

Research paper

Quackery and unethical practices in health information management profession in Nigeria

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Quackery and unethical practices in health information management is a crucial issue. The objective of the study among others was to determine the level of quacks in health information management its effects of unethical practices in health care institutions. The study was carried out in six selected tertiary health institutions, one from each of the Geo-political zones in Nigeria. The participants were the HOD's of health information management department of the health institutions. Survey design was used for the study while questionnaire was used as instrument for data collection. The study revealed the existence of quacks in health information management department, the unethical practices result in litigation, institution embarrassment medical error and research misconduct, loss of revenue and patient dissatisfaction. It was concluded that quacks should be eliminated from health information, workforce in order to achieve quality health data/ information for national and international health planning and developments.

Keywords: Quackery, ethical practices, Health Information Management, Nigeria

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BACKGROUND OF THE STUDY

Healthcare delivery system is a complex system with different professions coming together to work as team towards providing a holistic care to the patients. Among the members of the health team is health information management profession. Health information management is defined as the practice of acquiring, analyzing and protecting digital and paper based medical and health information vital to provide quality patient care and maintaining the daily electronic health records (Global health workforce council, 2015). It is a practice of controlling the patient health records from the creation to the final disposal.

Health Information Management (HIM) department is the heart of health organization: with each beat, it supplies much needed information to users such as Doctors, Nurses, other healthcare professionals, Healthcare administrators, Insurance companies, Health care agencies (Raniya, sue, Amina & Gerry 2017; Alkiyumki Walker, Tariguw and Fitzgerald 2016). Health information profession refers to an occupation that requires a specialized education, knowledge, training and ethics, hence, health information management professionals play vital roles in the maintenance of health information. Health information management practice is at the center of health care service delivery. The practice provides a means of communication between the members of health care team. Alkiyumki et al 2016 and Goedert, 2013 stressed that Health Information Management professionals play a critical role in completing, protecting and ensuring the availability of high-quality clinical information for patient care, reimbursement, quality assurance, research, statistics gathering and management decision making.

Quackery and unethical practices exists among health care professional due to poor health workforce planning and development. Health workforce planning and development as defined by the department of health in United Kingdom is a dynamic process where the right staffs with the right skills are in the right place at the right time at the right price (Hurst and Patterson 2014). Health workforce planning is seen as a major issue recently due to workforce disparities. This provides an obstacle to many health organisations achieving their objectives. Al-sawai and Al-shistawy, 2015 submitted that health workforce satisfaction, education and retention are jeopardized by poor health force planning and developments. Health information management is affected by the poor health workforce planning. It is known that a skilled HIM workforce is a critical component of a well-functioning health care system, and education is a cornerstone in supplying the health care system with a qualified and trained health information workforce to provide a high quality data (AK-Kiyumi, 2016). Though quackery practices in health care system

cut across all health professions, it perhaps, mostly affects health information management practice in Nigeria.

Despite the important of the roles of HIM in healthcare delivery, non-qualified persons (Quacks) are recruited to health information workforce. The activities of quacks such as breach of confidentiality and patient privacy including rudeness to patient, unauthorized disclosure and access which results in patient's dissatisfaction contributed to research misconducts, medical errors and dearth of quality health data (Adeleke I. T. 2018). Unethical practices and quackery can contribute wrong diagnosis, misadministration of drugs or interventions and mismanagement of patient. In some cases, quackery and unethical practices can result in extreme and irreversible damage, impairment and even loss of life (The nation newspaper, 2017).

Healthcare institution comprises of different professionals. Each profession has their specific roles as defined in their professional code of ethics. Usman et al, 2012b cited in Inuwa, Usman and Dantong, 2015 documented that professionals exhibit high level of professionalism by adhering to their professional ethics as they discharge the official duty. Hornby 2001 cited in Inuwa et al 2015 defined professionalism as the act of exhibiting the qualities and features of a profession by the professionals in discharging of their duty. This can only be achieved when the professionals understand the ethics guiding their profession. In defining profession ethics, Inuwa et al, 2015 submitted that professional ethics is a system of moral principles or rules of behaviour which defines occupational morals. It is giving ones best to ensure that client interest are properly recognized and protected. However, consequences of unethical professional practices which involve professionals not conforming to approve standards of professionals' behaviour are existing among health care professions. Such attitudes include unauthorized disclosure, rudeness to patient and poor documentation among others.

STATEMENT OF PROBLEM

Quackery practices in healthcare are a serious issue. It cuts across all professions in healthcare delivery system. The practice of quackery is well pronounced in health information management profession. Health information management profession code of ethics, part II article 10 addresses the issue of quackery in the profession. Moreover, the association of health records and information management practitioners of Nigeria (ARIMPAN) in collaboration with health records officers' registration board of Nigeria (HRORBN) embarked on national campaign against quacks in the practice. Despite the efforts of ARIMPAN and HRORBN towards checking

quackery in the professional practice, it is observed that many health institutions in Nigeria are overwhelmed with influx of non-professionals in health information management. This results in patient's dissatisfaction breach of confidentiality and patient privacy.

Literature revealed that quacks contributed to research misconducts, medical errors and administrative wastage (Adeleke, I.T 2018). It is also established that quacks in health information practices are responsible for dearth of quality health data (The sun Newspaper October 12, 2017). To further ascertain the truth of the claim, this paper seeks to investigate the level of quackery practices and its effect in healthcare institutions.

OBJECTIVES OF THE STUDY

The general objective of this study is to investigate the influence of quackery and ethical practices in health information management profession in Nigeria. The specific objectives are to:

- i determine the level of quackery practices in health information management profession.
- ii identify ethical practices in health information management profession.
- iii examine the negative effects of quackery on health information management profession.
- iv identify the effects of unethical practices on the health care organization.

Research Questions: In order to achieve the objectives of the study, the researchers formulated the following research questions:

- i. What is the level of quackery practices in health information management profession?
- ii. What are the ethical practices in health information management profession?
- iii. What are the negative effects of quackery on health information management profession?
- iv. What are the effects of unethical practices on the health care organisations?

SCOPE OF THE STUDY

This study covers health information management departments in the tertiary health institutions of the six geo-political zones of Nigeria. One tertiary health institution was selected from each of the geo-political zones for the study. The respondents were heads of health information management department of each of the tertiary health institution selected for the study.

SIGNIFICANCE OF THE STUDY

This study will be of benefit to healthcare institution, health information professionals, the patients, health care administrators and government. This study will help healthcare institution to identify the gap in professional competence.

Findings from this work will help to identify the level of quackery in the department of Health information management. It will help to reveal the effects of quackery in healthcare institutions. Findings from this study will help healthcare administrators on HIM workforce planning. The study will also help to improve the image of HIM profession by eliminating quackery practices in the profession.

OPERATIONAL DEFINITION OF TERMS

Quackery: Refers to engagement of unqualified and non-professional in professional practices.

Ethics: Refers to doing what is right or wrong.

Ethical practices: Refers to the standards of professional conducts that health information professionals are expected to uphold.

unethical professional practices: These are practices which involve professionals not conforming to approved standards of professional behavior.

Health information management: Refers to the practice of controlling the patient health records from the creation to the final disposal.

REVIEW OF RELATED LITERATURE

Introduction: This chapter presents a review of literature relevant to the theme under investigation and its objectives. Consequently, the review of literature is organized logically and presented as outlined below:

Concept of Health Information Management

Health information management (HIM) is the practices of maintaining the traditional health records (paper based) and electronic health records which contain clinical, epidemiological, demographic, financial, reference and coded health data suitable for patient care, evaluation, planning and decision making. Peter, (2019) defined HIM as a discipline or field of study concerned with creation, storage, and maintenance of patient health records as well as collection, collation, presentation analysis, dissemination and reporting of data on diseases

and health related events.

Health information professional is defined as a person working in a health information management position and who had undergone a course of training for at least a diploma or graduate degree levels. The individual must acquire relevant graduate degree levels. An individual who has acquired relevant practical course of training and has been certified or licensed by established regulatory authority to practice and manage health information or records in the country of domicile he / she works in hospital, health departments, basic & community health centers, nursing homes, mental health facilities & public health agencies, health insurance companies and other facilities that provide healthcare or maintenance of health records (HRORBN. code of ethics 2014).

Health information management profession is at the centre of health care service delivery. It provides a means of communication between the members of healthcare team. HIM professionals play a critical role in completing, protecting and ensuring the availability of high-quality clinical information for patient care reimbursement, quality assurance, research, statistics gathering and management decision making (Goedert, 2013). Also Alkiyumi, (2016) and Jacob, (2013) observed that HIM professionals are the ones who understand how information is used in health care institution's and they play significant roles in managing, analyzing and protecting paper based and digital healthcare information.

Health Information Management as a Profession: Health information management code of ethics (2014), defines a profession as a vocation founded upon specialized educational training, the purpose of which is to provide objectives counsel and service to other, for a direct and definite remuneration. It refers to an occupation that requires specialized education, knowledge, training and ethics. Professionals are made up of people who adhere to high ethical standards and who have special knowledge and skills (HRORBN, 2014).

Oxford advanced learners dictionary defines professionals as the skills or qualities of a profession or of its member: or great skills and competences that can be associated with a profession. According to Okibo, 1998 cited in Okiyi and Eteng-Martins (2015) a profession means a body of people who perform similar functions and are held together by a common bond of association arising from their performance of similar tasks, common identified norms, values and rules. Hence, the defining line between professionalism and quackery in any sector is by abiding by the ethics or moral codes of conduct guiding it, moreover, the concept of ethic has different perspectives from which it can be interpreted and it is only professional who are guided by the ethics of their professions and education.

Professionals are made up of people who adhere to high ethical standards and who have special knowledge.

A professional is an expert who is also refer to as an authority in a specific field and must be in relevant register of that profession Ikechukwu and Nwosu cited in Okiyi and Eten-Martins (2015) states that being professional refers to the ideology and related activities that can be found in any occupational group whose members aspire to improve professional status, it bestows pride on members of the group and makes them stand out in the crowd of occupational groups. It also brings with it a lot of duties, responsibilities and societal expectations which keep the true professional always on their toes, on their guard always ready to fight for and protect the ideas for which the profession is known.

Okiyi and Eteng-Martins (2015) in defining profession cited Uguezuonu (1998) who stated that there are six distinctive criteria of a profession. It is based on intellectual activity, requires from its members the possession of a considerable amount of knowledge and learning, has definite and practical purposes, and has certain technique which can be communicated, has an effective self organisation and is motivated by a desired to work for the welfare of the society. These characteristics obviously describe health information management.

Concepts of Quackery

According to online encyclopedia (2019) Quackery can be described as dishonest practices and claims to have special knowledge and skill in some fields Adeleke, Qudrotullaah, Amina, Ismaeel and Razaq, (2018) affirmed that engagement of unqualified personnel in all health professions, including the health information management profession is a particular problem in developing nations such as Nigeria, where this trend has the potential to undermine the delivery of health services, the quality, the confidentiality of health information and trust between patients and healthcare professionals.

In the context of health information management, quackery is the promotion of deceitful or ill-informed health information practice. Adeleke (2018) view quackery as the promotion of unsubstantiated methods that lack a scientifically plausible rationale. Quackery violates the Act that establishes the health records practice. Quacks are the people who received informal training from untrained personnel or rather jump up to learn a job without compliance to the code of ethics of the profession or rather formal certification and licensing.

Causes of Quackery: Amos, (2016) opined the causes of quackery to be the following:

-Loss of priority on criteria setting, monitoring and evaluation.

-lack of political will towards the health sector

professions

- Interdisciplinary rivalry leading to compromised standards
- Socio-economic challenges and low income earners.
- Lack of knowledge and awareness about quackery by the victims.
- Cheaper services provided by the quacks.

Effects of Quackery Practices in Health Information Management:

Quackery has the following negative effects in health information management: bad image of the profession, misfiling of patients casenotes, misplacement of patient casenotes, mislaying of patient casenotes, documentation errors, breach of confidentiality, Patient dissatisfaction, Loss of confidence on the departments, duplication of patients records, accreditation issues, Roles substitute and poor quality of health data. Other effects of quackery are:

- The quacks stake advantage of public need and lack of knowledge of on the part of the victims of quackery. (Encyclopedia Britannica 2019)
- Quack always pretend to have a knowledge they do not possessed
- Quackery violates the act that established the health information profession.
- Quackery leads to unemployment of qualified HIM personnel
- Quackery is a potential source of litigation
- It endangers human well-being.
- It leads to hazards on quality of service
- It create poor professional judgement, skill, discipline and lack of competence in health information practice

Concept of Ethics

Literally, ethics refers to doing what is right or wrong. To behave ethically is to behave in a manner that is consistent with what is generally considered to be right or moral. In health information management, ethical considerations would be those conducts, aptitudes or behaviours that are displayed in the carrying out of the practice which are morally right and reflect moral principles in them. Ethics consist of certain rules and standards of conducts recognized in building professional bodies or associations. These standards and conduct could be seen as actions or manner of conducting, directing, managing or by adhering to their professional ethics when discharging their duties.

However, consequences of unethical professional practices, which involve professionals not conforming to approved standards of professional behaviour are common in healthcare institutions. Unethical practices among healthcare professionals also negatively affect

efficiency in health information practice. (For example a situation whereby a doctor or nurse creates a folder for the patient because he/she is in hurry). Such folder would not have the health record identification number and will affect patient follow-up for care. It is unethical to medical profession and professional encroachment to health information profession. Moreover, unethical practice can also exist among health information profession such as practicing without license or expired license.

Ethical practice is a moral compass that provides the moral principle by which we live our lives and make decisions – doing the right thing because it is right thing to do. Internally, establishing a culture of ethical practice improves moral and reduces risk that arise from unethical practice. The ethical obligations of the health information management professionals include the safe guarding of the privacy and security of health information, appropriate disclosure of health information, development, use and maintenance of health information systems and ensuring the accessibility and integrity of health information (AHIM 2016 code of ethics). Unethical practice is an action that falls outside of what is considered morally right or proper for a person, a profession or an industry.

Ethical obligations are central to the professionals' responsibility, regardless of the employment site or the methods of collection, storage and security of health information. Core health information issues are: what information should be disclosed, how the information is retained when it is no longer needed and is it disposed in a confidential manner.

Ethical Principles: According Tom (1985), there are four basic principles of ethics that are applicable to any ethical discuss in ethics.

1. Beneficent: The principle suggests the benefits of the health information service not only to one patient but to all.
2. Least Harm (non-maleficants) knowing no harm should affect the individual patient and the society.
3. Autonomy (Respect for person) the principle respecting individual and the society
4. Justice: Justice principle requires equality, fairness and equity in the health care burden.

Ethical Theories:

1. Deontology: Deontological theory states that people should always adhere to their duties and obligations
2. Utilitarian: The theory is founded on the ability to predict consequences of an action
3. Theory of right: In the right ethical theory right set forth by the society are protected and given the highest priority.

4. Casuist: The casuist compares current ethical dilemma with examples of similar ethical dilemma.

Virtue: The theory of virtue, judges one by his character rather than by action. Both ethical principles and theories bring an important element to the effective decision making. The above principles guide health information personnel towards decision in the face of situation involving patient care.

Source: Tom Beauchamps and James (1985) children's Principle of biomedical ethics

Ethical Code of Health Information Management Practice

One of the purposes of the professional code of ethics is to maintain standard and curb quackery in health information management practice. It is unfortunately to say that the danger of quackery is still common among health information management practice across the nation. Ethics consist of certain roles and standards of conduct recognized in building a professional body or association such as health information. Okiyi and Eteng-Martins (2015) submitted that a profession usually provides a code of ethics and conduct to guide members in their practice.

Similarly, the health information management registration board of Nigeria has provided the code of ethics for all certified and licensed health information practitioners in Nigeria.

"every person or persons seeking employment either in the public service or private establishment as health records / health information practitioner must have undergone the relevant training in approved institutions and passed the relevant examination conducted by appropriate examination and regulatory bodies" (HRORBN code of ethics 2014 pp 3)

Purpose of HIM Code of Ethics: According to American Health Information Management Association (AHIMA, 2016), the purpose of the code of ethics is to:

- To promote high standards of HIM practice
- Summarize broad ethical principles that reflect the values
- Establishes a set of ethical principles to be used to guide decision making and actions
- Establishes a framework for professionals' behaviour and responsibilities when professional obligation conflicts or ethical uncertainties arise.
- Provide ethical principles by which the general public

can hold the HIM professional accountable.

-Monitor practitioners new to the field to HIM's mission values and ethical principles.

Ethical Practices in Health Information Management:

Ethical practices in health information management are: authorized release of information, maintaining the privacy of health information, security of health information, confidentiality of health information, consent to release health information, courtesy in dealing with patients, courtesy in dealing with professional staff, appearance, punctuality, politeness, empathy with patient

Unethical Practices of Health Information Management

Unethical practices in health information management is an action that falls outside what is considered what is considered morally right for a member of the health information management profession. Therefore, unethical behavior is a behavior that is contrary to societal norms and values (Hugh, 2018).

METHODOLOGY

Introduction: This chapter gives an overview of the methods and procedures by which this study was carried out.

Research Design

The survey design was adopted for this study. This is in order to elicit data from respondents without manipulating the variables while exploring the effects of quackery and ethical practices in health information management. This design was used to gather information from a representative sample of the population under study.

Population of the study

The total population of this study was 6 which represent HODs from the selected hospitals in the six Geo political zones.

Sample size and sampling Technique

Stratified random sampling method was used to select 6 HODs, while total enumeration was used. Therefore, the sample size for this study was 6.

Research Instrument

The instrument used for data collection was a self-

developed questionnaire with standardized scales, which have been widely used by researchers in various studies. The questionnaire was tagged "Quackery and ethical practice in health information practice. The questionnaire for the students had five sections - Section "A" provided background/demographic information of respondents. Section "B" gathered information on the level of quacks, Section "C" was on ethical practices among health information professionals, Section "D" was on effects of quackery in health information management practice while section "E" gathered information on the effects of unethical practices on healthcare organizations.

Validity and Reliability of Research Instrument

In order to assess the validity, that is, to ensure that the questionnaire measures what it is supposed to measure,

the instrument was presented to colleagues in the Departments of Information Resources Managements. This is to check for face and content validity.

Method of Data Collection

The questionnaires were administered to six heads of department, one from each of the geopolitical zone by the researchers through e-mail after phone calls to introduce the study.

Method of Data Analysis

The data for this study was analyzed using descriptive statistics. The computation was done manually using scientific calculator. The research questions for this study were analyzed with frequency counts, percentages, mean & Standard Deviation.

DATA ANALYSIS, RESULTS AND DISCUSSION OF FINDINGS

Introduction: This chapter covers the presentation and analysis of data collected through the research instrument. Data obtained through the questionnaire were analyzed in tables, percentage and frequency.

Table 1. Analysis of Demographic Characteristics of the Sampled Participants

Sex distribution of the respondents		
Sex	Frequency	Percentages
Male	5	83%
Female	1	17%
Total	6	100%
Age distribution of the respondents		
Age group	Frequency	Percentage
26-30 years	0	0%
31-35 years	0	0%
36-40 years	0	0%
41-45 years	2	33%
46and above	4	67%
Total	6	100%
Educational qualifications of the respondents		
Educational qualifications	Frequency	Percentage
Educational qualifications	0	0%
ND/ Technician	0	0%
HND	0	0%
BSc and others	6	100%
Total	6	100%
HOD	6	100%
Distribution of respondents by Geo-political zones		
Geo-political zones	Frequency	Percentage
South-South	1	16.6
South-East	1	16.6

South-West	1	16.6
North –Central	1	16.6
North- East	1	16.6
North-West	1	16.6
Total	6	100%

Table 1 shows that 83% (5) of the respondents were men while 17% (1) were female; 33% (2) falls within the age group while 67% (4) were above 46years of age. 100% (6) of the respondents had their higher degrees in health information managements 100% (6) of the respondents hold the position of HOD in their hospitals. 16.6 % (1) of the respondents represented one geopolitical zones of the country.

Analysis of the Research questions

Research question one: What is the level of quacks in health information departments?

Table 2. Level of Quacks in HIM practice

S/no.	Health institutions	Number of staff	Number trained	Number licensed	Number of quacks	Trained / Unlicensed	Awareness of code of ethics	
							Yes	No
I	University of Uyo Teaching Hospital Uyo	73	68	68	5	0	1	0
ii	Umuahia Specialist Hospital	22	13	13	9	0	1	0
iii	Federal Medical Center, Owo	64	55	55	9	0	1	0
iv	University of Maiduguri Teaching Hospital	140	112	105	28	10	1	0
V	Amino Kano Teaching Hospital	153	100	80	53	20	1	0
Vi	University of Ilorin Teaching Hospital	122	82	82	40	0	1	0
Total		574	430	403	144	27	6	0
Percentages		100%	75%	94%	25%	6%	100%	0%

Table 2. shows that the total staff strength of health information personnel from the six selected tertiary health institution is 574. 75% (430) of the personnel were trained while 25% (144) were not trained(quacks). 94% (403) of the trained personnel were licensed to practice while 6% (27) were not licensed.100% of the respondents affirmed that they are aware of the ethics of the profession.

Research question Two: How often does your staff comply with the following ethical practices?

Table 3 Ethical practices among health information management professionals

S/No.	Ethical practices	4 Always	3 Sometimes	2 Rarely	1 Not at all	Mean	S.D
I	Authorised release of information	5	1	0	0		
	Percentages	83%	17%	0%	0%		
ii	Privacy of health information	5	1	0	0		
	Percentages	83%	17%	0%	0%		
iii	Security of health information	5	1	0	0		
	Percentages	83%	17%	0%	0%		
iv	Confidentiality of health information	5	1	0	0		
	Percentages	83%	17%	0%	0%		
V	Consent to release health information	4	2	0	0		
	Percentages	67%	33%	0%	0%		
Vi	Courtesy in dealing with patients	1	5	0	0		
	Percentages	17%	83%	0%	0%		
vii	Courtesy in dealing with professional staff	4	2	0	0		
	Percentages	67%	33%	0%	0%		
viii	Appearance	2	4	0	0		
	Percentages	33%	67%	0%	0%		
ix	Punctuality	1	5	0	0		
	Percentages	17%	83%	0%	0%		
X	Politeness	2	4	0	0		
	Percentages	33%	67%	0%	0%		
X	Empathy with patient	2	4	0	0		
	Percentages	33%	67%	0%	0%		
						2.5	1.25

Table 3 shows that 83% (5) of the respondents affirmed that their staff always complies with the following ethical practices: authorized release of health information, privacy of health information, and confidentiality of health information; while 17% (1) of the respondents affirmed that they sometimes comply. 67% (4) of the respondents accepted that the staff always obtain consent to release health information and have courtesy in dealing with professional staff while 33% (2) of the respondents confirmed that the staff sometimes obtain consent to release health information and have courtesy in dealing with professional staff. 83% (5) of the respondents affirmed that they are sometime punctual to work and have courtesy in dealing with patients while 17% (1) of the respondents assert that they are always punctual to work and have courtesy in dealing with patients. 33% (2) of the participants assert that the staff appearance is always okay, they are polite to patient and have empathy to patient while 67% (4) of the respondents affirmed that the staff appearance are sometimes okay, sometimes polite and sometimes have empathy to patients.

Research question three: To what extent do you agree that quackery has the following negative effects on health information managements?

Table 4. Effects of Quackery in Health Information Managements

S/no	Effects of quackery in HIM	4 Strongly agree	3 Agree	2 Disagree	1 Strongly disagree	Mean	S.D
I	Bad image of the profession	6	0	0	0		
	percentages	100%	0%	0%	0%		
ii	Misfiling of patients casenotes	5	1	0	0		
	percentages	83%	17%	0%	0%		
iii	Misplacement of patient casenotes	5	1	0	0		
	percentages	83%	17%	0%	0%		
iv	Mislaying of patient casenotes	5	1	0	0		
	Percentages	83%	17%	0%	0%		
v	Documentation errors	4	2	0	0		
	percentages	67%	33%	0%	0%		
vi	Breach of confidentiality	5	1	0	0		
	percentages	83%	17%	0%	0%		
vii	Patient dissatisfaction	5	1	0	0		
	percentages	83%	17%	0%	0%		
viii	Loss of confidence on the departments	4	2	0	0		
	percentages	67%	33%	0%	0%		
ix	Duplication of patients records	5	1	0	0		
	Percentages	83%	17%	0%	0%		
x	Accreditation issues	5	1	0	0		
	percentages	83%	17%	0%	0%		
xi	Roles substitute	5	1	0	0		
	Percentages	83%	17%	0%	0%		
						2.5	1.25

From table 4, 100% (6) of the respondents strongly agree that the present of quackery in health information practice brings about bad image of the profession. 83% of the respondents strongly agree that quacks misfile, misplace /mislay patient casenotes, breaches confidentiality issues, cause patient dissatisfaction, duplicates patient health records, cause issues in accreditation and substitute health information professional roles; while 17% (1) of the respondents only agree. 67% (2) of the respondents strongly agree that quacks cause documentation errors and loss of confidence on the department while 33% (2) of the respondents only agree.

Research question 4: What are the effects of unethical practices on health care organisations?

Table 5. EFFECTS OF UNETHICAL PRACTICES IN HEALTHCARE ORGANISATIONS

S/No	Effects of unethical practices on healthcare organisations	4 Strongly agree	3 Agree	2 Disagree	1 Strongly disagree	mean	S.D
I	Litigation	4	2	0	0		
	Percentages	67%	33%	0%	0%		
ii	Institutional embarrassments	5	1	0	0		
	Percentages	83%	17%	0%	0%		
iii	Lowering of Standards	5	1	0	0		
	Percentages	83%	17%	0%	0%		
iv	Poor patient patronage	4	1	0	1		
	Percentages	67%	17%	0%	17%		
V	Loss of revenue	5	1	0	0		
	Percentages	83%	17%	0%	0%		
vi	Poor work culture	5	1	0	0		
	Percentages	83%	17%	0%	0%		
vii	Poor quality services	4	2	0	0		
	Percentages	67%	33%	0%	0%		
viii	Low productivity	4	2	0	0		
	Percentages	67%	33%	0%	0%		
ix	Lack of patients satisfaction	5	0	1	0		
	Percentages	83%	0%	17%	0%		
x	Medical errors	4	1	0	1		
	Percentages	67%	17%	0%	17%		
xi	Research misconducts	5	1	0	0		
	Percentages	83%	17%	0%	0%		
						2.5	1.25

From table 5, 65% (2) of the respondents strongly agree that unethical practices lead to litigation, poor patient patronage, poor quality services, and low productivity while 33% (2) agrees. 83% (5) of the respondent strongly agree that unethical practices lead to institutional embarrassments, lowering of standards, loss of revenue, poor work culture, lack of patient satisfaction and research misconducts while 17% (1) of the respondent only agree. 67% (2) of the respondents strongly agree that unethical practices result in medical errors, 17%(1) agree that unethical practices result in medical errors while 17% dis agree that unethical practices result in

medical errors.

DISCUSSION OF FINDINGS

The study was on quackery and ethical practices on health information management in Nigeria. Six tertiary health institutions were selected for the study, one from each of the six Geo-political zones. In determining the level of quacks, it was found that 25% of the staff working in health information management was quacks. While 6% of the trained health information professionals were not licensed to practice. This is in line with Adeleke,

Qudrotullaah, Amina, Ismaeel and Razaq, (2018) who states that deployment of non - professionals into health information management workforce are role substitution. Moreover, professionals that practices without license is quackery.

In identifying the ethical practices among health information management professionals, the study revealed that 85% of the participants (HODS) affirmed that their professional staff always comply with authorized released of health information, privacy of health information security of health information, confidentiality of health information. This is in line with the HRORBN (2014) and AHRIMPN 2016 code of ethics which states that the ethical obligations of health information management include privacy, confidentiality and authorized release of information.

In discussion the effects of quackery in health information management, the study disclose that quackery has the following effects on health information management, bad image of the profession (100%), breach of confidentiality, accreditation issues, loss of confidence on the department and patient care dissatisfaction. This supports Adeleke, 2018 who summited that quacks violate the ethics of health information management. Quacks in the practice constitute poor image of the profession, breach of confidentiality and causes medical errors.

Finally, the study revealed the effects of unethical practices to include litigation, institutional embarrassment, lowering of standards, and poor quality of services, loss of revenue, medical errors, research misconducts and lack of patient satisfaction among others.

SUMMARY, CONCLUSIONS AND RECOMMENDATION

Summary: The study was carried out in six tertiary health institution one from each of the geo-political zones in Nigeria. The study revealed the present of quacks in health information managements workforce. Moreover, quackery practices are contrary against the decree that establishes health information management in Nigeria. Health information practitioners always comply with code of ethic of the professional and unethical practices result in institutional embarrassed litigation, loss of revenues and patient dissatisfaction.

Conclusion: Quackery and ethical practice in health information management are crucial issues. It is only when quackery is eliminated in health information management that we hope to achieve the health goals of quality health care, quality health data/ information for sound clinical decisions as well as national and international health planning and development.

Recommendations: Base on the findings of the study, the following recommendations are made:

- Government should ensure that only qualified & licensed health information professionals are employed into the workforce of the profession.
- HRORBN and AHRIMPN should ensure that they enforced ethical practices among professionals through routine checking and monitoring,
- Health Records Officers Registration Board of Nigeria (HRORBN) should ensure that all certified Health Records persons are given professional license to practice.
- There should be a policy and circular for health care administrators /directors on recruitment of qualified and licensed professionals to respective departments of the hospital.

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