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Perceived Impact of Quackery in Health Information Management (HIM) on the Quality of HIM Practices in Selected private hospitals in Southwest Nigeria

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ABSTRACT

Quackery in health information management (HIM) poses a significant threat to healthcare quality, patient safety, and data integrity. Despite its prevalence, there is a lack of research on the impact of quackery on HIM practices in Nigeria. This study investigates the perceived impact of quackery on HIM practices in selected private hospitals in Southwest Nigeria, identifying the causes and effects of quackery and its relationship with healthcare quality. A descriptive research design was employed, with a total enumeration sampling technique used to select 110 HIM workers from 15 private hospitals. A structured questionnaire was used to collect data, which was analyzed using descriptive and inferential statistics. The study reveals a moderate to high level of quackery in HIM practices, with unqualified personnel occupying critical roles. The causes of quackery include limited public awareness, corruption, and inadequate adherence to accreditation standards. The effects of quackery on HIM practices include compromised data integrity, patient safety, and healthcare quality. The study highlights the significant impact of quackery on HIM practices, emphasizing the need for strengthened regulatory enforcement, capacity building, public awareness campaigns, and enhanced workforce planning to address the challenges posed by quackery. The study recommends stricter adherence to professional standards, improved workforce planning, and enhanced public awareness to reduce the prevalence of quackery in HIM roles and improve healthcare quality in Nigeria.

Keywords: health information management, quackery practices, healthcare quality

INTRODUCTION

The proliferation of quackery in health information management (HIM) presents a significant threat to the integrity and reliability of health information systems. Quackery, which involves individuals falsely claiming expertise or credentials in healthcare-related fields without proper training or licensure, undermines the principles of quality assurance and patient safety. The proliferation of quackery in health information management, much like in the nursing profession, can be attributed to several factors. These

include the greed and selfishness of some professionals seeking to maximize profits in private healthcare facilities, a lack of political will and adequate investment in the health sector, weak enforcement of regulations and insufficient supervision by relevant professional bodies, as well as widespread ignorance and misinformation about the profession. These challenges undermine the credibility of health information management, compromise the quality of services delivered, and threaten the integrity of the healthcare system as a whole (Aborode, 2021).

High-quality health information is essential for shaping clinical decision-making, healthcare policies, and public health interventions. Accurate and reliable health information serves as the foundation of evidence-based practice, enabling healthcare professionals to make informed decisions and empowering patients to actively participate in their care. However, quackery introduces distortions, inaccuracies, and biases into health information, thereby compromising its reliability and validity (Amir-Azodi, 2024).

Health Information Management encompasses the systematic organization, maintenance, and utilization of health data to support effective healthcare delivery, administrative functions, and decision-making within healthcare organizations (AHIMA, 2020). It ensures the accuracy, accessibility, and security of health information, thereby facilitating quality care and improved patient outcomes. HIM involves the collection, storage, analysis, and dissemination of health-related data from various sources, such as electronic health records (EHRs), diagnostic images, and administrative documents (Gliklich, 2019; Popescu, 2022). By employing standardized coding systems, classification schemes, and information management technologies, HIM professionals transform raw data into actionable knowledge that informs clinical decisions, healthcare planning, and policy development (Adeleke, 2015).

The scope of HIM extends beyond data management to include privacy and security compliance, health information exchange, quality assurance, and health informatics (AHIMA, 2020). HIM professionals play a crucial role in safeguarding patient privacy and confidentiality, ensuring regulatory compliance, and mitigating risks associated with data breaches and unauthorized access (Shojae, 2024). Furthermore, HIM supports healthcare analytics and research by providing insights into disease patterns, treatment outcomes, and population health trends, thereby facilitating evidence-based practice and public health initiatives (Batko, 2022).

Quackery in healthcare involves fraudulent or deceptive practices by individuals falsely claiming medical expertise or credentials, often leading to misinformation and exploitation of vulnerable individuals seeking care (Barrett & Jarvis, 1993). In the realm of HIM, quackery can manifest as the fabrication or falsification of health records, dissemination of false information through EHRs or patient portals, and manipulation of health data for personal gain (D'Alessandro & Kahn, 2017). Quackery significantly undermines health information management practices, leading to misfiling and misplacement of patient case notes, documentation errors, breaches of confidentiality, and duplication of records. It tarnishes the profession's image, causes patient dissatisfaction, erodes confidence in the department, and creates challenges in meeting accreditation standards. Additionally, it promotes unauthorized role substitution and results in poor-quality health data, ultimately jeopardizing effective healthcare delivery and decision-making (Ifejirika, 2023). These actions compromise data integrity, hinder clinical decision-making, and erode trust in healthcare systems and professionals (Zarour, 2021).

The impact of quackery in HIM extends to public health, where misinformation and disinformation can perpetuate harmful practices, exacerbate health disparities, and undermine disease surveillance and public health campaigns (Amir-Azodi, 2024). Despite the significance of these issues, research on the specific effects of quackery within HIM remains limited. By examining its impact on health information quality, this study aims to inform policy development, professional standards, and educational initiatives to mitigate the effects of quackery on health information integrity.

Quackery often thrives due to gaps in workforce planning and development. Inadequate planning results in the recruitment of unqualified individuals into the HIM workforce, thereby jeopardizing data quality and patient safety (Adeleke, 2019). Skilled HIM professionals are critical to a well-functioning healthcare system, yet poor workforce planning undermines the availability of qualified personnel. Quackery in HIM

contributes to unethical practices such as breaches of confidentiality, unauthorized data access, and patient dissatisfaction, leading to medical errors and compromised data quality (Adeleke, 2019).

The implications of quackery and unethical practices in HIM are far-reaching. They can result in incorrect diagnoses, inappropriate treatments, and mismanagement of patients, potentially leading to irreversible harm or loss of life (The Nation Newspaper, 2019). Addressing this issue requires robust workforce planning, stricter regulatory enforcement, and enhanced education to ensure a qualified HIM workforce capable of maintaining the integrity of health information systems (Al Kiyumi, 2016).

Statement of Problem

Quackery in healthcare poses a significant challenge across all professions, particularly in Health Information Management (HIM), where it threatens data integrity, patient privacy, and overall healthcare quality. Despite efforts by regulatory bodies like the Association of Health Records and Information Management Practitioners of Nigeria (ARIMPAN) and the Health Records Officers' Registration Board of Nigeria (HRORBN), unqualified individuals continue to infiltrate HIM roles in many healthcare institutions. These individuals, lacking the requisite training and ethical grounding, contribute to breaches of confidentiality, compromised patient privacy, and the generation of unreliable health data, leading to administrative inefficiencies, medical errors, and patient dissatisfaction (Peter, 2020).

While the HIM profession's code of ethics explicitly condemns quackery, gaps in enforcement and oversight have allowed its persistence (Peter, 2020). Limited research exists on the prevalence and patterns of quackery in HIM, the effectiveness of regulatory frameworks, and the institutional factors that enable its practice. Additionally, the specific impact of quackery on patient care, data accuracy, and healthcare delivery remains underexplored. This study aims to address these gaps by examining the scope of quackery in HIM, assessing current regulatory measures, and evaluating its consequences on healthcare systems. The findings will inform targeted interventions to uphold the professionalism and integrity of HIM practice.

Objectives of the study

The general objective of this study is to investigate the perceived impact of quackery in Health Information Management (HIM) on the quality of HIM practices in selected private hospitals in Southwest Nigeria. The specific objectives are to:

1. Assess the prevalence of quackery in health information management within selected private hospitals in Southwest Nigeria.
2. Identify the underlying factors contributing to the emergence and persistence of quackery in HIM practices in these hospitals.
3. Evaluate the impact of quackery on the quality and effectiveness of HIM practices in the selected private healthcare facilities.

Research Hypothesis

H₀: Quackery in health information management has no significant effect on the quality of health information management practices.

Theoretical Framework

Rational Choice Theory

Rational Choice Theory, also known as Choice Theory or Rational Action Theory, is a framework for understanding and modeling social, economic, and individual behaviors, widely used in disciplines such as microeconomics, political science, sociology, and philosophy. Popularized by Nobel Laureate Gary Becker in 1976, the theory posits that individuals make decisions by evaluating the potential benefits and costs to achieve the best overall outcome (Elster, 1989) in (Ogu, 2013). Applied to quackery, the practice of fraudulent or unqualified medical care, this theory suggests that individuals may engage in quackery because it offers perceived high rewards, such as financial gain or social recognition, while requiring minimal investment in formal education or credentials. The limited enforcement of regulations in some areas further reduces the perceived risks, making quackery an appealing choice for those seeking quick success.

Strain Theory

Robert K. Merton's Classic Strain Theory (1938) explains deviant behavior as a response to the strain caused by the inability to achieve socially valued goals through legitimate means. Merton argued that while society encourages the pursuit of success, individuals from disadvantaged backgrounds often lack access to the resources, education, and opportunities needed to achieve these goals lawfully (Jang, 2015). Applied to quackery, the practice of fraudulent or unqualified medical care, this theory suggests that individuals may resort to quackery as a response to the strain of being unable to attain the status and financial rewards of a medical professional through formal education and qualifications. The disparity between their aspirations and the barriers they face creates a pathway for deviance as an alternative to legitimate practice.

The Theory of Planned Behavior

The Theory of Planned Behavior (TPB), derived from the Theory of Multi-attribute Attitude (TMA) and the Theory of Reasoned Action (TRA) by Ajzen and Fishbein (1973), is a social-psychological framework for understanding and predicting human behavior. It posits that behavior is influenced by intention, which is shaped by three key factors: attitude (positive or negative evaluations of the behavior), subjective norms (social pressures or normative beliefs), and perceived behavioral control (belief in one's ability to perform the behavior). Ajzen (1985) expanded TRA by incorporating perceived behavioral control to account for external and objective circumstances impacting behavior (Zhang, 2018). Applied to quackery, the practice of fraudulent or unqualified medical care, TPB suggests that individuals engage in quackery when they perceive societal tolerance or demand (subjective norms), view the practice as beneficial or necessary (attitude), and feel confident in their ability to perform medical procedures without formal qualifications (perceived behavioral control).

RESEARCH METHODOLOGY

The study adopted a descriptive research design to explore quackery practices in health information management within selected private hospitals in Southwest Nigeria. The entire population of 110 workers in health information management units from 15 hospitals was included using a total enumeration sampling technique, as the relatively small population size made it suitable for comprehensive coverage. A structured questionnaire was used as the research instrument, divided into four sections: socio-demographic data, level of quackery, causes of quackery, and effects of quackery on health information management practices. The validity of the instrument was ensured through expert review and pretesting, while reliability was confirmed using the Cronbach alpha test, yielding satisfactory values above 0.60 for all sections.

Data collection involved direct administration of the questionnaire to respondents during their leisure time, with retrieval at an agreed time. Ethical considerations were observed through informed consent, confidentiality, and anonymity. Data analysis was conducted using descriptive and inferential statistics, including frequency counts, percentages, means, standard deviations, and regression analysis, aided by SPSS version 20. The study adhered to ethical guidelines, ensuring voluntary participation and providing clarity on the study's purpose to hospital authorities and participants.

RESULTS AND DISCUSSION OF FINDINGS

Section A: Socio Demographic Profile of Respondents

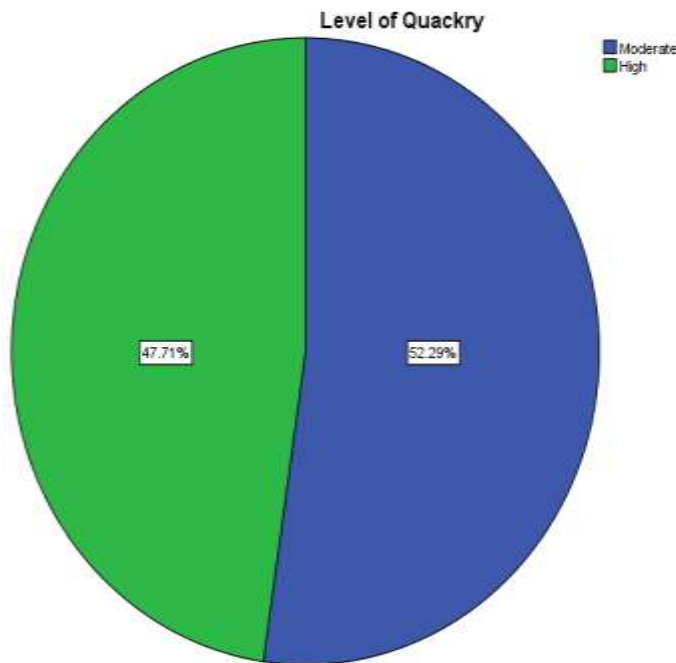
VARIABLE	FREQUENCY	PERCENTAGE (%)
Gender		
Male	45	41.3
Female	64	58.7
TOTAL	109	100
Age		
20-25yrs	73	67.0
26-30yrs	29	26.6
31-35yrs	3	2.8
36-40yrs	2	1.8
41yrs and above	2	1.8
TOTAL	109	100
Marital Status		
Single	11	10.1
Married	98	89.9
Divorced	0	0
TOTAL	109	100
Qualification		
OND/PD	39	35.8
Hnd/Bsc	68	62.4
Msc	2	1.8
P.Hd	0	0
TOTAL	109	100
Designation		
Nursing	20	18.3
Health Records Officer	34	31.2
Community Health Officer	55	50.5
TOTAL	109	100
Religion		
Christianity	99	90.8
Islam	10	9.2
Traditional	0	0
TOTAL	109	100
Tribe		
Yoruba	107	98.2
Hausa	2	1.8
Igbo	0	0
Others	0	0
TOTAL	109	100

The socio-demographic characteristics of the respondents are crucial in understanding the context of quackery practices in health information management within selected private hospitals in Southwest Nigeria. The study revealed that most respondents were female (58.7%), aged 20–25 years (67.0%), and predominantly married (89.9%), suggesting a youthful, responsible workforce. A significant proportion held HND/BSc qualifications (62.4%), which indicates a fairly educated group capable of understanding and addressing professional standards. Community Health Officers were the largest designation group (50.5%), reflecting their dominance in private healthcare facilities. The dominance of Christianity

(90.8%) and Yoruba ethnicity (98.2%) underscores the cultural and religious homogeneity of the study area, which may influence perceptions and practices regarding quackery. These characteristics provide a foundation for analyzing the prevalence, causes, and effects of quackery, as well as tailoring interventions to address the issue effectively.

Section B: The level of quackery practice in health information management in selected private hospitals in Southwest Nigeria

PARAMETERS	Yes F(%)	No F(%)
Are you the officer in charge of health records unit of this hospital?	69(63.3)	40(36.7)
Are you a health information management professional?	34(100)	Others(75)
If yes, kindly state your qualification?		
ND/PD	15	44.1
HND/Bsc	19	55.9
Msc	0	0
PhD	0	0
If no, kindly state your designation?		
Community Health Officer	55	73.3
Nursing Officer	20	26.7
Medical Officer	0	0
Others	0	0
Are you aware that it is unlawful for non-health information practitioners to carry out documentation of patient biodata and other activities related to health records keeping	100(91.7)	9(8.3)
Is the unit accredited by Health Records Board?	84(77.1)	25(22.9)



The study on quackery practices in health information management within selected private hospitals in Southwest Nigeria reveals a concerning level of non-compliance with professional standards. The pie chart indicates that the level of quackery is moderate in 52.29% of cases and high in 47.71%, showing that nearly half of the health records units operate at a concerning level of quackery. The table further highlights the issue, as only 63.3% of respondents reported being officers in charge of the health records unit, and only 34% identified as health information management professionals. Among those professionals, 55.9% had HND/BSc qualifications, while the remaining 44.1% held ND/PD, with no representation from higher academic tiers like MSc or PhD.

Additionally, the majority (73.3%) of non-health information professionals managing documentation were Community Health Officers, followed by Nursing Officers (26.7%). While 91.7% of respondents acknowledged that it is unlawful for non-health information practitioners to manage patient documentation, only 77.1% of the units were accredited by the Health Records Board. These findings underscore the prevalence of unqualified personnel in critical health information management roles and highlight the urgent need for regulatory enforcement and professional capacity building to ensure accurate and lawful documentation practices.

Section C: The causes of quackery in health information management practices in selected private hospitals in Southwest Nigeria

PARAMETERS	SA F (%)	A F (%)	D F (%)	SD F (%)	Mean	Rel Mean	Std Dev
Limited public awareness about the importance of accredited health information management practices may lead to patient ignorance or indifference towards the qualifications of healthcare providers.	71(65.1)	34(31.2)	4(3.7)	0	2.2194	0.9692	0.6373
Corruption in health care	43(39.4)	55(50.4)	9(8.3)	2(1.8)	2.2516	0.9832	0.6605
Professional Encroachment	29(26.6)	66(60.6)	8(7.3)	6(5.5)	2.1935	0.9691	0.6847
Private hospitals may lack accreditation standards or fail to adhere to recognized accreditation bodies' guidelines for health information management practices.	44(40.4)	59(54.1)	2(1.8)	4(3.7)	2.3290	1.0170	0.6753
Inadequate regulatory frameworks and enforcement mechanisms may contribute to the proliferation of quackery in health information management practices.	46(42.2)	56(51.4)	3(2.8)	4(3.7)	2.2903	1.0001	0.6642
Economic pressures and cost-cutting measures within private hospitals may incentivize the hiring of lower-cost, underqualified staff to perform health information management duties	31(28.4)	72(66.1)	4(3.7)	2(1.8)	2.4452	1.0677	0.5482
Cultural attitudes and societal acceptance of alternative healthcare practices may perpetuate the presence of quackery in health information management.	38(34.9)	58(53.2)	11(10.1)	2(1.8)	2.2903	1.0001	0.6642

The findings on the causes of quackery in health information management practices in selected private hospitals in Southwest Nigeria highlight several key factors. Limited public awareness about the importance of accredited health information management practices emerged as a significant issue, with a relative mean score of 0.9692 and 96.3% of respondents agreeing or strongly agreeing. Similarly, corruption in healthcare (mean = 2.2516, rel. mean = 0.6605) and professional encroachment (mean =

2.1935, rel. mean = 0.6847) were identified as contributing factors, with over 85% of respondents acknowledging these issues. The lack of adherence to accreditation standards by private hospitals also plays a critical role (mean = 2.3290, rel. mean = 0.6753), as 94.5% of respondents agreed or strongly agreed that such lapses foster quackery.

Additionally, inadequate regulatory frameworks and enforcement mechanisms were noted as a major challenge (mean = 2.2903, rel. mean = 0.6642), as were economic pressures within private hospitals that incentivize the hiring of underqualified staff (mean = 2.4452, rel. mean = 0.5482). Cultural attitudes and societal acceptance of alternative healthcare practices were also highlighted (mean = 2.2903, rel. mean = 0.6642), with 88.1% of respondents agreeing or strongly agreeing. These findings underscore the multifaceted nature of quackery in health information management, emphasizing the need for public awareness campaigns, stricter regulatory enforcement, and accreditation compliance to curb its prevalence.

Section D: The effects of quackery on quality of health information management practice in selected private hospitals in Southwest Nigeria

PARAMETERS	SA F (%)	A F (%)	D F (%)	SD F (%)	Mean	Rel. Mean	Std Dev
Compromised Data Integrity Average Relative Mean						.9656	
Lack of confidentiality of patient health information	39(35.8)	61(56.0)	9(8.3)	0	2.6000	1.1158	0.7350
Quackery undermines the accuracy of patient health information	51(46.8)	48(44.0)	4(3.7)	6(5.5)	1.9419	0.8334	0.6056
Quackery undermines the completeness of patient health information	43(39.4)	56(51.4)	10(9.2)	0	2.1419	0.9192	0.6688
Compromised patient safety	41(37.6)	61(56.0)	5(4.6)	2(1.8)	2.3161	0.9940	0.8119
Breach of Patient Confidentiality Average Relative Mean						1.1084	
Unavailability of adequate health data	42(38.5)	62(56.9)	5(4.6)	0	2.4710	1.0605	0.7325
Quacks may disseminate false or misleading health information	37(33.9)	68(62.4)	4(3.7)	0	2.6000	1.1158	0.7350
Quackery can lead to incomplete or missing health information	46(42.2)	60(55.0)	3(2.8)	0	2.6774	1.1490	0.5458
Legal and Regulatory Non-compliance							
Quacks may fail to comply with regulatory requirements, such as data privacy laws (e.g., Health Insurance Portability and Accountability Act - HIPAA)	44(40.0)	62(56.9)	3(2.8)	0	2.1484	0.9220	0.5070
Erosion of Trust in Healthcare Systems							
Quackery may lead to poor perception of health information management practice.	43(39.4)	64(58.7)	2(1.8)	0	2.2516	0.9663	0.6605
Adverse Impact on Healthcare Quality							
Shortage of skilled staff at private health care may hamper the collection of health information.	40(36.7)	61(56.0)	4(3.7)	4(3.7)	2.1484	0.9220	0.5070

The effects of quackery on the quality of health information management practices in selected private hospitals in Southwest Nigeria are significant and multifaceted. The data reveals that quackery leads to compromised data integrity, with issues such as the lack of confidentiality of patient information (mean = 2.6000) and a general undermining of the accuracy and completeness of health information. Respondents

highlighted that quackery contributes to unavailability of adequate health data (mean = 2.4710) and increases the risk of disseminating false or misleading information (mean = 2.6000), which could jeopardize patient safety (mean = 2.3161). Additionally, incomplete or missing health information due to quackery was a serious concern (mean = 2.6774). These issues directly impact patient safety, trust in healthcare systems, and legal compliance, including adherence to data privacy regulations.

The consequences of quackery extend beyond operational inefficiencies, affecting the broader healthcare system. Legal and regulatory non-compliance was evident, as quacks often fail to meet requirements such as data privacy laws (mean = 2.1484). Furthermore, quackery contributes to a negative perception of health information management practices (mean = 2.2516), leading to an erosion of trust in healthcare services. The shortage of skilled staff in private healthcare settings, exacerbated by quackery, hampers effective collection and management of health information, thereby adversely affecting the overall quality of healthcare services provided (mean = 2.1484). These findings underscore the critical need for regulatory oversight, better training, and public awareness to mitigate the impact of quackery on health information management.

Research Hypotheses

Ho1: Cause of quackery has no significant relationship on the effect of quackery in health information management practice.

Coefficients^a

Cause of quackery has no significant relationship on the effect of quackery in health information management practice.						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.019	.289		.064	.949
	Cause of Quackery in HIM	.991	.097	.704	10.249	.000

a. Dependent Variable:
b. Quality of health information management practice

R= 0.704^a, R² = 0.495, Adjusted R² = -0.491, F = 0.0962, P<0.05

The results of the hypothesis testing (Ho1: Cause of quackery has no significant relationship on the effect of quackery in health information management practice) reveal a significant relationship between the cause of quackery and its effect on health information management practices. The regression analysis shows that the cause of quackery in health information management (B = 0.991, p = 0.000) has a strong positive influence on the quality of health information management practices. The R value of 0.704 and the R² value of 0.495 indicate a moderate to strong correlation, with the R² value suggesting that the cause of quackery accounts for approximately 49.5% of the variation in the quality of health information management practices. Although the adjusted R² value of -0.491 indicates some unexplained variance, the significant p-value (p = 0.000) supports the rejection of the null hypothesis, confirming that the cause of quackery significantly impacts the quality of health information management practices.

Ho2: The level of quackery has no significant relationship on the effect of quackery

Coefficients^a

Level of quackery has no significant relationship on the effect of quackery						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.077	.065		47.364	.000
	Level of Quackery	-.038	.026	-.143	-1.496	.138

a. Dependent Variable:
Effect of Quackery in HIM

R= 0.143, R² = 0.020, Adjusted R² = -0.11, F = 0.13406, P<0.05

The results of the hypothesis testing (Ho2: The level of quackery has no significant relationship on the effect of quackery) indicate that there is no significant relationship between the level of quackery and its effect on health information management practices. The regression analysis shows that the level of quackery ($B = -0.038$, $p = 0.138$) has a negative but statistically insignificant influence on the effect of quackery. The R value of 0.143 and the R^2 value of 0.020 suggest a very weak correlation, with only 2% of the variation in the effect of quackery being explained by the level of quackery. Additionally, the adjusted R^2 value of -0.11 indicates that the model does not adequately explain the variation in the dependent variable. The F -value of 0.13406, with a p -value greater than 0.05, further supports the conclusion that the level of quackery does not significantly impact the effect of quackery in health information management practices, leading to the acceptance of the null hypothesis.

Application of Rational Choice Theory, Strain Theory and Theory of Planned Behavior to the Findings of the Study

The findings of this study align with Rational Choice Theory, which suggests that individuals engage in quackery when the perceived benefits, such as financial gain and social recognition, outweigh the costs, like the minimal investment in formal education. The study reveals that unqualified individuals often occupy critical roles in health information management (HIM), where the rewards of participating in healthcare practices may seem more accessible than obtaining proper qualifications. The limited enforcement of regulations in some areas further reduces the risks of engaging in quackery, making it a more appealing choice.

Strain Theory also helps explain the prevalence of quackery in this study. Many individuals in HIM roles are unqualified or from non-HIM backgrounds, likely due to the strain caused by barriers to formal education. The disparity between societal expectations and limited access to legitimate opportunities may drive individuals toward deviant practices. The Theory of Planned Behavior complements these findings, suggesting that individuals may engage in quackery when they perceive societal tolerance, believe in their ability to perform without qualifications, and view the practice as beneficial, which is evident in the widespread non-compliance with HIM standards identified in the study.

DISCUSSION OF FINDINGS

The socio-demographic characteristics of the respondents—largely young, educated, and predominantly female—suggest a workforce capable of addressing quackery in health information management (HIM). This aligns with the broader impact of quackery, which undermines data integrity, accuracy, and patient safety in HIM systems (Amir-Azodi, 2024). With a significant proportion of Community Health Officers, the study indicates that targeted education and stronger regulatory measures can help mitigate quackery. This is crucial for maintaining the integrity of health information and improving healthcare outcomes (Adeleke, 2019; Barrett & Jarvis, 1993).

The study reveals a significant issue of non-compliance with professional standards in health information management (HIM) within selected private hospitals in Southwest Nigeria, as nearly half of the units exhibit moderate to high levels of quackery. The findings highlight the presence of unqualified personnel in critical roles, with a considerable portion of respondents not being certified HIM professionals and non-HIM personnel, like Community Health Officers, managing patient documentation. This aligns with the broader concerns in the HIM field, where quackery undermines data integrity, patient safety, and healthcare delivery (Amir-Azodi, 2024; Zarour, 2021). The study emphasizes the urgent need for stronger regulatory enforcement, professional capacity building, and workforce planning to combat quackery and ensure the accuracy and security of health information systems (Adeleke, 2019; Peter, 2020).

The findings on the causes of quackery in Health Information Management (HIM) in selected private hospitals in Southwest Nigeria highlight critical issues such as limited public awareness, corruption in healthcare, and inadequate adherence to accreditation standards. These factors are in line with existing literature, which emphasizes how quackery undermines the reliability and integrity of health information systems, compromises patient safety, and disrupts healthcare delivery (Amir-Azodi, 2024). The lack of adherence to professional standards and the hiring of underqualified staff due to economic pressures

contribute to the degradation of HIM practices, as quackery often stems from gaps in workforce planning and regulatory enforcement (Adeleke, 2019). Additionally, the cultural acceptance of alternative practices and the lack of strict regulatory oversight exacerbate the situation, further compromising data accuracy and hindering informed clinical decision-making (Amir-Azodi, 2024). Addressing these challenges through enhanced public awareness, stricter enforcement of regulatory frameworks, and adherence to accreditation standards is essential to ensure the integrity of HIM and improve healthcare quality.

The findings on quackery's impact on health information management (HIM) practices in selected private hospitals in Southwest Nigeria align with the broader challenges identified in the study background, emphasizing how quackery undermines data integrity, patient safety, and healthcare quality. The presence of unqualified individuals in HIM roles, as highlighted in the study, directly correlates with issues such as compromised confidentiality, incomplete health records, and the dissemination of inaccurate health information, all of which pose significant risks to patient care and safety (Amir-Azodi, 2024). Furthermore, the absence of effective regulatory frameworks and the recruitment of underqualified personnel, as discussed, exacerbate these issues, leading to operational inefficiencies and non-compliance with legal standards such as data privacy laws (Barrett & Jarvis, 1993). These findings reflect the need for stricter enforcement of HIM standards, comprehensive workforce planning, and public awareness to prevent quackery, improve data accuracy, and restore trust in healthcare systems (Adeleke, 2019; AK-Kiyumi, 2016).

The results of the hypothesis testing reveal that the cause of quackery significantly affects health information management practices, with a strong positive correlation ($B = 0.991$, $p = 0.000$) and an R^2 value of 0.495, indicating that nearly half of the variation in HIM quality is influenced by quackery's causes. This supports the notion that unqualified individuals in HIM roles contribute to compromised data integrity, patient safety, and overall healthcare quality (Amir-Azodi, 2024). In contrast, the level of quackery shows no significant relationship with its effect on HIM practices ($B = -0.038$, $p = 0.138$), suggesting that while the presence of quackery is detrimental, its intensity does not directly correlate with the severity of its impact. This aligns with findings by Barrett & Jarvis (1993), which emphasize that the quality of HIM is more strongly influenced by the underlying causes of quackery rather than its prevalence.

Conclusion

In conclusion, this study highlights the significant impact of quackery on health information management (HIM) practices within selected private hospitals in Southwest Nigeria. The findings underscore how the causes of quackery, including unqualified personnel, lack of adherence to professional standards, and weak regulatory enforcement, significantly compromise data integrity, patient safety, and healthcare delivery. While the intensity of quackery does not appear to directly affect HIM practices, the underlying causes remain critical in shaping the quality of health information management. Therefore, addressing these challenges is essential for improving the quality of healthcare systems.

Recommendations

Based on these findings, the study recommends the following actions:

1. **Strengthening Regulatory Enforcement:** the Health Records Officers Registration Board of Nigeria and other relevant authorities should ensure stricter adherence to professional standards and accreditation requirements to reduce the prevalence of quackery in HIM roles.
2. **Capacity Building and Professional Development:** Promote continuous education and certification programs for HIM professionals to enhance their skills and qualifications, addressing gaps in the workforce.
3. **Public Awareness Campaigns:** Raise awareness on the importance of qualified personnel in HIM, emphasizing the risks associated with quackery to encourage compliance with standards and regulations.
4. **Enhanced Workforce Planning:** Improve workforce planning to ensure adequate staffing with qualified professionals, particularly in critical roles such as patient documentation management.

5. Cultural and Structural Reforms: Encourage cultural shifts and stricter adherence to regulatory frameworks, addressing issues such as corruption and economic pressures that lead to the hiring of underqualified personnel.

Limitation

The study encountered delays in data collection due to the geographical distance between the researcher's location and the study sites, as well as the demanding schedules of the participants, which limited their availability. Additionally, the study faced challenges such as response bias, where participants might provide socially desirable responses rather than accurate information, and incomplete or inconsistent data, which could impact the reliability of the findings.

Statement of Informed Consent: Informed consent was obtained from all participating professionals, ensuring their voluntary participation. Strict measures were implemented to ensure strict anonymity.

Authors' Contributions: OSA conceived of the study, initiated its design, participated in data analysis and coordination and drafted the manuscript. OSF participated in the design, coordination, data collection and data analysis. AAK participated in the design, coordination and reviewed the manuscript. MOA participated in the design, coordination and reviewed the manuscript. OAO participated in the design, coordination and reviewed the manuscript.

Compliance with ethical standards

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