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# Access to Healthcare Information Resources by Medical Practitioners in Public Hospitals in Akwa Ibom State

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**This study examined the access to healthcare information resources by medical practitioners in public hospitals in Akwa Ibom State. The purposes of the study were to: identify the types of healthcare information resources available to medical practitioners in public hospitals in Akwa Ibom State; identify the types of skills possessed by medical practitioners for accessing healthcare information resources; identify the challenges militating against the access to healthcare information resources by medical practitioners; and proffer suggested solutions for overcoming the challenges militating against the access to healthcare information resources by medical practitioners in public hospitals in Akwa Ibom State. Four research questions guided the study. This study adopted descriptive survey research design. The population of the study comprised 328 medical practitioners selected using multi-stage sampling procedure to answer the Structured Questionnaire; and Observation Checklist were used for data collection. Mean scores and standard deviation were used to answer the research questions. The result showed that medical doctors in Akwa Ibom State have access to available healthcare information resources. The study also found out that certain challenges such as lack of awareness of available healthcare information resources among medical doctors, lack of virtual libraries, and lack of information literacy skills among medical practitioners were some of the factors militating against access to healthcare information resources. Based on the findings of the study, it was recommended among others that current health information resources should be made available in the libraries of public hospitals; also, there should be training and retraining of medical practitioners in public hospitals on the skills required to access healthcare information resources to enable them stay abreast of latest developments in the health sector and gain knowledge for better service delivery.**

**Keywords:** Access; Healthcare; Information Resources; Medical practitioners; Public Hospitals; Nigeria.

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## Introduction

Public hospitals are established in different parts of the Nigeria in order to meet health needs of the people. This can however be achieved if service delivery to the people is effectively rendered. Effective service delivery involves research into ailments and evolving ways to contain and manage them, training of medical practitioners via provision of healthcare information resources which is the mandate of public hospitals (Oriogu, Subair, & Oriogu-Ogbuiyi, 2017).

The growth and success of any organization is largely dependent on the amount of current information at their disposal (Ekere, Ewulum, Eze, Okpala and Ebobo, 2019). Healthcare information resources constitute the force behind effective service delivery in public hospitals. These resources contain health information which according to Bruce and Gray (2004) is an enemy of disease. This is because knowledge about the health challenges and different ways or medications for combating the challenges which is made available through access to healthcare information helps to overcome the diseases. Access to healthcare information resources is pertinent for medical practice all over the world and their significance to medical practitioners is invaluable. This is because medical practice has to do with life and death of human beings and is therefore of very sensitive nature. Healthcare information, in the opinion of Bhatti and Javed (2014) is likened to knowledge, facts and news generated from various sources, necessary for good physical and mental condition of human beings. Nwafor-Orizu and Onwudinjo (2015) stated that healthcare information resources can be in printed, non-printed or electronic formats. They comprise research guides by subject, medical textbooks, medical journals as well as online indexes, electronic books and texts. Others are electronic journals, online public access catalog, online reference sources, sound recordings, and image databases. Online healthcare information resources are powerful teaching and learning tools in public hospital.

Healthcare information resources ensure that a large population's health care needs are addressed quickly, effectively and efficiently. These resources facilitate research of health issues by providing desired health information and also help trainings in medical centers to be more effective (Mngutyo, 2017). Also, provision of health services becomes easier because of ready access to healthcare information to dispatch health issues expediently and within a short time which minimizes long queues and ineffective medical treatments. Medical errors, medical complications that lead to avoidable mistakes, mass deaths resulting from lack of medical knowledge and lack of confidence in medical practitioners are usually reduced to the barest minimum

However, where healthcare information resources are inadequate in quantity and quality, in different formats, scarce, obsolete and not adequately available, the reverse is the case. The importance of healthcare information resources and ultimately health information cannot be over emphasized because it lies in its access at the point of need.

It is worthy to note that there are possible challenges facing access to healthcare information resources. Some of which may include lack of fund, inadequate health information resources, lack of skills to access healthcare information resources, high cost of internet connection and subscription to health databases. (Ajuwon, 2015). It is these amongst others that are likely to hinder effective service delivery as far as public hospitals are concern.

The likely strategies of improving access to healthcare information resources in public hospitals could include provision of adequate current healthcare information resources, provision of information retrieval skills and training of medical practitioners to use healthcare information resources in printed, non-printed or electronic formats (Okeke, Eze, Eze and Asogwa, 2017). Other strategies could include the provision of computers and Internet facilities, subscription to Internet services and health databases such as HINARI, Elsevier etc. in the medical libraries of public hospitals. (Afolayan and Oyekunle, 2014).

Medical practitioners, otherwise known as health care practitioners, are persons who by the law of their countries are permitted to work or practice medicine in medical or health institutions. The different types of medical practitioners include; physicians, dentists, pharmacists, and a variety of human resources trained to provide some type of health care services (World Health Organization, 2013).

Medical practitioners are responsible for effective service delivery in public hospitals. They require healthcare information resources to provide effective service delivery. According to Andualem, Kebede and Kumie (2013) access to healthcare information by medical practitioners facilitates the use of new medical technologies; properly handle the necessary medical procedures and treatment of patients. Therefore, providing access to healthcare information resources is a gateway to effective healthcare practices.

Public hospitals are tertiary health institutions where medicine is practiced (Oriogu, Subair and Oriogu-Ogbuiyi, 2017). They are government owned hospitals required to provide truly scientific and appropriate treatment to injured or sick people and are expected to have substantial facilities to do that. They are basically involved in the provision of health care services, teaching and research just like teaching hospitals. According to Federal Ministry of Health (2015), the role of public hospitals in the health chain is to provide avenues where complex and complicated health challenges beyond primary health care centers are addressed. Public hospitals are, therefore, government owned health institutions with substantial facilities including diverse specialists' medical practitioners to offer effective service delivery into complex and complicated health issues beyond the level of primary health care.

It is in recognition of the benefits of public hospital that the various levels of Government in Nigeria have been able to establish public hospitals in almost every part of Nigeria including Akwa Ibom State.

It has been observed that in spite of public hospitals presence in Nigeria, medical tourism is still on the high side. It is not clear whether it is the absence of modern standard facilities and equipment to address health challenges, or that the healthcare information resources provided to medical practitioners are not accessible, or lack of skills to use healthcare information resources that is causing this situation. It is against this background that the study sought to investigate access to healthcare information resources by medical practitioners in Akwa Ibom State and to proffer dependable solution to the phenomenon.

**Statement of the Problem**

Delivery of high-quality efficient health services is a cornerstone of the global agenda to achieve universal health coverage. Globally, countries are faced with health system problems which vary from one to the other and it has been observed that health service delivery challenges are often seen in continents with a very high Human Development Index like Africa where health care systems over the years have suffered from man-made issues which cut across institutional, human resources, financial, technical and political developments.

Effective healthcare delivery in Nigeria has been an issue of discuss among stakeholders. Accessing quality and up-to-date information has also been identified as vital to maintaining quality health care. It is no wonder that international funding agencies like the World Bank are funding projects aimed at making health information available, especially in developing countries like Nigeria. Healthcare information resource is the force behind effective health care service delivery. It enables medical practitioners deliver health care services effectively especially in line with international best practices; enables medical practice to be based on health information (evidence) and also stems incessant complains against medical practitioners. Conversely, absence of healthcare information resources results in complaints, delayed medical treatment, avoidable mistakes, mass deaths and medical tourism and ultimately, ineffective service delivery.

Unfortunately, in public hospitals in Nigeria, it has been observed that there seemed to be dissatisfaction over the healthcare information resources provided for medical practitioners. The available healthcare information resources appear not to be fully accessible and it is equally observed that the skills to access healthcare information resources in printed as well as electronic formats appear to be grossly inadequate.

Most medical practitioners seem to base their medical practice on consensus agreement with colleagues and consultations with consultants rather than on healthcare information resources. Health care service delivery appears not to be in line with international best practices and as a result, effective service delivery is not routinely practiced as expected. It is against this background that the study on access to healthcare information resources by medical practitioners in public hospital in Akwa Ibom State was instituted to offer dependable solution to the phenomenon.

**Objectives of the Study**

The objectives are to:

1. Determine the types of healthcare information resources available to medical practitioners in public hospitals in Akwa Ibom State.
2. Determine the types of skills possessed by medical practitioners for accessing healthcare information resources in public hospitals in Akwa Ibom State.
3. Determine the challenges militating against access to healthcare information resources by medical practitioners in Akwa Ibom State.
4. Proffer suggested solutions for overcoming the challenges militating against access to healthcare information resources in public hospitals in Akwa Ibom State.

**Literature Review**

Public hospitals are national medical facilities of federating units. In Nigeria, public hospitals are both secondary and tertiary health care institutions provided by the Federal and State Governments of Nigeria in different parts of the Nigerian Federation (Ministry of Health, 2015). As a general rule, most of the centers are situated in the state capital, especially in situations where the apex secondary health institution run by the state does not adequately meet the demands for specialist health care by the citizenry.

Furthermore, the Free Medical Clinic Handbook (2016) asserted that public hospitals focus more on providing inpatient care - a type of care where patients stay overnight at a medical facility, or patients see a specialist, have surgery or receive care for a serious illness or medical emergency.

Medical practitioners are also known as health care practitioners and health care professionals as well. They are persons who practice medicine or one of the allied health care professions (WHO, 2013). They are found in general hospitals, teaching hospitals, dispensaries, medical/health centers, clinics etc.

Today, medical practitioners are required to practice based on evidence, which is health information (Johnson, Sarah, Joseph, Marie, Mark and Currow, 2021). Therefore, all medical practitioners, especially those in public hospitals are expected to be in the forefront in the provision of services. They need dependable healthcare information always from empirical research studies to offer evidence-based medicine services. The contributions of healthcare information resources to medical professionals include the promotion of knowledge sharing, adequate health monitoring, statistics gathering analysis and the delivery of effective healthcare services (Olatokun and Adeboyejo, 2009). Access to healthcare information resources requires a combination of experience and skills.

Skills possessed for accessing healthcare information resources are also referred to as proficiencies required for the use of health information resources. An information-proficient workforce that is computer literate, trained in information management skills and motivated to use the well-designed clinical systems would be necessary in a tertiary health institution particularly in a developing country such as Nigeria (Bello et al, 2004). Owolabi and Evans (2018) stated that clinical informatics aims to improve patient care by the intelligent application of technology and hopes to increase the effectiveness and efficiency of care, as well as patient safety. Informatics can fulfill its promises in developing countries only if health care professionals are trained in basic computing skills and IT. Designing such trainings will necessitate an assessment of baseline knowledge and the utilization patterns of all personnel involved in health care delivery.

Medical practitioners need various information sources in order to obtain relevant, current and reliable information resources to satisfy their information needs and discharge their clinical duties because information is a tool for both clinical and professional development in the medical profession (Abdullahi, Buba and Mohammed, 2020).

According to Anyaoku (2016), medical libraries are institutions for healthcare information dissemination and access. They are set up to collect, organize and disseminate health and well-being information in a hospital. They support medical doctors, nurses, pharmacists and other allied health professionals in learning, knowledge acquisition and research through provision of information resources that cover all areas of medical specialties. Because they serve such a diverse range of people, medical libraries maintain collections that can span the spectrum of human knowledge and opinions. Collections include printed materials such as reference sets, paperback novels, biographies, children's and young adult literature, histories, newspapers, and magazines. They usually also contain photographs, maps, art reproductions, sound recordings, and video recordings. In addition to print and audiovisual materials, there are computer workstations with software, CD-ROMs and connections to information worldwide through the Internet.

To perform optimally, medical practitioners, as health care providers, need access to relevant, acceptable and available health information resources to make the right clinical decisions as the cost of the wrong diagnosis can be fatal. Unfortunately, in developing countries like Nigeria, despite the overwhelming advantages of healthcare information resources, access and skill of utilization of healthcare information resources by medical doctors is a perennial challenge (Nwosu, Ogbomo and Anaehobi, 2013). A number of studies have investigated medical practitioners' challenges with access to healthcare information resources. These challenges have been identified as poor information technology infrastructure development (Omeluzor, Akibu and Akinwoye, 2015); lack of skills on how to use ejournal, lack of facilities, lack of time and awareness (Agba, Kingongo-Bukanya and Nyumba, 2004).

Owing to the numerous problems facing the utilization of healthcare information resources, authors have suggested various ways by which the problems can be reduced. Echezona (2005) opined that both access and skills to use healthcare information resources can be enhanced if the following were taken into consideration:

1. Provision of both printed and electronic information resources;
2. Provision of on-line materials in electronic formats;
3. Updating the skills of medical library staff to enable them to help users;
4. Improving the funding of the library to enable it to purchase and maintain needed information technology, books, journals and audio-visual resources (p.54).

## Methodology

The study adopted the descriptive survey design which is a design by which a group of people or items are studied in their natural settings by collecting, analyzing, and interpreting data from a sample considered to be a representative of the entire population (Emaikwu, 2015). The design was adopted because of the nature of the study and processes involved

in the collection of data which has to do with using a representative sample of the entire population of a group of people or items to be studied.

The population of the study was 350 medical practitioners in public hospitals in Akwa Ibom State. The hospitals are Ibom Specialist Hospital, Uyo (200 doctors) and General Hospital, Eket (150 doctors).

Data collection was achieved using the structured questionnaire and observation checklist while quantitative descriptive statistical method using percentages and mean scores (X) were used in the analysis of data gathered. Presentations of data were done using tables to compute the frequency distribution obtained. The collected data were converted into simple percentages and mean scores and presented in tabular forms for clarity. A cut-off point of 2.5 criterion mean was used for decision making. By this, any mean score that is 2.5 and above was accepted whereas, any one below 2.5 was considered rejected.

## Results and Discussion

This section presents analysis and interpretation of the four research questions posited in the study.

### Research Question 1:

What are the types of healthcare information resources available to medical practitioners in public hospitals in Akwa Ibom State?

The data that provided answer to the research question are presented on Table 1.

**Table 1.** Observation Checklist on the Types of Healthcare Information Resources Available to Medical practitioners in public hospitals in Akwa Ibom State.

| N0 | Item statement | Available | Not Available | Total |
|---|---|---|---|---|
| 1 | Medline/pubmed centra | 2(100.0) | 0(0.0) | 2(100%) |
| 2 | Bioline International | 0(0.0) | 2(100.0) | 2(100%) |
| 3 | African Index Medicus | 2(100.0) | 0(0.0) | 2(100%) |
| 4 | Cochrane library | 2(100.) | 0(0.0) | 2(100%) |
| 5 | Directory of Open Access Journals | 2(100.0) | 0.(0.0) | 2(100%) |
| 6 | Database of Abstracts of reviews of Effects | 0(0.0) | 2(100.0) | 2(100%) |
| 7 | Cochrane Central Register of Controlled Trials | 0(0.0) | 2(100.0) | 2(100%) |
| 8 | Health Technology Assessment Database | 0(0.0) | 2(100.0) | 2 (100%) |
| 9 | NHS Economic Evaluation Database | 0(0.0) | 2(100.0) | 2(100%) |
| 10 | Health Links | 2(100.0) | 0(0.0) | 2(100%) |
| 11 | AC Journal Club | 2(100.0) | 0(0.0) | 2(100%) |
| 12 | American Family Planning Physicians | 0(0.0) | 2(100.0) | 2(100%) |
| 13 | Bandolier | 0(0.0) | 2(100.0) | 2(100%) |
| 14 | Journal of Family Practice | 2(100.0) | 0(0.0) | 2(100%) |
| 15 | Evidence Summaries | 0(0.0) | 2(100.0) | 2(100%) |
| 16 | Clinical Evidence | 2(100.0) | 0(0.0) | 2(100%) |
| 17 | The Cochrane Database of Systematic Reviews | 0(0.0) | 2(100.0) | 2(100%) |
| 18 | Dynamed | 2(100.0) | 0(0.0) | 2(100%) |
| 19 | FIRST Consult | 2(100.0) | 0(0.0) | 2(100%) |
| 20 | InforRetriever | 2(100.0) | 0(0.0) | 2(100%) |
| 21 | SUMSearch | 2(100.0) | 0(0.0) | 2(100%) |
| 22 | The New York Database of Abstracts | 2(100.0) | 0(0.0) | 2(100%) |
| 23 | Clinical Guidelines | 2(100.0) | 0(0.0) | 2(100%) |
| 24 | National Guidelines | 2(100.0) | 0(0.0) | 2(100%) |
| 25 | US preventive Services Taskforce | 0(0.0) | 2(100.0) | 2(100%) |
| | Total Percentage | 22(44%) | 28(56%) | 50(100%) |

Table 1 indicated that item 1-25 had percentages of the responses of the respondents from the observation checklist on the types of health information resources available to medical practitioners in public hospitals in Akwa Ibom State. A

total of 22 (44%) of the total 50 indicated availability while 28 (56%) shows not available. Based on the criteria for decision making of 50% cut-off mark for percentages, it means that the respondents disagreed on availability of types of healthcare information resources to medical practitioners in public hospitals in Akwa Ibom State. This implies that most of the health information resources are not available to medical practitioners. This is in line with the findings of Ehioghae and Madukoma (2020) who reported that resident doctors decried the lack of health information resources in public hospitals in Nigeria. The implication of this finding is that management of public hospitals should endeavor to make available various types of healthcare information resources so as to expose medical practitioners to health information that can enhance effective service delivery.

**Research Question 2**

What are the skills possessed by medical practitioners to access healthcare information resources in public hospitals in Akwa Ibom State?

The data that provided answer to the research question are presented on Table 2.

**Table 2.** Mean Ratings and Standard Deviation of the Skills Possessed by Medical Practitioners for the Utilization of Health Information Resources in Federal Medical Centers in Akwa Ibom State.

| No | Item Description | HP | P | LP | NP | XSD | Dec. | |
|---|---|---|---|---|---|---|---|---|
| 1 | I can find and launch | 259 | 37 | 14 | 18 | 3.64 | 0.81 | HP |
| 2 | I can create and access a folder | 220 | 44 | 29 | 35 | 3.37 | 1.03 | P |
| 3 | I can create and save new documents in computer | 156 | 101 | 45 | 26 | 3.18 | 0.95 | P |
| 4 | I know how to cut, copy, and paste information on computer | 208 | 41 | 28 | 56 | 3.24 | 1.14 | P |
| 5 | I know how to justify line spacing in computer | 206 | 71 | 33 | 18 | 3.41 | 0.89 | P |
| 6 | I can make use of Text margin page orientation | 141 | 58 | 81 | 48 | 2.89 | 1.12 | P |
| 7 | I can include page number, run head/footer, numbered bullet list | 51 | 181 | 54 | 42 | 2.73 | 0.87 | P |
| 8 | I can create tables | 174 | 35 | 68 | 51 | 3.01 | 1.17 | P |
| 9 | I can Insert hyperlink and media | 156 | 84 | 48 | 40 | 3.09 | 1.05 | P |
| 10 | I can work with Excel data sheet | 211 | 57 | 31 | 29 | 3.37 | 0.98 | P |
| 11 | I can browse using different search engines | 154 | 69 | 43 | 62 | 2.96 | 1.17 | P |
| 12 | I can download and saves files | 256 | 32 | 21 | 19 | 3.60 | 0.85 | HP |
| 13 | I can install plugs-ins | 40 | 28 | 157 | 102 | 2.02 | 0.94 | LP |
| 14 | I can make use of Cochrane Library | 129 | 118 | 43 | 38 | 3.03 | 1.00 | P |
| 15 | I can make use of Health Technology Assessment Database | 15 | 21 | 141 | 151 | 1.70 | 0.79 | LP |
| | Cluster Mean/Standard Deviation | | | | | 3.02 | 0.98 | P |

Decision Rule: 1.00-1.49=NP, 1.50-2.49=LP, 2.50-3.49=P, 3.50-4.00=HP

Table 2 reveals that items 1-15 had mean scores of 3.64 to 1.70 with corresponding standard deviations of 0.81 to 0.79 respectively. Based on the criteria for decision making, it means that the mean scores for items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 and 14 were rated above the cut-off point of 2.5, while item 13 and 15 were rated below the cut-off mark of 2.5. The cluster mean of 3.02 was also above the cut-off point of 2.5. The standard deviations are small. This shows that there is homogeneity in respondents' responses for the items raised. This implies that there are proficient skills possessed by medical practitioners for the utilization of healthcare information resources in public hospitals in Akwa Ibom State. It is important to note that even though the health information resources are not physically present in public hospitals, the medical practitioners have proficient skills in utilizing information resources because they use their phones and personal computers to access the healthcare information resources for effective utilization. This finding is in line with Abdullahi, Buba and Mohammed (2020) which stated that most medical practitioners possess adequate professional skills to effectively use the computer and also utilize healthcare information resources.

**Research Question 3:**

What are the challenges militating against the access to healthcare information resources by medical practitioners in public hospitals in Akwa Ibom State?

The data that provided answer to the research question are presented on Table 3

**Table 3.** Mean Ratings and Standard Deviation of the Challenges Militating Against access to Healthcare Information Resources by Medical practitioners.

| No | Item Description | SA | A | D | SD | XΔ | Decision | |
|---|---|---|---|---|---|---|---|---|
| 1 | Lack of library & information facilities (e.g. library/Internet) | 160 | 97 | 43 | 28 | 3.19 | Agree | |
| 2 | There is lack of information literacy skills (both printed & Internet) | 86 | 180 | 23 | 39 | 2.95 | 0.90 | Agree |
| 3 | There is lack of awareness on available health information resources (printed, non-printed &Internet) among medical practitioners | 81 | 122 | 74 | 51 | 2.71 | 1.00 | Agree |
| 4 | Lack of subscription of e-databases for medical practitioners | 132 | 107 | 54 | 35 | 3.02 | 1.00 | Agree |
| 5 | Lack of functional virtual/electronic library in the hospital | 129 | 118 | 50 | 31 | 3.05 | 0.96 | Agree |
| 6 | Lack of training to use printed resource &e-databases | 58 | 187 | 49 | 34 | 2.82 | 0.84 | Agree |
| 7 | Lack of computers institutionally and personally | 68 | 191 | 47 | 22 | 2.93 | 0.79 | Agree |
| 8 | Poor Internet connection in the office | 54 | 183 | 28 | 63 | 2.70 | 0.96 | Agree |
| 9 | Lack of policy to regulate the use of online health information resource | 66 | 15 | 158 | 89 | 2.18 | 1.05 | Disagree |
| | Cluster Mean/Standard Deviation | | | | | 2.84 | 0.94 | Agree |

Decision Rule: 1.00-1.49=SD, 1.50-2.49=D, 2.50-3.49=A, 3.50-4.00=SA

Table 3 reveals that items 1-9 had mean scores of 3.19 to 2.18 with corresponding standard deviations of 1.05 to 0.84 respectively. Based on the criteria for decision making, it means that the mean scores for items 1, 2, 3, 4, 5, 6, 7, and 8 were rated above the cut-off point of 2.5, while item 9 was rated below the cut-off mark of 2.5. The cluster mean of 2.84 was also above the cut-off point of 2.5. The standard deviations are small. This shows that there is homogeneity in respondents' responses for the items raised. This implies that these are challenges militating against the utilization of health information resources by medical practitioners for effective service delivery in public hospitals in Akwa Ibom State. This finding is in line with Adedoyin and Oyewusi (2015) who found out that lack of information facilities, lack of trained personnel in health information delivery and lack of Internet access were the major challenges impeding the use of healthcare information utilization thereby leading to ineffective service delivery.

**Research Question 4**

What are the strategies of overcoming the challenges militating against access to healthcare information resources by medical practitioners in public hospitals in Akwa Ibom State?

The data that provided answer to the research question are presented on Table 4.

**Table 4.** Mean Ratings and Standard Deviation of the Strategies of Overcoming the Challenges Militating against access to Healthcare Information Resources by Medical practitioners.

| No | Item Description | SA | A | D | SD | Xδ | Decision | |
|---|---|---|---|---|---|---|---|---|
| 1 | Make available library and information (library &ICTs/Internet) facilities to encourage use of printed and online health information resources | 243 | 49 | 15 | 21 | 3.57 | 0.85 | Strongly Agree |
| 2 | Provision of basic information literacy (printed & technology) training to health professionals | 107 | 85 | 17 | 19 | 3.16 | 0.77 | Agree |
| 3 | Create awareness on available printed &online health information resources | 122 | 173 | 13 | 20 | 3.21 | 0.78 | Agree |
| 4 | Maintain continuous provision and subscription of health printed & e-databases | 199 | 81 | 31 | 17 | 3.41 | 0.86 | Agree |
| 5 | Creation of ICT unit in the library especially where there is no e-library, virtual library etc for training medical practitioners on how to access and retrieve printed/online health information | 110 | 181 | 14 | 23 | 3.15 | 0.80 | Agree |
| 6 | Training medical practitioners in utilizing printed/databases | 116 | 194 | 7 | 11 | 3.27 | 0.66 | Agree |

**Table 4.continuation**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 7 | Educate medical practitioners on use of library/ICT based resources | 201 | 102 | 10 | 15 | 3.49 | 0.77 | Agree |
| 8 | Make provision for medical practitioners to use printed materials in office &own their personal computers | 126 | 168 | 16 | 18 | 3.23 | 0.78 | Agree |
| 9 | Making Wi-Fi Internet available to medical practitioners | 113 | 144 | 30 | 41 | 3.00 | 0.97 | Agree |
| 10 | Create policy to implement medical practitioners training in effective service delivery using printed/Internet health Information resources | 133 | 159 | 19 | 17 | 3.24 | 0.78 | Agree |
| | Cluster Mean/Standard Deviation | | | | | 0.80 | 3.27 | Agree |
| | | | | | | | | |

Decision Rule: 1.00-1.49=SD, 1.50-2.49=D, 2.50-3.49=A, 3.50-4.00=SA

Table 4 reveals that items 1-10 had mean scores of 3.57 to 3.00 with corresponding standard deviations of 0.85, 0.77, 0.78, 0.86, 0.80, 0.66, 0.77, 0.78, 0.97 and 0.78 respectively. Based on the criteria for decision making, it means that the mean scores for all the items were rated above the cut-off point of 2.5. The cluster mean of 3.27 was also above the cut-off point of 2.5. The standard deviations are small. This shows that there is homogeneity in respondents' responses for the items raised. This implies that these are the strategies of overcoming the challenges militating against access to health information resources by medical practitioners. This finding relates with that of Kahouei, Alaei, Panahi and Zadeh (2015) which posited that medical practitioners often identify and utilize what they regard as reliable and relevant information from available health information resources.

## Conclusion

Public hospitals are established in Nigeria to meet the health needs of people. This can, however, be achieved if service delivery to the people is effectively rendered by medical practitioners. The access to healthcare information resources by medical practitioners will, no doubt, improve the level of health care delivery and wellness of the people. To achieve the above goals, the public hospitals, through her libraries, usually makes efforts to acquire healthcare information resources relevant to the information needs of medical practitioners who make use of such resources.

In view of the foregoing, public hospitals in Akwa Ibom State, like their counterparts in other parts of the country, have made efforts to encourage their medical practitioners to access the available information resources for effective service delivery.

## Recommendations

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

1. Management of public hospitals in Akwa Ibom State should make readily available and accessible more healthcare information resources in the hospital libraries, effective subscription of health-related databases and awareness of open access journal to increase wider access of these healthcare information resources for effective accessibility by medical practitioners.
2. There should be training and retraining of medical practitioners in Akwa Ibom State's public hospitals on the skills for accessing healthcare information resources and ICT so that the health practitioners can be abreast of the latest happenings in the health sector and gain knowledge for better service delivery.
3. Medical librarians should establish/provide Current Awareness Services and Selective Dissemination of Information to help create awareness of resources available to the medical practitioners in order to enhance their effectiveness in service delivery.
4. Authorities of the public hospitals should ensure that healthcare information resources are acquired from authentic and reliable sources so as to aid medical practitioners in delivering effective services.

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