



## Perspectives

### Education and training for health information management in Nigeria: a lecturer's experience

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#### ABSTRACT

**Background/Objectives:** This paper sought to examine education and training for health records and information management in Nigeria from a lecturer's experience. **Methods/Design:** It x-rays the travails and challenges faced by trainers and trainees and the pragmatic approach with which trainees are being managed. The training is not just to make trainees have basic instructions in health records and information management (HRIM) but, to adequately equip them with specific skills to be able to operate seamlessly in the field. This is in order to plan, develop, implement, evaluate and manage health information systems, including clinical and administrative data, and healthcare records in healthcare facilities and other types of organizations in the world over. **Results:** Challenges affecting HRIM education in Nigeria include poor funding, lack of adequate physical and technological infrastructure, obsolete technological environment, inadequate human resources, apathy to research and publication, poor trainers' motivation and lack of commitment to academic excellence due to the rot in the society. **Conclusion:** Government needs to adequately fund the training schools so that they can meet up with the current technological innovations and trends in today's HRIM practice as quality education and training for HRIM cannot be achieved in the absence of ICT. Regulatory bodies are required to help in the maintenance of quality standards of training, and they need to formulate policies that will make graduates of HRIM easily absorbed into work environment. This will remove the apathy people generally have towards choosing HRIM as a course of study in life. Traditional HRIM educators should show concern for research and publications and eLearning techniques and avail themselves of opportunities to enhance their teaching skills, techniques and evaluation methods. The trainees on their part should inculcate the principle of hard work, commitment and honesty during the period of training so that they can attain proficiency and competence in their chosen profession.

**Keywords:** Education, health information management, learning, research, training, Nigeria

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#### INTRODUCTION

Education is usually intended to mean basic instructions in knowledge and skills designed to enable people to make the most of life in general. It is personal and broadly-based. Training, on the other hand, implies preparation for an occupation for specific skills; it is narrower in conception than education; it is job oriented rather than personal. Education and training for health records and

information management HRIM in Nigeria is well over 40 years now and it is not just to provide trainees with basic instructions in the field but, to adequately equip learners with specific skills to be able to operate in the practice seamlessly. This is in order to plan, develop, implement, evaluate and manage health information systems, including clinical and administrative data, and healthcare records in healthcare facilities and other types of

organizations. The HRIM professional combines knowledge of healthcare by analyzing processes, healthcare records, information management, health administration, quality improvement processes, clinical classification and human resource management, to provide services that meet the medical, legal, ethical, administrative and reporting requirements of the healthcare delivery system<sup>1</sup>. This is by no standard a mean job or responsibility hence, adequate attention should be given to education and training for HRIM. These professionals need to expand their knowledge and skills in order to support health information needs of all healthcare professionals. According to Krumholz, using big data in clinical science, population health and clinical research requires new data sources, new training, new tools and new thinking<sup>2</sup>. Challenges in doing so are current major gaps in the existing quality and quantity of data as well as issues of privacy related to sharing of this data. As roles in HRIM expand, so do curricula and knowledge base need to accommodate these. Having ability to specialize through curricula that is more flexible and responsive to changing industry needs will allow educators and graduates to be prepared to fill these new roles.

Health records and information management at its core represents all the activities associated with the collection and management of health information in all settings across the health care spectrum, in relation to all recipients of healthcare and for multiple purposes to support the healthcare ecosystem. In carrying out this core function especially, in these days of health care dynamism, education and training for HRIM in Nigeria must be well packaged in such a manner that trainees are sufficiently equipped to face the challenges in today's HRIM practice. Before now, HRIM profession was not clearly defined and not recognized as such in Nigeria, and for any profession to be recognized and the practitioners to

be able to identify with the profession; a clear statement of knowledge and skills is highly required. One way to define the knowledge and skills is through competencies. The new role of HRIM professional should increase the opportunities for specialization across all levels of HRIM academics spectrum through curriculum revision, while retaining a broad foundation in HRIM and analytics.

### **A curriculum review to support specialization**

Krumholz opined the needed skills should inform curriculum requirement for qualifications in the profession, and practitioners should be assessed against them<sup>2</sup>. However, what do we have today in Nigeria for education and training in HRIM? Like any other education and training in other fields of endeavour in Nigeria, HRIM has also been through many thick and thins. These range from problems of the trainees to the trainers, a shift from the traditional manual method of records keeping to the electronic method and the systemic problems of the country. If properly looked into, all of these could be taken care of and the nation can be bold to say she has a qualitative, standardized, up-to-date and highly competitive education and training for HRIM.

### **Travails, challenges and concerns**

The language of specialization and digitization is the trending thing today but then, we are lagging behind in some of our schools of health information management in Nigeria. Although the current curriculum being used in our training schools has been relatively structured to accommodate globally trending and relevant courses in the field, experience has shown that many of these courses are taught as theories and trainees found it difficult to translate into professional realism. Technology has made a huge impact on health care data management. For example, in the wake of the deployment of EHRs

to improve quality access, the role of HRIM professionals has evolved. Information interoperability, improved security and improved quality of care have broadened their roles and knowledge requirements. A study supports the need for HRIM technology as a path to improved care transitions<sup>3</sup>. Similarly, Goddard *et al.* indicates that a transition has taken place from merely providing data to providing information or knowledge, which allow for improved decision making and emerging data roles for HRIM such as data analyst and others<sup>4</sup>.

Globalization and advances in ICT has made impacts on healthcare through tele-health and health information exchange, allowing access to new knowledge that can improve health care<sup>5</sup>. In Nigeria of today, there are still number of schools of HIM with trainers who graduated in the analogue ages and who dare not to update and upgrade their knowledge and skills to meet up with the technological advancement and be abreast of global trends. Many HRIM professionals are not also ready for the inevitability of changes and its attendant challenges. No individual can give what he or she does not have. This attitude of the trainers is definitely affecting adversely, training and education for HRIM. In addition, there is gross inadequacy in funding of our training schools. Many of these schools are either not being funded or are poorly funded by the managements of the schools hence, many are void of adequate technological and physical infrastructure. How do you train students in this age in the absence of ICT equipment, incessant power outages without alternative source of power supply? A situation like this is typical of many of our SHIMs. Authorities in many of our SHIMs do neither make budget for, nor release funds, for equipping, maintenance and regular upgrade (needed as a result of frequent and continuous upgrade of operating systems, application packages and even

hardware in today's technology) of the institutions. This has led in most cases, to lecturers in such schools, operating in a non-conducive and obsolete technological environment- an environment that is inimical to learning the current digitization and electronic processes in HRIM of today.

When individual lecturer upgrades himself and he is current, but the enabling environment is not there for him to impart the students, he makes do with what is available. At times, some lecturers in SHIMs have had to use own personal equipment to teach the students, take them to environments outside the school where the students can be imparted. There is also a limit to this because, the same management that does not want to spend money on SHIMs ends up over establishing admission population at times; leaving lecturers with heavy responsibility of carrying many students along. This is a very cumbersome thing to do, which also leads to inadequate training and poor learning outcome.

It has been observed over the years, that there are three categories of students in our SHIMs. The first are the ones who are there not by their choice. They are there not because they have passion for the course but, they have sought for admissions in some other courses and were denied. In some cases, the Schools pushed them into the department because they have reached capacity for admission in other programme of the School, so they have no choice. The second category are persons who are already working in some places before, without formal training in health records and information management, or other departments but want to convert to a health department (a clear evidence of boundary crossing, role substitution or quackery)<sup>6</sup>. In this category are many advanced persons in age, all they want is the certificate. The final category is the ones who came to School by choice from my personal experience. They are not usually many probably about 20% to 25% of the

admission population. With this scenario, it has become increasingly difficult to get the best out of this crop of mix up of students. Over the years, with Divine intervention, patience, endurance, understanding, proper counselling, guidance, positive orientation, induction and show of love for the practice, we have been able to win some over and they are happy they gave it what it takes. A few of them now work in some of our federal institutions.

Our SHIMs are not also immune against the general and fast decline in the principle of hard work, discipline and dedication to a course of action. A systemic disease, which is symptomatic of the extreme rot in our society that makes the whole system of education and training stink of putrid odours of laziness, reckless and massive nonchalant attitude of both students and teachers. They aid and abate examination malpractice and all forms of corrupt practices, a scary monster to our educational development. We have tried over the years to reward hard work, honesty and punish commensurately, persons who have erred because if these are not done, we will not learn from people's mistakes and some may be discouraged from doing what is right if offenders are left unpunished. In those days, it is only the public or government schools that are front liners of education and training for HRIM. Today, it is no longer so as many private institutions have sprang up and one wonders about their quality and standards both in physical, technological, infrastructural, human and accreditation status. Most of these private for-profit institutions cannot maintain a complement of sound trainers. In line with this, it has been observed that the Health Records Officers' Registration Board of Nigeria (HRORBN), the regulatory body in recent times, has fanned to flame again the issue of accreditation and re-accreditation of SHIMs. During this exercise, we are able to mount pressure on the

respective management to provide needed materials or upgrade the existing system. We got some of the needs this way.

Furthermore, the issue of poor motivation of lecturers by the employers is another source of concern in education and training for HRIM in Nigeria. This has made some of us to throw caution into the wind. We have replaced objectivity, selflessness and passion for our duty as educators and trainers for subjectivity, selfishness and lack of passion; a condition that has greatly and adversely affected our output. Unemployment is a big challenge in Nigeria of today. Many graduates of HRIM are not gainfully employed. There are students trained as far back as early 2000 and still do not have work up until now despite the fact that they have upgraded themselves academically so as to fit in to the new roles of HRIM personnel. In situations like this, others outside will not come in to the profession and the ones inside will jump out by probably change their line of training into what they think will put food on their table.

## **Conclusion**

There are many challenges facing health records and information management in the world over today, and education and training in Nigeria is not different as it is going through a lot of challenges in an atmosphere of current change which has affected it both negatively and positively. Nevertheless, if the stakeholders are able to rise to the occasion, it is certain that we can adapt to the change, the profession becomes more recognized and valued throughout the healthcare system, knowing full well that quality and effective HRIM is critical to the provision of quality healthcare. Decisions about diagnoses, treatments, medications, preventive health, and all aspects of healthcare depend on accurate health information being available at the right time to the

right healthcare provider about the right patient. Healthcare is data and information rich. The amount of healthcare data created and needed to be managed and used on a daily basis is enormous. There is no time like the present, for HRIM profession and professionals to be recognized as the experts in HRIM and as an important part of the healthcare. Therefore, we must passionately give quality attention to the issues of education and training for HRIM in Nigeria.

**Recommendations:**

- i. Educators and trainers of HRIM should be given more opportunity to strengthen them in teaching techniques and evaluation methods.
- ii. Traditional HRIM educators should have more concerns for research and scholarly publications and e-learning techniques. The new scholarly journal – IJHRIM provides an opportunity to achieve more of these.
- iii. Emphasis should be on competence that is characterized by diverse depth of knowledge and skills that a HRIM professional needs to master across the continuum from entry point to being an advanced or expert practitioner.
- iv. Educator and trainers should keep up to date with ICT, current technology and e-health development.
- v. They should embrace the diversification in HRIM profession.
- vi. Regulatory bodies should continue to maintain training standards for training schools, with an extension to services areas.
- vii. Regulatory bodies and concerned stakeholders should enact policies that will make graduates of the profession to be easily absorbed into work environment.
- viii. HRIM training should be fully integrated into our conventional universities.
- ix. Nigeria government needs to be ready to make fund available for physical and technological infrastructure in our SHIMs.
- x. Educators and trainers should be available both in quality and in quantity in all our training schools and they should be positively motivated.
- xi. Mandatory continuing professional development education for HRIM personnel.
- xii. Our training should be both theory and practical based for competence to be attained.

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