTION

Service effectiveness is one of the hallmarks of any enterprise regardless of product or services provided. Service provision refers to the act of performing a task for a business or person that wants or requires it in exchange for acceptable compensation. Services are provided to satisfy certain needs of the clients. However, service effectiveness is germane to the survival of any service organization because it is the gauge upon which

the quality of services provided will be measured. Service effectiveness talks about the nature of services provided as well as the seriousness of the service provider. The individual or organization providing the services are concerned about the level of satisfaction of the clients and are determined not to disappoint their customers as much as possible. Thus, providing high quality services leads to cost savings, increases market share, profitability and service effectiveness.

To achieve the goals and objectives of a health care

organization, its activities must be subjected to routine reforms in order to continuously justify its existence and relevance. Therefore, the quest for effectiveness and efficiency in health service delivery should motivate health information management practitioners and relevant government agencies to adopt strategies for sustaining health service effectiveness in the country. This also involves ensuring availability of health services that meet a minimum quality standard and allowing access to them. Access involves a systematic assessment of the physical, economic and socio-psychological aspects of people's ability to make use of health services with no undue barriers of cost, language, culture, or geography; availability refers to the physical presence or delivery of services that meet a minimum standard.

The hospital and indeed health information management practitioners are required to deliver effective service to the sick and the injured not withstanding their socio-political affiliations. It is associated with judgment on how well an individual or organization is performing in relation to the services provided. It has been established in the literature that service effectiveness varies widely in performance even among countries with similar indicators such as levels of education, income and health expenditure as regards to their ability to attain key health goals (Zaidi, 2017).

Service effectiveness has been evaluated in different sectors of the economy such as in business and marketing, transportation, maintenance (Daniewski, Kosicka & Mazurkiewicz, 2018), fire service and health care settings (Wiśniewski 2017; Nguyen, Tham, Khatibi & Azam, 2019). Particularly, service effectiveness is of utmost importance to health care institutions in both developing and the developed economies. Health service effectiveness denotes an act of improving health outcomes of the citizens, responding to their health expectations and reducing inequalities in health responsiveness. The underlining assumption of health service effectiveness is that the health care needs of the citizens should be met with the best way possible and quality services produced and rendered at minimum costs. Achieving service effectiveness in Nigeria requires the collaboration and commitment of key stakeholders including doctors, nurses, pharmacists, laboratory scientists and health information management officers.

Statement of the Problem

Service effectiveness is one of the hallmarks of any enterprise regardless of product or services provided. The World Health Organization (2008) has established that health service delivery remains fundamental input to population health growth. The hospital and indeed health information management practitioners are required to

deliver effective service to the sick and the injured not withstanding their socio-political affiliations. However, there is generally low attention to the provision of the basic infrastructure and good leadership styles in many departments within the hospital to effectively carry out health information management services involving patients' record creation, storage, retrieval and maintenance which has a great deal on the process of care that entails interaction between the patients and the practitioners and outcome of care affecting patient general satisfaction with the care provided. All of these are having significant effects on service effectiveness of health information management practitioners. The current study therefore seeks to establish the link between leadership style and service effectiveness of health information management practitioners in teaching hospitals in South-West, Nigeria.

Objectives of the Study

The main objective of this study is to investigate how leadership style influences service effectiveness of Health Information Management Practitioners in teaching hospitals in South-West, Nigeria. The study provided answer to the following research questions;

1. What is the level of service effectiveness of health information management practitioners in teaching hospitals in South-West, Nigeria?
2. What is the perceived influence of leadership styles on service effectiveness of Health Information Management Practitioners in teaching hospitals in South-West, Nigeria?

Hypothesis

There is no significant influence of leadership style on health information management practitioners' service effectiveness in teaching hospitals in South-West, Nigeria

Review of Related Literature

Strengthening service delivery is crucial to the attainment of the health-related Millennium Development Goals (MDGs), which include the delivery of interventions to reduce child mortality, maternal mortality and the burden of HIV/AIDS, tuberculosis and malaria. A citizen needs to utilize health facilities with little or no hindrances whatsoever. Utilization can be defined as the quantity of health care services used. Besides utilization, the coverage of health interventions which refers to the proportion of people who receive a specific intervention or service among those who need it also matters. It implies that service delivery is designed so that all people in a defined target population are covered, the sick and the healthy as well as all income groups and all social

groups. To ensure coverage, services may be provided at home, in the community, or at the workplace, or health facilities as appropriate. To be effective, health service delivery should be adequately coordinated across types of providers, types of care, levels of service delivery and for both routine and emergency preparedness. As well; effectiveness in health care demands that health services are well managed so as to achieve the core elements described above at minimum cost of materials and human resources.

Literature on leadership styles have focused on the two main scopes of leadership i.e. transactional and transformational leadership (Bass, 1998). Transactional and transformational leadership have been of great interest to many researchers in the modern age. Adopting either transformational or transactional leadership behavior helps in the success of the organization (Laohavichien, Fredendall & Cantrell, 2009). This might be the reason that different authors of the recent past considered transactional and transformational leadership as predicating variables and investigated their relatedness with other principal variables. Both transformational leadership and transactional leadership helped in predicting subordinates' satisfaction with their leaders (Bennett, 2009). However, in some situation, both cannot provide the ultimate satisfaction to their subordinate and partially contribute as illustrative variables. A study of Chen, Beck, and Amos (2005) found that followers were satisfied with the contingent reward dimension of transactional leaders and individualized reflection of transformational leaders.

Transactional leadership has been centered on leader-follower exchanges. Followers perform according to the will and direction of the leaders and leaders positively reward the efforts. The baseline is reward system which can be negative like disciplinary action, if follower fails to obey, it can be positive like praise and appreciation, if subordinates meet the terms and conditions directed by leaders to achieve the assigned goals. Admkew (2017) proposed three characteristics of transactional leadership which are contingent rewards, active management by exception and passive management by exception. The contingent reward involves a situation whereby subordinates performance is associated with contingent rewards or exchange relationship. Active management by exception consist of a condition whereby leaders monitor followers' performance and take corrective measures if deviations occur to ensure that outcomes are achieved while passive management by exception refers to a situation whereby leaders fail to intervene until problems become serious (Bass, 1997).

Analysis of the cited literature have shown that service effectiveness of HIM practitioners can be achieved if both the transformational and transactional leadership styles are applied in the department of HIM as supported by Chen, Beck, and Ainos, (2005). In this case, the heads of

department of HIM influence the attitudes and beliefs of their staff and motivate them according to their own interest for the betterment of the Hospital. It has shown from the opinions of Zhu, John, Riggio & Young (2012) that, heads of HIM department should communicate with their staff what they should do how they should do it and then monitor them closely for satisfactory performance. Reward system should also be used by the heads of HIM in a way that the staff is rewarded for achieving success on the performance of a given task(s).

In Laissez-faire leadership style, leaders delegate full decision-making authority to followers by giving them guidance and related support to make them more involved in the tasks and motivate them for organizational performance (Mujtaba, 2014). While in transactional style of leadership, leaders closely monitor their followers and motivate them with rewards on good performance as a result, some employees perform with their hand, head and heart to achieve assigned goals.

The Transformational leaders facilitate new understandings by increasing or altering awareness of issues. As a result, they foster inspiration and anticipation to put extra labor to achieve common goals. Transformational leadership is another extreme as these leaders influence the attitudes and beliefs of followers and motivate them according to their own interest for the betterment of the organization (Burns, 1998). According to Burns (1998), transformational leadership is based on four dimensions such as personality, communication, rational stimulation, and individualized thought. Some researchers interchangeably use transformational leadership as charismatic leadership. According to McLaurin and Al-Amri (2008), "personality" is one among the many "qualities" of a transformational leader than the only "element".

Transformational leadership is believed to be more widespread at upper levels of management than at lower levels (Tichy & Uhich, 1984). Transformational leadership style is entirely different from transactional leadership style. Transformational leaders try to develop the followers' full potential (Bass, 1985; Johnson & Dipboye, 2008), by influencing and engaging them. Transformational leadership adds value to transactional leadership as it emphasizes on followers' personality, attitude and beliefs on performance outcomes and results in "augmentation effect" (Bass 2008; Yukl 2010). The main foundation of the transformational leadership style is the leader's ability to motivate the follower to accomplish more than what the follower planned to accomplish (Krishnan, 2005). Burns (1998) proposed that transformational leaders go in a relationship with the followers in which they motivate each other to higher level which results in value system congruence between the both (Krishnan 2005).

From the viewpoints presented so far, it cannot be overemphasized that achieving sustainable services

effectiveness of Health Information Management Practitioners requires good leadership structure particularly, those of the transactional and transformational styles which has the potential to substantially contribute to the overall health care system in Nigeria

METHODOLOGY

The study employs the descriptive survey design; four hundred and seventy-four (474) Health Information Management Practitioners in the Teaching Hospitals in South-West Nigeria participated in the study. The main instrument for data collection was a structured questionnaire. The instrument was validated using Cronbach's Alpha test and the value 0.75 and above was considered adequate for the study. Data analysis involved both descriptive and inferential statistics such as percentage distribution, mean and standard deviation as well as correlation and regression analysis.

RESULTS

Research Question 1: What is the level of service effectiveness of health information management practitioners in teaching hospitals in South-West, Nigeria?

Table 1. Level of service effectiveness of Health Information Management Practitioners in Teaching Hospitals in South-West Nigeria

	Very High Level	High Level	Moderate Level	Low Level	Very Low Level	Mean	SD	
Structure								
In my place of work, availability of supplies e.g. name *index cards, disease and operation cards is at a:	47(9.9)	113(23.8)	213(44.9)	80(16.9)	21(4.4)	3.18	0.98	
In my place of work, provision of basic health records forms is at a:	21(4.4)	105(22.2)	240(50.6)	82(17.3)	26(5.5)	3.03	0.89	
In my place of work, affordability of services in terms of cost of service is at a:	14(3.0)	76(16.0)	269(56.8)	75(15.8)	40(8.4)	2.89	0.87	
In my place of work, provision of basic health records infrastructure is at a:	13(2.7)	65(13.7)	247(52.1)	113(23.8)	36(7.6)	2.80	0.87	
In my place of work, provision of basic amenities in Health Information Management Department is at a:	9(1.9)	71(15.0)	231(48.7)	132(27.8)	31(6.5)	2.78	0.85	
In my place of work, provision of adequate funding for health information management department is at a:	16(3.4)	26(5.5)	235(49.6)	152(32.1)	45(9.5)	2.62	0.86	
In my place of work, provision of staff incentives to officers is at a:	11(2.3)	28(5.9)	209(44.1)	156(32.9)	70(14.8)	2.47	0.88	
	Weighted Mean Score = 2.82							
Process								
In my place of work, ensuring of privacy and confidentiality of patients' health information is at a:	57(12.0)	127(26.8)	205(43.2)	68(14.3)	17(3.6)	3.49	1.02	
In my place of work, interaction between health information management officers and patients is at a:	35(7.4)	124(26.2)	239(50.4)	59(12.4)	17(3.6)	3.29	0.98	
In my place of work, positive attitude of health information management officers is at a:	35(7.4)	124(26.2)	239(50.4)	59(12.4)	17(3.6)	3.21	0.88	

Table 1. continues

In my place of work, convenience of locations of health information management department for patient visitation is at a:	88(18.6)	142(30.0)	175(36.9)	52(11.0)	17(3.6)	3.10	0.90
Weighted Mean Score = 3.27							
Outcome							
In my place of work, enhanced consumer/patient safety through good health information management practices is at a:	43(9.1)	113(23.8)	238(50.2)	58(12.2)	22(4.6)	3.20	0.93
In my place of work, higher levels of satisfaction with care outcomes because of good health information management practices is at a:	27(5.7)	124(26.2)	213(44.9)	83(17.5)	27(5.7)	3.12	0.95
In my place of work, better acceptance of health information management service is at a:	26(5.5)	134(28.3)	213(44.9)	69(14.6)	32(6.8)	3.11	0.95
In my place of work, reduction in medical errors due to good health information management practices is	28(5.9)	109(23.0)	242(51.1)	55(11.6)	40(8.4)	3.09	0.94
In my place of work, greater collaborative decision making among health information management officers is at	32(6.8)	105(22.2)	229(48.3)	82(17.3)	26(5.5)	3.07	.93828
In my place of work, reduced mortality through adequate health information services is at a:	11(2.3)	119(25.1)	246(51.9)	68(14.3)	30(6.3)	3.07	0.92
In my place of work, fewer clinic visits and hospital stays due to good health information management practices is at a:	19(4.0)	130(27.4)	225(47.5)	67(14.1)	33(7.0)	3.06	0.96
In my place of work, improved health information management outcomes are at a:	35(7.4)	95(20.0)	247(52.1)	77(16.2)	20(4.2)	3.03	0.86
Weighted Mean Score = 3.09							
Grand mean = 3.06							

Decision rule: Mean of

4.1-5.0= Very high, 3.5-4.0= High, 2.5-3.49= Moderate, 2.0-2.49= Low, 1.0-1.99= Very Low

Table 1 revealed a high level of service effectiveness of health information management practitioners in Teaching Hospitals in South-West Nigeria with an overall grand mean of 3.06 on the scale of 5 points. The table found process in terms of ensuring privacy and confidentiality of patients' health information, interaction between health information management officers and patients, positive attitude of health information management officers, and convenience of locations of health information management department to be high service effectiveness with a weighted mean of 3.27.

Also, outcome which involve enhancing consumer/patient safety through good health information management practices, higher levels of satisfaction with care outcomes because of good health information management practices, better acceptance of health information management service, reduction in medical errors due to good health information management practices, greater collaborative decision making among health information management officers, reduced mortality through adequate health information services, fewer clinic visits and hospital stays due to good health information management practices and improved health information management outcome with a weighted mean of 3.09.

Structure as indicator of service effectiveness include availability of supplies, provision of basic health records forms, affordability of services in terms of cost of services, provision of basic health records infrastructure, provision of basic amenities, provision of adequate funding, and provision of staff incentives to officers with a weighted mean of 2.82.

Table 2. Perceived influence of leadership style on service effectiveness of health information management practitioners in teaching hospitals in South-West, Nigeria

	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	SD
Transformational						
Empathy: Transformational leaders generate higher commitment to the organization from their employees by treating people as individuals, treating them fairly and consistently and demonstrating that they value their views and opinions	124(26.2)	268(56.5)	60(12.7)	22(4.6)	3.04	0.76
Feedback: Transformational leaders are compassionate appreciative and responsive to their people, recognise and celebrate individual and team achievement	92(19.4)	268(56.5)	93(19.6)	21(4.4)	2.91	0.75
Achievement: Transformational leaders communicate passion, energize people and encourage their direct reports to challenge old assumptions and think about problems in new ways	104(21.9)	266(56.1)	80(16.9)	24(5.1)	2.95	0.77
Commitment: Transformational leaders consider the moral and ethical consequences of decisions build trust through being reliable and genuine and act with determination and integrity	108(22.8)	260(54.9)	78(16.5)	28(5.9)	2.95	0.79
Performance: Transformational leaders involve people in setting goals, ensure that everyone has challenging objectives and regularly review the performance of individuals and the teams	114(24.1)	255(53.8)	86(18.1)	19(4.0)	2.98	0.76
Table 2(continuation)						
Empowerment: Transformational leaders encourage people to lead and empower people to take the initiative within an agreed framework of delegated authority	112(23.6)	252(53.2)	84(17.7)	26(5.5)	2.95	0.79
Communication: Transformational leaders convey an attention grabbing vision of the future, use stories and symbols to communicate and explain the importance of having a strong sense of purpose and a collective mission	107(22.6)	254(53.6)	86(18.1)	27(5.7)	2.93	0.79
Motivation: Transformational leaders motivate people to feel part of something important that will make a difference to people's lives	140(29.5)	219(46.2)	75(15.8)	40(8.4)	2.97	0.89
Weighted Mean Score = 2.96						
Transactional Style						
He is involved in clarification of what was expected from the subordinate including the objective of their performance	123(25.9)	260(54.9)	64(13.5)	27(5.7)	3.01	0.79
He explains what the employees are to do and how to do it in order to meet the expectations set forth	132(27.8)	237(50.0)	80(16.9)	25(5.3)	3.00	0.81
He explains how performance would be achieved and evaluated	128(27.0)	243(51.3)	83(17.5)	20(4.2)	3.01	0.78
He provides feedback to the employees regarding whether the objective had been met	121(25.5)	247(52.1)	86(18.1)	20(4.2)	2.99	0.78
He allocates rewards based on the attainment of the objectives	119(25.1)	243(51.3)	87(18.4)	25(5.3)	2.96	0.80
He involves both in positive and negative exchange based on follower's performance	128(27.0)	233(49.2)	92(19.4)	21(4.4)	2.99	0.80

Table 2. continues

He emphasizes role clarity and task requirement	135(28.5)	245(51.7)	68(14.3)	26(5.5)	3.03	0.81
He provides followers with materials or psychological rewards contingent on the fulfilment of contractual obligations	134(28.3)	249(52.5)	66(13.9)	25(5.3)	3.04	0.80
Weighted Mean Score = 3.00						
Laissez-Faire						
He is never worried about the success of the subordinates	84(17.7)	222(46.8)	119(25.1)	49(10.3)	2.72	0.87
He scores high on avoiding but low on collaborating	74(15.6)	230(48.5)	130(27.4)	40(8.4)	2.71	0.82
He is also always inactive rather than active or proactive	66(13.9)	229(48.3)	136(28.7)	43(9.1)	2.67	0.83
Always avoiding decision making and supervisory responsibilities	70(14.80)	225(47.5)	134(28.3)	45(9.5)	2.67	0.84
Always passive in his approach to things	60(12.7)	233(49.2)	138(29.1)	43(9.1)	2.65	0.81
He does not care about how subordinates handles assignment and task	66(13.9)	222(46.8)	129(27.2)	57(12.0)	2.63	0.87
He often lacks directive on matters arising	56(11.8)	225(47.5)	143(30.2)	50(10.5)	2.61	0.83
He always complains and never bother how things are done	64(13.5)	217(45.8)	121(25.5)	72(15.2)	2.58	0.91
Weighted Mean Score = 2.66						
Grand mean = 2.9						

Decision rule: 3.5-4.0= strongly agreed, 2.5-3.49= agreed, 2.0-2.49= strongly disagreed, 1.0-1.99= Disagreed

Table 2 indicated that transactional leadership (mean = 3.0) was demonstrated more than transformational (mean = 2.96) and Laissez-Faire (mean = 2.66) leadership styles by Heads of health Information Management Department in Teaching Hospitals in South-West, Nigeria. As shown in the table transactional style include clarification of what was expected from the subordinate such as the objective of their performance, explanations what the employees are to do and how to do it in order to meet the expectations set forth, explains how performance would be achieve and evaluated, provides feed back to the employees regarding whether the objective had been met, allocates rewards based on the attainment of the objectives, involves both in positive and negative exchange based on followers performance, emphasizes role clarity and task requirement, and provides followers with materials or psychological rewards contingent on the fulfilment of contractual obligations with an average mean of 3.00.

Also, transformational leadership style involving a transformational leaders generate higher commitment to the organization from their employees by treating people as individuals, treating them fairly and consistently and demonstrating that they value their views and opinions, compassionate appreciative and responsive to their people, recognizes and celebrate individual and team achievement, communicate passion, energize people and encourage their direct reports to challenge old assumptions and think about problems in new ways, consider the moral and ethical consequences of decisions build trust through being reliable and genuine and act with determination and integrity, involve people in setting goals, ensure that everyone has challenging objectives and regularly review the performance of individuals and the teams, encourage people to lead and empower people to take the initiative within an agreed framework of delegated authority, convey an attention grabbing vision of the future, use stories and symbols to communicate and explain the importance of having a strong sense of purpose and a collective mission, and motivate people to feel part of something important that will make a difference to people's lives with an average mean of 2.96. Laissez Fair as the third indicator of leadership style includes never worried about the success of the subordinates, scores high on avoiding but low on collaborating, inactive rather than active or proactive, avoiding decision making and supervisory responsibilities, passive in his approach to things, does not care about how subordinates handle assignment and task, often lacks directive on matters arising and always complain and never bother how things are done.

Testing of Hypothesis

This section presents the results of the test of the four formulated hypotheses at the onset of this study. In line with the objectives of this study, the following four research hypotheses were tested at α=0.05 level of significance using linear regression analysis. The findings are presented below.

Decision Rule of the Test of hypotheses

A pre-test level of significance for this study was 0.05. The null hypothesis assumes that no relationship or effect exists between the variables under consideration. On the other hand, the alternative hypothesis assumes significant effects exist between the variables of the study. Therefore, if the p value (that is the significance or probability value) exceeds the pre-set level of significance (which is 0.5), the null hypothesis was accepted and the alternative hypothesis rejected but if the p-value was less than or equal to 0.05, the null hypothesis was rejected and the alternative hypothesis accepted.

Hypothesis: There is no significant influence of leadership style on health information management practitioners' service effectiveness in teaching hospitals in South-West, Nigeria

Table 3. Influence of leadership style on health information management practitioners' service effectiveness in teaching hospitals in South-West, Nigeria

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
1	(Constant)	43.492	2.873	15.141	.000	
	Transformational	.521	.158	.226	3.305	.001
	Transactional Style	.395	.160	.170	2.461	.014
	Lasseiz-Faire	.361	.099	.165	3.638	.000

a. Dependent Variable: Service Effectiveness of Health Information Management Practitioners

$R=0.358$, $R^2=0.128$, $Adj. R^2=0.123$, $F(3,470)=23.082$, $P<0.05$

Table 3 revealed that the Adj. R-squared of 12.3% indicated that variability in service effectiveness of health information management practitioners' can be explained by the three predictors of leadership styles. The table further revealed a significant relationship between the leadership style and service effectiveness of health information management practitioners ($F=23.092$, $p<0.05$). Hence, the hypothesis is rejected and restated as "leadership style significantly influences health information management practitioners' service effectiveness in teaching hospital in Nigeria". The analysis further revealed that all the three-leadership style, transformational ($\beta = 0.521$, $p<0.05$), transactional style ($\beta = 0.395$, $p<0.05$) and Lasserz faire ($\beta = -0.361$, $p<0.05$) had significant influence on service effectiveness of the health information management practitioners in teaching hospitals in South West Nigeria.

Conclusion and Recommendations

The findings revealed a strong relationship between leadership style and Health Information Management Practitioners service effectiveness in Teaching Hospitals in South-West, Nigeria. In particular, the study revealed a high level of service effectiveness of Health Information Management Practitioners in Teaching Hospitals in South-West, Nigeria. The study concluded that structure, process and outcome of health information management practitioners were found very satisfactory. It was concluded that there is significant influence of leadership

style on service effectiveness of Health Information Management Practitioners in Teaching Hospitals in South-West, Nigeria. Above all, with regards to our a-priori expectation, the findings of this study supported the fact that leadership style, staff motivation and training will significantly influence service effectiveness of Health Information Management Practitioners in Teaching Hospitals in South-West, Nigeria. Based on the findings, the following recommendations are presented:

- 1.The study indicated a high-level of service effectiveness of Health Information Management Practitioners in the Teaching Hospitals in South-West, Nigeria. Hence, the current practice of structure, process and outcome should be sustained among the practitioners.
- 2.The leadership styles demonstrated by the heads of Health Information Management department both in terms of transactional and transformation styles were high and should sustained for in ensuring high level of health information managers service effectiveness in Teaching Hospitals in South-West, Nigeria

The following recommendations were suggested:

- 1.The study underscored that leadership style is key to all-inclusive service effectiveness of Health Information Management Practitioners and hence should be given serious attention
- 2.The overall outcome of this research will help Health

Information Management Practitioners to apply their diverse knowledge for effective health service delivery to the people of South-west, Nigeria

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