



Research, communication and education for health information in the New Normal: the pains and gains of COVID-19 in Nigeria

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Dear readers and contributors, welcome to the world of scholarly publications in health records and information management. Unpredictably, the 3rd year of our scholarly publishing, like every other human life and career, has witnessed a lot of setbacks due to the looming effects of COVID-19 pandemic. The Editorial Board of IJHRIM shares in the pains of our readers and contributors, who are infected, suspected or affected in this period of sober reflection. The situation has created a new order of doing business in patients' health records management and health data initiatives. The disease, COVID-19 as shortly referred, is caused by the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) and has rapidly become a global threat¹.

Although the outbreak has exposed weaknesses at individual, professional, scientific and organization levels, it has offered us a chance to rethink, test and work above the ordinary². Obviously, the pandemic has resulted in what can be called the largest disruption of education system in history, affecting nearly 1.6 billion learners in more than 190 countries the world over³. Its impact has affected 94 per cent world's students' population and up to 99 per cent in low and medium income countries (LMIC)^{3,4}. The pandemic has exacerbated the exiting disparities in our education systems between the privileged and the vulnerable; the developed and the developing nations and most importantly, it poses greater

public health threats across the globe³. The pandemic has also affected health workforce globally and in Nigeria, specifically. Health workers cover an estimated 3 per cent of the world population but it is evident that they constituted 14 per cent of all infections with COVID-19⁴.

In Nigeria, most of the schools and colleges responsible for the training of health information management (HIM) professionals were closed during the mandatory lockdown occasioned by the pandemic. In the same vein, the body of HIM in Nigeria under the aegis of the Association of Health Records and Information Management Practitioners of Nigeria (AHRIMPN) could not converge for the usual annual general meeting and scientific conference in the year 2020. This has grossly affected professional communication enjoyed through face-to-face interactions and has reduced such communications to only those we live with⁵. It has also affected research meetings and undertakings as well as journal production, which is usually unveiled at such gatherings.

Nevertheless, the pandemic has stimulated innovations, inventive thinking and brought about major transformations in the way we learn, think, communicate and go about research process. It has guided minds on how to better handle open sharing of research outputs^{3,6-8}. Better still, it has precipitated an unprecedented volume of medical research, identified the important roles HIM

professionals have to play as researchers, research team members and as members of health research ethics committee i.e. Institutional Review Boards (IRB)⁹. It has forced our ability to cope with unknown technologies and has engendered information technological consciousness among healthcare professionals within a very short time⁶. We now have less interaction with people and spend more time on Zoom, Skype, Edmodo, Google drive and other mediated platforms⁵. These technologies have also fundamentally changed the dynamics of interaction between healthcare providers and consumers and even, in the way health care service is delivered¹⁰.

The pandemic has changed the way other colleagues in the health sector recognize and appreciate the status and roles of HIM professionals as front-line health workers in the comity of healthcare professionals in the Nigerian health care systems. Their roles in maintaining and promoting the tenets of medical confidentiality become more recognized and appreciated in the wake of this pandemic⁹. In terms of HIM education and research, prominent schools of HIM across the six geopolitical zones of the country deployed the emerging technologies during the mandatory lockdown at the height of the pandemic. Noteworthy to say is that henceforth, the technologies have come to stay even, beyond the lockdown period. Similarly, the Editorial Board of IJHRIM opened a new and more effective relationship with Cademy Research Network to efficiently and effectively manage the publishing processes. Notable among the outcomes of our contractual relationship was a Web Conference on Hospital Data Management & Analytics held in October 2020, which was a product of the tripartite collaboration of AHRIMPN, Health Records Officers' Registration Board of Nigeria and Cademy Research Network. A second conference as a result of this collaboration is proposed for 2nd Quarter of 2021. Most importantly, this collaborative effort has culminated in a journal publishing contractual agreement such that will make our research outputs more visible online.

In this 3rd edition, Adeleke *et al* focus on clinicians' burnouts in relation to EMR use, Anifowose discusses education for HIM professionals and Afolabi & Adepoju assess professional and industrial relationships of HIM professionals¹¹⁻¹³. Similarly, Salahu identifies the effects of health illiteracy among health care consumers, Adebayo *et al* looks into their satisfaction regarding service waiting time and Amin *et al* narrate a 10-year analysis of leading causes of hospital morbidity and mortality in a metropolitan city in Nigeria¹⁴⁻¹⁶.

On a pleasant note, the Editorial Board of IJHRIM wishes to congratulate our Editorial Consultant, Dr B. M. Oweghoro on his academic attainment of Ph.D. in Medical Statistics. The Board also identifies with one of our Editorial Advisors, Dr K. O. Adepoju, over his appointment as a Senior Lecturer with Ondo State University of Medical Sciences, Ondo, Southwest, Nigeria. Finally, the Editorial Board of IJHRIM congratulates the Editorial Board of the Health Information Management Journal (HIMJ) under the amiable leadership of our own International Editorial Advisor, Dr Kerry Robinson of Melbourne, Australia on the Golden Jubilee of the journal in scholarly publishing.

With all pleasure, Happy Golden Jubilee to HIMJ, to Health Information Management Association of Australia (HIMAA) and to HIMJ Editorial Board under Dr Kerry Robinson.

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