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A SURVEY OF MOTIVATION AND ORGANIZATIONAL COMMITMENT OF HEALTH INFORMATION MANAGEMENT PRACTITIONERS (HIMPS) IN TERTIARY HOSPITALS IN SOUTH-WEST, NIGERIA

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ABSTRACT
Health Information Management Practitioners (HIMPs) play a crucial role in ensuring the well-being of patients by providing access to accurate and complete health information. This study examined the motivation and organizational commitment of HIMPs in Tertiary Hospitals in South-West Nigeria. The research employed the descriptive survey design. The target population consisted of 830 licensed HIMPs in 10 Teaching Hospitals and Federal Medical Centers in South-West Nigeria. Primary data was collected through a structured questionnaire. The internal consistency level for leadership style was (Cronbach's alpha of 0.726). Validity was ensured through content and face validity assessments, and field editing was conducted to maximise the response rate. Data collection spanned two months, and descriptive analysis techniques such as frequency counts, percentage distribution, mean, and standard deviation as well as linear regression analysis were computed on the data collected for the study based on the formulated research questions and hypotheses. The findings revealed that motivation (Adj. R2= 0.064, p<0.05), and organisational commitment (Adj. R2= 0.033, F (2, 380) = 2.448, p<0.05) significantly predicted quality service delivery of HIMPs in Tertiary Hospitals in South-West Nigeria. In conclusion, the findings revealed an overall high level of motivation and organisational commitment among HIM practitioners in Tertiary Hospitals in South-West, Nigeria. The study recommended that Hospital management should implement motivational strategies such as recognition and rewards systems, career development opportunities, and a supportive work environment that can enhance the intrinsic motivation of Health Information Management Practitioners. The management of the selected hospitals should foster a culture of organizational commitment by providing resources, support, and opportunities for professional growth.

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Keywords: Health Information Management Practitioners, Motivation, Organizational Commitment

Introduction

The delivery of quality healthcare concept is a multidimensional idea which is both complex and subjective. According to Mohammad (2013), the delivery of quality healthcare is continually appealing to the patient through healthcare services that are efficient and effective as per the newest standards and guidelines, to meet the needs of the patients and gratify providers. Delivery of quality healthcare is characterized by attributes like timeliness, availability, affordability, confidentiality, accessibility and responsiveness just to mention a few (Mohammad, 2013). Many developed countries are applying or adopting modern developments in technology, health education, and infrastructure to improve value-driven healthcare delivery (Makinde et al, 2022). This has resulted in an increment in the quality of services provided in healthcare facilities as compared to developing and least developed countries. The United States, for instance, is known to enjoy high levels of quality healthcare although there are financial and insurance complaints amongst the citizens.

The urgent need to improve healthcare quality in Nigeria is of paramount importance, particularly due to the rising number of individuals experiencing preventable deaths and substandard services in healthcare (Awogbamiet al., 2020). In Nigeria, a strategic policy shift in healthcare service provision has led to improvements in the sector, resulting in enhanced service quality (Adedeji, 2021). Several factors contribute to quality service delivery by Health Information Management Practitioners (HIMPs) in developing countries, including the computerization of patients' health information, and access to modern working tools (Awogbami, et al.,2020); (Ugwu, 2021);(Opele, et al., 2019). In addition to patient registration, HIM practitioners are responsible for coding and indexing medical diagnoses and surgical procedures, filing and retrieving patients' health records, providing health data for researchers, and compiling statistical reports for decision-making to facilitate quality service delivery (Omiagbo et al, 2020). These professionals perform better when they are motivated. Motivation is defined as the driving force that compels individuals to act towards achieving their goals(Bauer et al., 2023).

Simply put, motivation can be seen as the state or condition of being induced to act in certain profitable ways to actualize pre-determined set goals or objectives. Motivation is a psychological response that stimulates an individual to contribute the best by way of productivity and performance. Motivation binds the employee to the organization, leading to high commitment and loyalty to one's workplace (Bauer et al., 2023). It is a vital tool for encouraging workers to give their utmost best willingly and enthusiastically towards the actualization of organizational goals while at the same time achieving job satisfaction. In other words, strengthening workplace motivation is a powerful force for employees to achieve set goals. Motivation elicits workers' full participation and commitment to ensure that success is attained in the workplace.

Motivation can either be intrinsic or extrinsic. Intrinsic motivation is derived from within the individual. Intrinsic rewards are those rewards that can be called psychological motivation and examples are the individual achievement of goals, recognition, and receiving appreciation. People are said to be intrinsically motivated when they act because of the attraction or satisfaction associated with a particular activity (Yaya, 2019). Intrinsic motivation is derived from within the individual. Any manager who intends to succeed in the attainment of organizational set goals must be able to incorporate the individual needs of workers into the overall organizational goals. It is believed that poor job performance is imminent when there is a lack of intrinsic motivation, which in turn negatively impacts organizational performance (Yaya, 2019). On the other words, extrinsic motivation relates to carrying out an activity to obtain some distinguishable result rather than engaging in an activity solely for its instrumental value (Hidajat et al., 2020). Employees may find a task intrinsically uninteresting, meaning they may not enjoy doing what they find themselves doing, but earning rewards or circumventing punishments will surely give them some impulse to perform well on the job. Therefore, this type of motivation is also essential for the attainment of success with organizational tasks meant to be performed by employees (Yaya, 2019).

It could be said that the kind of motivation in the workplace either intrinsic or extrinsic may go a long way in determining whether health information management practitioners' level of commitment and loyalty to the hospital management will ensure quality service delivery (Opele, & Okunoye, 2019). An effective organization like a tertiary health institution will ensure there is cooperation and a sense of commitment and satisfaction within the sphere of its influence (Scheepers, 2019). Commitment leads to a positive attitude in the workplace, easy adaptation to changes, and greater creativity. The more committed the employees are, the more contributions they bring, thus the more profitable and successful the business. Commitment is a psychological state characterized by a strong dedication, attachment, and loyalty to a particular person, relationship, organization, goal, or belief (Dewi & Sujana, 2021). It reflects an individual's willingness to invest time, effort, and resources into maintaining and fulfilling their commitments

Commitment can be understood through three dimensions: Affective, normative and continual. Affective commitment refers to the emotional attachment of an employee to his employer (Li, 2018). He or she feels joy or pride in belonging and is prepared to be loyal to his or her employer. Employees derive satisfaction from their work and their colleagues, and their work environment is supportive of that satisfaction. Affective commitment may be considered the most important form of commitment as it has the most potential benefits for organizations (Anggadwita et al., 2020). This reflects commitment based on perceived obligation towards the organization; it describes employees' emotional attachment, identification with and involvement in the organization. Employees with a strong affective commitment stay in the organization because they want to which is rooted in the norms of reciprocity. In other words, employees who have high affective commitment are those who will go beyond the call of duty for the good of the

organization. In recent literature, this form of commitment has also been referred to as 'engagement' and is the form of commitment that is most usually measured by organizations.

Normative commitment arises from a sense of moral or social obligation to fulfil a commitment. It is driven by a belief in the importance of honouring commitments, adhering to social norms, or fulfilling perceived moral duties (Shahnawaz & Jafri, 2009). Individuals with high normative commitment feel a sense of duty and responsibility to fulfil their obligations, even if they may not have a strong emotional attachment or personal benefit (Brimhall, 2021). For instance, a volunteer who continues to contribute time and effort to a charitable organization out of a sense of moral duty and commitment to the cause exhibits high normative commitment. Continuance commitment is based on the perceived costs associated with ending or leaving a commitment. It involves evaluating the investments made in terms of time, effort, finances, or other resources, and considering the potential loss or negative consequences that may occur if the commitment is discontinued (Nwadike, 2020). Individuals with high continuance commitment are more likely to continue their commitment due to perceived necessity or a lack of viable alternatives. They may feel a sense of obligation or fear negative repercussions if they leave. For example, a person who continues a job they dislike primarily for financial stability or out of fear of unemployment demonstrates high continuance commitment.

These three dimensions of commitment are not mutually exclusive and can coexist in varying degrees within an individual or across different commitments. They provide a framework for understanding the complexity and multifaceted nature of commitment, highlighting the emotional, cognitive, and social factors that influence an individual's commitment levels. Organizations, relationships, and individuals can benefit from fostering and nurturing affective commitment while considering the impact of continuance and normative commitment on maintaining long-term commitments. Therefore, achieving high levels of motivation and organizational commitment is crucial. It is assumed that the quality-of-service delivery by Health Information Management Practitioners (HIMPs) depends on work motivation and organizational commitment. Thus, the researcher aims to examine the influence of motivation, and organisational commitment on the quality-of-service delivery by Health Information Management Practitioners (HIMPs) in tertiary hospitals in South-West, Nigeria.

Objective of the study

Specifically, this study is designed to assess;

1. the level of motivation for HIMPs in tertiary hospitals in South-West, Nigeria
2. the level of organisational commitment of HIMPs in tertiary hospitals in South-West, Nigeria?

Research questions

The following research questions guided this research

3. What is the level of motivation for HIMPs in tertiary hospitals in South-West, Nigeria?

4. What is the level of organisational commitment of HIMPs in tertiary hospitals in South-West, Nigeria?

Hypotheses

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

H_{o1}: There is no significant influence of motivation on quality service delivery of health information management practitioners in tertiary hospitals in South-West, Nigeria

H_{o2}: There is no significant influence of organisational commitment on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria

Theory of Motivation (Fredrick Herzberg's Motivator/Hygiene Theory of Motivation 1959)

According to Herzberg, hygiene factors tend to cause only short-term satisfaction to the workers while motivators most probably cause longer-term job satisfaction. Herzberg as well as numerous other behavioural scientists has conducted extensive investigations of the two-factor theory in attempts to either prove or disprove it. While there has been notable acceptance of the theory, there are those who take exception to it and disagree on just what the results of the various investigations mean. Frederick Herzberg's motivation/hygiene theory assumes that one group of factors, motivators, accounts for high levels of job satisfaction and motivation. However, hygiene factors can cause dissatisfaction with work.

Motivators or satisfiers: These are those factors that cause feelings of satisfaction at work. These factors motivate by changing the nature of the work. They challenge a person to develop their talents and fulfil their potential. For example, adding responsibility to work and providing learning opportunities for a person to work at a higher level can lead to positive performance growth in every task a person is expected to do if the possible poor results are related to boredom with the task they are supposed to accomplish. Motivators are those that come from intrinsic feelings. In addition to responsibility and learning opportunities, also, recognition, achievement, advancement and growth are motivation factors. These factors don't dissatisfy if they are not present but by giving value to these, the satisfaction level of the employees is most probably going to grow.

Hygiene factors or dissatisfiers: these are those that the employee expects to be in good condition. As motivators are those that at present cause satisfaction, hygiene factors are those that don't cause satisfaction but, if they are lacking, it causes job dissatisfaction. Salaries or wages must be equivalent to those salaries that other people in a similar industry or geographical area get. The status of the person must be recognized and maintained. Employees must feel that their job is as secure as it is possible in the current economic situation. The working conditions should be clean, sufficiently lit and safe in other ways. A sufficient number of benefits like health, pension and child care must be provided and compensation in general should be equivalent to the amount of work done. Policies and administrative practices such as flex hours, dress code, vacation schedules and other scheduling affect workers and should be run efficiently. These factors relate to the content of the work and if they are in

proper form, it tends to eliminate job dissatisfaction. When hygiene factors are maintained, dissatisfaction can be avoided.

Relevance of the theory to the study: The theory shows that achieving health information management practitioners' quality service in tertiary hospitals in south-west, Nigeria is hanging on the extent to which the motivators and hygiene factors are introduced in the practice of health information management. This is because these factors will either motivate or demotivate the practitioners to work effectively. Hence, its relevance cannot be overemphasized.

Theory of Organizational Commitment by Meyer P. and Natalie J. Allen (1990)

The theory of organizational commitment has been developed and expanded upon by various researchers over the years (Eisenberger et al., 1990). It does not have a single originator or a specific point of development. Instead, it has evolved through the contributions of several scholars. One of the earliest and most influential works on organizational commitment is the three-component model proposed by John P. Meyer and Natalie J. Allen in 1990 (Allen & Meyer, 1990). Their model distinguishes between affective, continuance, and normative commitment as the three dimensions of commitment. The theory of organizational commitment seeks to explain the psychological attachment and loyalty of individuals towards their organization. It proposes that employees' commitment to an organization is influenced by several factors, including their attitudes, beliefs, and experiences within the workplace. Here are some key components and factors associated with the theory of organizational commitment: Affective Commitment: Affective commitment refers to an individual's emotional attachment and identification with the organization. It is characterized by a strong sense of loyalty, pride, and a desire to remain part of the organization. Affective commitment is influenced by positive experiences, supportive work environments, and strong interpersonal relationships within the organization.

Relevance of the theory to study: HIMPs play a significant role in the context of the theory of organizational commitment. Here are some key points highlighting the relevance of HIM practitioners to the theory: Data Collection and Analysis: HIMPs are responsible for collecting, managing, and analyzing healthcare data within a healthcare organization. They play a crucial role in capturing and maintaining accurate and reliable data related to employee attitudes, beliefs, and experiences that influence organizational commitment. By effectively collecting and analyzing data on factors such as job satisfaction, perceived organizational support, and leadership styles, HIM practitioners can contribute valuable insights to understand and enhance organizational commitment.

HIM practitioners are involved in activities related to employee engagement and satisfaction. They monitor and assess employee satisfaction surveys, conduct focus groups, and analyze feedback to identify areas of improvement. By understanding the factors that influence organizational commitment, HIM practitioners can recommend strategies and interventions to

foster a positive work environment, enhance employee engagement, and increase commitment levels. Training and Development: HIM practitioners often contribute to training and development programs within healthcare organizations. They play a role in implementing initiatives that enhance employees' knowledge, skills, and competencies. By providing training on topics such as leadership, communication, and organizational culture, HIM practitioners can contribute to developing a supportive work environment that promotes commitment and motivation among employees.

The theory of organizational commitment emphasizes that individuals must demonstrate effort, relevant knowledge, skills, and abilities (KSA) to effectively carry out their functions and contribute both individually and as part of a team. The commitment of HIM practitioners to their healthcare facility is strategic and holds significant importance. It drives their personal interest, self-development, and the desire to observe, imitate, and model best practices. By reframing the importance of organizational commitment, it becomes evident that HIM practitioners who are highly committed are more likely to go above and beyond their job requirements. They are motivated to continuously improve their knowledge and skills, actively participate in team efforts, and contribute to the success of the organization. This commitment leads to the provision of high-quality service and supports the achievement of healthcare goals and objectives. Therefore, emphasizing and fostering organizational commitment among HIM practitioners is crucial for enhancing quality service. It requires creating a work environment that nurtures commitment, encourages personal and professional growth, and aligns individual goals with the organization's mission. By recognizing the importance of organizational commitment and promoting its development, healthcare organizations can facilitate the delivery of high-quality services by HIM practitioners, ultimately benefiting both the organization and the individuals it serves.

Research Method

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

Presentation of Results

Research question one: What is the level of motivation for HIMPs in tertiary hospitals in South-West, Nigeria?

Table 1: Level of motivation in health information management department in tertiary hospitals in South-West, Nigeria

Items	To a very high level F(%)	To a high level F(%)	To a Moderate level F(%)	To a Low level F(%)	To a Very Low level F(%)	$\bar{x}$	Std. Dev.
Hygiene Factors Dissatisfiers (average mean)						3.66	1.15
I am always satisfied with the supervision in my place of work	121(31.6)	96(25.1)	119(31.1)	34(8.9)	13(3.4)	3.73	1.102
I am always satisfied with my relationship with my boss	120(31.3)	96(25.1)	124(32.4)	31(8.1)	12(3.1)	3.73	1.084
I am always motivated by the organizational policy	123(32.1)	99(25.8)	104()27.2	27 (7.0)	30(7.8)	3.67	1.215
I am always happy with my relationship with co-workers	106(27.7)	119(31.1)	93(21.3)	55(14,4)	10(2.6)	3.67	1.106
I am always satisfied with the organizational working conditions	107(27.9)	117(30.5)	81(21.1)	54(14.1)	24(6.3)	3.60	1.209
I always feel happy with the organizational pay and salaries	102(26.6)	113(29.5)	73(19.1)	80(20.9)	15(3.9)	3.54	1.199
Motivation Factors/Satisfiers (average mean)						3.68	1.31
I am always happy with personal achievement on the job	136(35.5)	111(29.0)	70(18.3)	45(11.7)	20(5.2)	3.78	1.199
I am always satisfied with the work itself	104(27.2)	138(36.0)	66(17.2)	63(16.4)	12(3.1)	3.68	1.132
I am always satisfied with my personal growth and development	139(36.3)	96(25.1)	54(14.1)	68(17.8)	16(6.8)	3.66	1.310
I am always satisfied with the responsibility assigned to me	105(27.4)	125(32.6)	88(23.0)	44(11.5)	21(5.4)	3.65	1.157
I am always satisfied with the recognition accorded me	96(25.1)	139(36.3)	82(21.4)	47(12.3)	19(5.0)	3.64	1.130
I am always satisfied with the rate of advancement on the job	116(30.3)	111(29.0)	82(21.4)	51(13.3)	23(6.0)	3.64	1.211
Grand mean						3.67	1.17

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

Table 1 revealed an overall high level of motivation of HIM practitioners in tertiary hospitals in South-West, Nigeria with a grand mean of 3.67 on the scale of 5-point Likert-type scale. Motivation Factors/Satisfiers was rated higher with a mean score of 3.68 than Hygiene Factors Dissatisfiers having a mean score of 3.66.

About the Hygiene Factors as motivators for HIM practitioners,' always satisfied with the supervision in the place of work' ($\bar{x}$ = 3.73), ' always satisfied with my relationship with my boss' ($\bar{x}$ = 3.73),' I 'm always motivated with the organizational policy' ($\bar{x}$ = 3.67), followed by ''always happy with my relationship with co-workers' ($\bar{x}$ = 3.67), 'always satisfied with the organizational working condition' ($\bar{x}$ = 3.67), and 'always feel happy with the organizational pay and salaries'' ($\bar{x}$ = 3.54) while 'I always feel happy with the organizational pay and salaries' has the lowest mean score of 3.54 on the scale of 5points.

Similarly, the top three rated items of Motivation Factors/Satisfiers include 'always happy with personal achievement on the job' ($\bar{x}$ = 3.78), followed by 'always satisfied with the work itself' ($\bar{x}$ = 3.68) followed by 'satisfied with my personal growth and development' ($\bar{x}$ = 3.66), 'always satisfied with responsibility assigned to me' ($\bar{x}$ = 3.65), 'always satisfied with recognition accorded me' ($\bar{x}$ = 3.64), and 'always satisfied with the rate of advancement on the job' ($\bar{x}$ = 3.64) ranked the least.

Research question four*:* What is the level of organizational commitment of HIMPs in tertiary hospitals in South-West, Nigeria?

Table 2: Level of Organizational commitment in the health information management department in tertiary hospitals in South-West, Nigeria

Organizational Commitment	Very Low Level F(%)	Low Level F(%)	Moderate Level F(%)	High Level F(%)	Very High Level F(%)	$\bar{x}$	Std. Dev.
Affective Commitment (average mean)						**3.43**	**1.17**
I am proud to be a part of this hospital.	36(9.4)	16(4.2)	113(29.5)	134(35.0)	84(21.9)	3.56	1.16
I am willing to put in a great deal of effort beyond what is normally expected to help this hospital succeed.	24(6.3)	49(12.8)	114(29.8)	93(24.3)	103(26.9)	3.53	1.19
I feel a strong sense of belonging to this hospital.	31(8.1)	24(6.3)	117(30.5)	136(35.5)	75(19.6)	3.52	1.12
I am emotionally attached to this hospital.	36(9.4)	27(7.0)	146(38.1)	108(28.2)	66(17.2)	3.37	1.13
I often think about leaving this hospital, but I don't because I would feel guilty.	57(14.9)	40(10.4)	129(33.7)	99(25.8)	58(15.1)	3.16	1.24
Continuance Commitment (average mean)						**3.10**	**1.20**
The costs of leaving this hospital (e.g., loss of benefits, seniority) are too high for me to consider leaving.	24(6.3)	75(19.6)	159(41.5)	79(20.6)	46(12.0)	3.20	1.86
I stay with this hospital because I have invested a lot of time and effort into it.	18(4.7)	76(19.8)	142(37.1)	114(29.8)	33(8.6)	3.18	1.00
I feel that I have too few options outside of this hospital, so I have to stay.	31(8.1)	69(18.0)	126(32.9)	115(30.0)	42(11.0)	3.18	1.10

I am committed to this hospital because I need the job security it provides.	39(10.2)	74(19.3)	142(37.1)	90(23.5)	38(9.9)	3.04	1.11
I would lose a lot if I were to leave this hospital now.	64(16.7)	67(17.5)	121(31.6)	99(25.8)	32(8.4)	2.92	1.20
Normative Commitment (average mean)						**3.14**	**1.17**
I am committed to this hospital because I believe in its values and mission.	39(10.2)	57(14.9)	100(26.1)	119(31.1)	68(17.8)	3.31	1.22
I feel a sense of obligation to remain with this hospital.	42(11.0)	70(18.3)	102(26.6)	125(32.6)	44(11.5)	3.15	1.18
I feel a moral responsibility to continue working for this hospital	37(9.7)	55(14.4)	149(38.9)	96(25.1)	46(12.0)	3.15	1.11
I believe that I must stay with this hospital because of the time and resources they have invested in me.	39(10.2)	54(14.1)	166(43.3)	76(19.8)	44(11.5)	3.08	1.10
I would feel guilty if I were to leave this hospital.	59(15.4)	58(15.1)	135(35.2)	83(21.7)	48(12.5)	3.01	1.22
Grand mean						**3.22**	**1.20**

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

Table 2 indicated an overall moderately high level of organizational commitment of HIMPs in tertiary hospitals in South-West, Nigeria with a grand mean of 3.22 on the scale of 5-point Likert-type scale. Besides, among the three organizational commitments demonstrated by the HIMPs in the selected tertiary hospitals, affective commitment was rated highest with a mean score of 3.43 followed by normative commitment which has a mean of 3.14 while continuance commitment has the lowest mean of 3.10. In addition, with regards to Affective Commitment, the table shows that top among the items being proud to be a part of the hospital ($\bar{x}$ = 3.56), followed by a willingness to put in a great deal of effort beyond what is normally expected to help this hospital succeed. ($\bar{x}$ = 3.53) and feel a strong sense of belonging to this hospital ($\bar{x}$ = 3.52). Others include being emotionally attached to this hospital ($\bar{x}$ = 3.37), and lastly often thinking about leaving this hospital, but I don't because I would feel guilty. ($\bar{x}$ = 3.16) which was ranked last. The table showed that top among the items of continuance commitment with high mean scores include the costs of leaving this hospital (e.g., loss of benefits, seniority) are too high for me to consider leaving ($\bar{x}$ = 3.20), followed by I stay with this hospital because I have invested a lot of time and effort into it ($\bar{x}$ = 3.18), I feel that I have too few options outside of this hospital, so I have to stay ($\bar{x}$ = 3.18). Others include I am committed to this hospital because I need the job security it provides ($\bar{x}$ = 3.04), and I would lose a lot if I were to leave this hospital now ($\bar{x}$ = 2.92). Furthermore, about Normative Commitment, ranked high among its items I am committed to this hospital because I believe in its values and mission. ($\bar{x}$ = 3.31), I feel a sense of obligation to remain with this hospital ($\bar{x}$ = 3.15) and feel a moral responsibility to continue working for this hospital ($\bar{x}$ = 3.15), I believe that I must stay with this hospital because of the time and resources they have invested in me ($\bar{x}$ = 3.08), and lastly, I would feel guilty if I were to leave this hospital ($\bar{x}$ = 3.01). It implies that

most of the practitioners are committed highly to their jobs.

Hypotheses Testing

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

H_{o1}: There is no significant influence of motivation on quality service delivery of health information management practitioners in tertiary hospitals in South-West, Nigeria

Table 3: Regression analysis showing the influence of motivation on quality service delivery of health information management practitioners in tertiary hospitals in South-West, Nigeria

	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
Motivators	B	Std. Error	Beta		
(Constant)	114.925	3.247		35.394	.000
Hygiene factors	0.814	.217	0.283	3.753	.000
Motivation Factors/Satisfiers	0.064	.181	0.026	0.352	.725

a. Dependent Variable: QSD of Health Information Management Practitioners

R square	0. 069	**Df**	2, 380
Adjusted R square	0.064	**Mean square**	3177.553: 224.779
Std. Error for regression estimate	14.993	**F. Statistics**	14.136
The total sum of the squares	91771.034	**P (Statistics)**	0.000

Table 3 reveals that motivation has a significant influence on the quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria (*Adj.* R^2= 0.064, $F(2, 380) = 14.136$, $p<0.05$). The model shows that the linear combination of components of motivation accounted for 6.9% of the quality service delivery of Health Information Management Practitioners in tertiary hospitals in the South-West. This implies that the linear combinations of dimensions of motivation are key determinants of quality service delivery of Health Information Management Practitioners in tertiary hospitals in the South-West.

It also implies a statistically significant relationship between motivation and quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria. Hence, the null hypothesis, which states that there is no significant influence on motivation on quality service delivery of health information management practitioners in tertiary hospitals in South-West, Nigeria is therefore rejected. Hygiene factors ($\beta = 0.814$, $t = 3.753$, $p<0.05$) were shown to have a significant positive influence on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West. On the other hand, Motivation Factors/Satisfiers ($\beta = 0.064$, $t = 0.352$, $p>0.05$) did not reveal a statistically significant positive influence on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria.

The regression model generated from the data in Table 4.7 is:

Regression Model:

QSD of HIMPs = 114.925+ 0.814 (hygiene factors) + 0.064 (Motivation Factors/Satisfiers)+e

H_{o2}: There is no significant influence of organizational commitment on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria

Table 4: Regression analysis showing the influence of organizational commitment on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria

Organizational commitment	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	123.769	5.504		22.487	.000
Affective Commitment	-.439	.386	-.140	-1.137	.258
Continuance Commitment	1.233	.494	.337	2.496	.014
Normative Commitment	-.375	.537	-.108	-.698	.487

a. Dependent Variable: QSD of Health Information Management Practitioners

R square	0. 056	**Df**	2, 380
Adjusted R square	0. 033	**Mean square**	542.936: 221.826
Std.Error for regression estimate	14.894	**F. Statistics**	2.448
The total sum of the squares	91771.034	**P (Statistics)**	0.047

Table 4 discovered that organizational commitment has a significant influence on the quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria ($Adj.\ R^2 = 0.033, F(2, 380) = 2.448, p<0.05$). The model shows that the linear combination of components of organizational commitment accounted for 5.6% of the quality service delivery of Health Information Management Practitioners in tertiary hospitals in the South-West. This implies that the linear combinations of dimensions of organizational commitment are key determinants of quality service delivery of Health Information Management Practitioners in tertiary hospitals in the South-West. It also implies a statistically significant relationship between organizational commitment and quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria. Hence, the null hypothesis, which states that there is no significant influence of organizational commitment on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is rejected. Continuance commitment (β = 1.233, t = 2.496, $p<0.05$) was shown to have a significant positive influence on quality service delivery of Health Information Management Practitioners in tertiary hospitals in the southwest. other determinants affective commitment (β = -.439, t = -1.137, $p>0.05$) and normative commitment (β = -.375, t = -.698, $p>0.05$) did not reveal a statistically significant positive influence on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is rejected. The regression model generated from the data in Table 4.7 is:

Regression Model:

QSD of HIMPs = 123.769+ 1.233 (continuance) -.439 (affective) -.375 (normative) +e

Discussion

The findings from the current study indicated an overall high level of motivation among HIM practitioners in tertiary hospitals in South-West, Nigeria. Results findings from the current study show that the motivation level of HIMPs varied among the different hospitals while being affected by some distinct factors (Pandey, 2018). However, the factors including Motivation Factors (Satisfiers) and Hygiene Factors (Dissatisfiers), which have just a slight difference in their mean scores, thereby suggesting that both factors have comparable significance (Buabeng-andoh, 2019) are the determinant factors for the high level of motivation. HIMPs' overall high level of motivation in the hospitals was expressively associated with both factors nearly with the same significance.

Results from the current study indicated an overall moderately high level of organizational commitment of HIMPs in tertiary hospitals in South-West, Nigeria. Among the three aspects and indicators that make up organizational commitment, affective commitment was rated with the highest mean score, followed by normative commitment, and continuance commitment was rated the lowest. This suggests that all three were able to reflect and shape organizational commitment variables (Arifin & Matriadi, 2022) . In addition, according to the rating, the affective commitment had a substantial and positive impact on the overall level of organizational commitment of HIMPs in tertiary hospitals (Alrubaysh et al., 2022). These findings were corroborated by the findings in a study by Nwani et al (2022).

The findings revealed that motivation has a significant influence on the quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria, which agrees with other several studies (Ghafari, 2019). Furthermore, there is a statistically significant relationship between motivation and quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria. Hence, the null hypothesis, which states that there is no significant influence on motivation on quality service delivery of health information management practitioners in tertiary hospitals in South-West, Nigeria is therefore rejected. Since the null hypothesis: there is no significant influence of motivation on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is rejected, hence, the alternative hypothesis: there is significant influence of motivation on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is accepted.

Furthermore, it was discovered that organizational commitment has a significant influence on the quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria. This comes in agreement with results from several studies. There is a statistically significant relationship between organizational commitment and quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria. Hence, the null hypothesis, which states that there is no

significant influence of organizational commitment on quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is rejected. Since the null hypothesis: there is no organizational commitment to quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is rejected, hence, the alternative hypothesis: there is a significant influence of organizational commitment to quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria is accepted.

Conclusion

The findings revealed an overall high level of motivation among HIM practitioners in Tertiary Hospitals in South-West, Nigeria. It was discovered that organizational commitment has a significant influence on the quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria. In conclusion, this research has shed light on the significant influence of leadership style, motivation, and organizational commitment on the quality service delivery of Health Information Management Practitioners in tertiary hospitals in South-West, Nigeria. The study recommended that the Hospital management should implement motivational strategies such as recognition and rewards systems, career development opportunities, and a supportive work environment that can enhance the intrinsic motivation of Health Information Management Practitioners. Also, the management of the selected hospitals should foster a culture of organizational commitment by providing resources, support, and opportunities for professional growth. This can be achieved through regular communication, feedback mechanisms, and employee involvement in decision-making processes.

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