

**EMIGRATION INTENTION, EMPLOYEES ATTITUDE AND JOB PERFORMANCE
OF HEALTH INFORMATION MANAGEMENT PROFESSIONALS IN UNIVERSITY
TEACHING HOSPITALS, SOUTH-SOUTH, NIGERIA.**

BY

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CERTIFICATION

This is to certify that **Itohan Aghayore** with matriculation number **LCU/PG/003897** carried out this research work titled **Emigration Intention, Employee Attitude and Job Performance of Health Information Management professionals in University Teaching Hospitals in South South Nigeria** in the Department of Information Management, Faculty of Communication and Information Sciences, Lead City University, Ibadan, Nigeria for the award of Masters Degree (MSc) in Health Information Management and that this has not been previously submitted.

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DEDICATION

This thesis is dedicated to God Almighty.

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ACKNOWLEDGEMENT

This research work was conducted in Lead City University, Ibadan, Oyo state and all the data for analysis were collected at selected university teaching hospitals, south south, Nigeria.

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God bless you all.

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ABSTRACT

This study investigates Emigration Intention, Employees Attitudes and Job Performance of Health Information Management Professionals in University Teaching Hospitals, South South, Nigeria. Hardman and Goldman job characteristics theory of work attitudes and performance, push and pull factors by Everett S. Lee as well as Hazen and Fishbein theory of reasoned actions were used. Descriptive research design was adopted and well structured questionnaire was used to elicit information from respondents. Total enumeration technique was used and 317 respondents from selected hospitals in the South South region of Nigeria. Data were analyzed and tabulated using descriptive statistics like frequency count, percentage and mean. Hypothesis was tested using Pearson moment correlation and multiple regressions. SPSS was used to compute and analyze generated data. The findings of the study revealed that there is high level of job performance among health information management professionals in teaching hospitals in South South, Nigeria. There is also positive attitude among them as well as high emigration intention among them. These professionals show positive attitude to work even though they consider emigration. Based on findings, it is recommended that hospital management implement regular motivational programmes and development opportunities to reinforce positive attitudes. They should also focus on improving work conditions, better technologies, modern work tools as well as favourable policies for health information management professionals.

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CHAPTER ONE

INTRODUCTION

1.1. Background To Study

Employees in diverse organizations most especially those who work as health information manager in hospitals are important partners in the creation and growth of intellectual and social resources and are the starters of service delivery in hospital. The concept of job performance needs to be reevaluated in light of emerging issues in order to guarantee that the company meets its targets. The work completed by employees in an organization in compliance with the authority and obligations granted by the organization in an attempt to accomplish the vision, mission, and objectives of the organization in question lawfully might be characterized as performance. The level of expertise and proficiency attained by health information management experts determines an effective performance.

Job performance refers to the workforce's scheduled tasks related to their jobs and the efficiency with which they have been completed. The explicit behaviors of the job, such as the core duties delegated as part of the job description, are included in performance in the form of task performance. When an employee's performance is inconsistent, it can be challenging to plan and execute in an engaging manner, as well as cause confusion and interruptions for other parties that rely on the person. This raises the possibility that other health information management experts may have performance setbacks, coordination issues, or interruptions to their job, which might prevent the company from achieving its predetermined goals and objectives¹.

Globally, organizations, academics, and others have become more interested in job performance. Due to many prevalent challenges, the job performance of health information management professionals in Scotland and Ireland has worsened. Among these problems include persistent

misunderstandings inside the company, inadequate training, and employee development, all of which have a significant and advantageous influence on health information management professionals' ability to do their jobs². The challenges and conditions that exist have led to a decline in job performance in countries of the world, particularly with regard to falling work quality, a lack of innovation, poor communication, exclusion from decision-making, and bad information practices, among other things³.

Africa is not exempt from the problem of poor job performance, particularly in the health sector. These problems are noticeable in Namibia, South Africa, Nigeria, Zimbabwe, and other nations. The problems and difficulties that exist indicate that certain health information management specialists in Namibia, Zimbabwe, and South Africa put in extra hours without receiving pay for it. In addition to being against the law, unpaid overtime blatantly violates the rights of employees and the moral standards expected of them in the workplace⁴. The pressure from management to meet targets that are getting bigger over time is one of the issues influencing health information management professionals' ability to execute their jobs well. This pressure leads them to take unethical acts and put off tasks. Due to various prevailing issues, health information management professionals in the health sector in Namibia, Zimbabwe, South Africa, and Nigeria are unable to meet the organization's goals and objectives because they lack the ability to anticipate and manage tasks, particularly for high performance⁵.

The primary responsibility of a health information management professional is to ensure that the information in their health care organizations is accurate and well-organized. To this end, they must carry out a number of intricate tasks throughout the information lifecycle, from acquisition to archiving to destruction. They are essential to the completion, preservation, and availability of high-quality clinical data for a variety of uses, including as patient care, insurance claims

processing, quality control, research, data collection, and managerial decision-making. Experts in the subject of health information management, health information management specialists are responsible for maintaining patient health information, or medical records. Files, retrievals, coding, indexing, classification, statistical analysis, and interpretation of patient data are among their professional responsibilities. In their capacity as guardians of patient health data, they also strive to guarantee that private patient data is safe and only disclosed in compliance with stringent legal requirements⁵. Among the metrics used to assess the performance of employees are skill-variety, task identity, task significance, autonomy, and feedback. These metrics are derived from Job Characteristics Theory of Work Attitudes and Performance by Hackman & Oldham⁶.

Skill Variety as a work performance dimension refers to the extent to which a job requires a range of different skills and activities. For HIPs, this includes technical skills like coding, data analysis, and the use of electronic health records (EHR) systems⁷. Jobs that require a broad set of skills provide opportunities for continuous learning and reduce monotony, thus fostering greater job engagement and performance⁸. Task identity reflects the degree to which employees are involved in a complete and identifiable piece of work. In health information management, HIPs who manage the full lifecycle of patient data—from collection to secure storage—are likely to feel a sense of accomplishment and ownership, leading to enhanced job performance⁹. Clear task identity fosters job satisfaction, as workers can see how their efforts contribute to the overall healthcare process.

Task significance refers to the perceived importance of one's job in terms of its impact on others. For HIPs, the accuracy and timely availability of health information can be vital for patient care, influencing diagnosis and treatment decisions¹⁰. When employees understand the critical impact

of their work on healthcare delivery, it increases their sense of purpose, which correlates with higher job performance¹¹. Autonomy represents the degree of freedom, independence, and discretion an employee has in performing their tasks. For HIPs, having the ability to make decisions about data management processes and workflow leads to increased responsibility and innovation¹². Autonomy is strongly associated with intrinsic motivation, which drives performance improvement. Feedback being the last of the dimension is the provision of clear, actionable information about one's job performance. For HIPs, performance metrics might include data accuracy, compliance with regulatory standards, and system efficiency. Regular feedback helps employees identify areas for improvement and understand their success, which enhances job performance¹³. Feedback is crucial for continuous development and skill refinement in health information management. It can help both the organization and the individual to channel a course of action that enhances and fosters a better job performance.

The job performance of Health Information Professionals is heavily influenced by the five core dimensions of the Job Characteristics Theory. When these characteristics are present in a work environment, they not only promote individual motivation and job satisfaction but also contribute to improved organizational outcomes in healthcare. By optimizing these dimensions, organizations can enable HIPs to reach their full potential, ultimately improving health information management and patient care. Moreover, extant literature has revealed that diverse factors such as migration intention and employee attitude could influence job performance of health information management professionals.

Migration intention entails the movement of people who are seeking for job or potential job candidates from one place to another for the main purpose of securing job that will contribute to the changing of their social status. It is affirmed that migration intention is relatively high in

countries like Belgium (15%), France (24.4%), Germany (16.5%), Italy (21%), Netherlands (15.4%) and United States of America (18.6%). **Health professionals' migration is an increasing challenge in many low- and middle-income countries. For instance, Africa bears 24% of the disease burden globally and has only 2% of the global health workforce¹⁴. This upsurge in migration is largely driven by the increasing disparity between the demand and availability of health professionals in developed nations¹⁵.** It is said that one of the most expensive and apparently unsolvable issues with human resources that many firms across the world face is turnover¹⁶. It is estimated that the plan to migrate forces the company to bear significant expenses for hiring and screening, onboarding and training of new hires, and most importantly, foregoing the expertise that health information management specialists have acquired throughout their employment. Organizations lose money on hiring and training new employees as a result of health information management professionals migrating. In addition, a company's high turnover rate for health information management specialists detracts from employee engagement, adds to burden, and complicates work planning. Therefore, the departure of knowledgeable health information management professionals who are valued as human capital is a significant problem that adversely affects the efficacy, efficiency, and overall work performance of these individuals as well as the company¹⁷.

Due to professional and economic factors, there has been a significant exodus of health information management practitioners from Nigeria, particularly in the early stages of their careers, to the United States, the United Kingdom, Canada, and the Arabian Gulf. This migration has had far-reaching effects on the social and economic systems. It is said that a variety of push and pull variables, such as the political, social, and economic structures in the sending and receiving nations, cause new migratory flows to emerge and that migration dynamics are always

changing. Globally, there has been evidence of a high rate of migration for social, economic, and political reasons, both in terms of intensity and extent¹⁸.

Pull factors, which include career possibilities, place attachment, and improved working circumstances among other things, are what entice health information management professionals to change jobs. Consideration for hiring, hire, transfer, promotion, training, and non-disciplinary retention, including in any reorganization or layoff, are all referred to as employment opportunities. Professionals in health information management would go to a different nation where job chances are plentiful and offer competitive salary and favorable working circumstances. Professionals in health information management also take into account the general or overall quality of such positions, which is the culmination of several factors influencing the working relationship as well as the actual work. The establishment of a single indicator or set of indicators is almost unachievable due to the complex character of such prospects. These include things like the working conditions, pay, benefits, and social interactions. Health information management professionals would also take these into account for efficient work performance¹⁹.

Working condition describes the circumstances of employment as well as the working environment for an employee. This addresses issues like how work is organized and carried out, employability, skills, and training; health, safety, and well-being; working hours and work-life balance. Before considering moving abroad for employment, health information management professionals would weigh factors including pay, work hours, breaks, and scheduling, as they might potentially affect how well they perform at their jobs. Additionally, the physical and mental responsibilities of working as a health information management expert are taken into account, which greatly influences how productive they would be for the company²⁰.

Place attachment, which has several aspects, including place reliance, place identity, place impact, and place social bonding, is becoming more and more recognized for its influence on behavior and attitude. Healthcare information management professionals' decisions to relocate or remain in their birthplace are influenced by factors such as place attachment, having parents, spouses, kids, and friends in their hometown. Research confirms that health information management professionals with a strong sense of attachment to their home nation or residential locations, together with a large social network, are more likely to remain in such areas. However, because their family is there, health information management professionals who don't have a strong sense of place attachment and don't have many friends are more likely to want to migrate and tend to do well at their new position²¹.

Push factors, which include poverty, a lack of social mobility, violence, or persecution, are reasons why health information management professionals may leave their homes and places of employment. Since push factors frequently include issues, upsetting circumstances, and political or economic setbacks, they are frequently utilized negatively. Workplace safety, acts of violence or political upheaval, and capacity building are a few examples of push factors. The term workplace safety describes how employees' working conditions are and focuses on removing risks, dangers, and injuries from the workplace. The high amount of danger that health information management professionals confront at work may be a driving force behind their desire to leave the country. Health information management professionals may not have access to fall protection equipment, rest and hydration breaks, or other necessary tools to perform their jobs safely in some organizational departments where occupational safety regulations are deficient, nonexistent, or unenforced. This could potentially impair the professionals' ability to perform their jobs safely. Fear of getting hurt at work can be a powerful incentive to relocate to a

place where one can make a living without being at excessive danger of disease, accident, or death²².

The combination of rioting, anarchy, general strikes, and anti-government protests that disrupt the nation's peace and calm is known as political unrest. Health information management professionals may relocate abroad as a result of political turmoil. Health information management professionals may find it difficult to focus on their work when there is political unrest in the state where they are employed because they are afraid of getting hurt. This might, however, impair their ability to execute their jobs. The methodical process of enhancing an employee's knowledge, abilities, comprehension, values, attitude, drive, and competence to function successfully at work is known as capacity building. Assisting the organization in fulfilling its objectives is the primary purpose of capacity building for health information management personnel²³. However, organizations tend to limit health information management professionals' opportunities for long-term growth in line with their talents and aspirations for knowledge acquisition when they fail to provide sufficient capacity building, such as training and development.

Furthermore, aside migration intentions, literature has revealed that another factor that can influence job performance is attitude of health information management professionals. The attitude of Health Information Professionals (HIPs) plays a crucial role in shaping their behavior and performance in health information management. Attitudes can be analyzed as an independent variable influencing how HIPs approach their tasks, collaborate with others, and adapt to technological advancements. In this context, the Theory of Planned Behavior offers a useful framework to assess attitudes based on three key components: Behavioral Beliefs, Normative Beliefs, and Control Beliefs²⁴. These belief systems could shape the intention of

HIPPs to engage in certain behaviors, such as adopting new technologies or following health information policies.

Behavioral beliefs refer to an individual's beliefs about the outcomes of performing a behavior, which influence their attitudes toward that behavior. In the case of HIPPs, behavioral beliefs might involve perceptions about the benefits of using electronic health records (EHRs), improving data accuracy, or complying with privacy regulations²⁵. When HIPPs believe that their actions will lead to positive outcomes, they are more likely to develop a favorable attitude toward those behaviors, such as adopting new information systems or following best practices in data management²⁶.

Normative beliefs involve the perceived social pressure to perform or refrain from a certain behavior. These beliefs are shaped by the expectations of colleagues, healthcare providers, and professional standards. For HIPPs, normative beliefs might center on the importance of maintaining patient confidentiality and following organizational policies. The influence of peers, supervisors, and regulatory bodies can significantly impact their attitudes toward adhering to ethical standards in health information management²⁷. Positive normative beliefs strengthen the intention to conform to professional expectations, enhancing compliance with industry norms.

Control beliefs relate to an individual's perceived ability to perform a behavior based on the presence of facilitating or constraining factors. For HIPPs, control beliefs may involve access to resources such as technology, training, or administrative support²⁸. When HIPPs feel they have control over their work environment, including the tools and support needed to perform their roles effectively, their attitude towards engaging in complex tasks, such as implementing new

health information technologies, is likely to be positive. Conversely, perceived constraints can lead to negative attitudes and reduced motivation to perform those tasks²⁹.

The attitude of Health Information Professionals is a key factor in determining their behavior and effectiveness in managing health information systems. By understanding the underlying behavioral beliefs, normative beliefs, and control beliefs, organizations can better predict the willingness of HIPs to adopt new practices, comply with regulations, and effectively manage health information. Addressing these beliefs through targeted interventions, such as training and support, can foster positive attitudes and enhance the performance of HIPs in the ever-evolving healthcare environment.

Looking that the importance of the duo of emigration intention and attitude of health information professionals to Job performance, The study examines the relationship between emigration intention, employees' attitudes, and job performance among Health Information Management Professionals in University Teaching Hospitals in South-South Nigeria, exploring how the desire to migrate and individual attitudes influence job effectiveness and overall performance in the healthcare information management sector.

1.2. Statement of the Problem

In recent years, Nigeria has witnessed a significant increase in the emigration of healthcare professionals, including Health Information Management (HIM) professionals, driven by factors such as better job opportunities, higher wages, and improved working conditions abroad. This growing trend of emigration raises concerns about its impact on the healthcare system in Nigeria, particularly in University Teaching Hospitals in the South-South region. Health Information Management professionals play a vital role in ensuring the accuracy, security, and accessibility

of patient information, and any decline in their job performance could have detrimental effects on healthcare delivery.

However, little is known about the extent to which emigration intentions affect the job performance and attitudes of HIM professionals who remain in the workforce. Factors such as uncertainty, job dissatisfaction, and negative workplace attitudes may contribute to declining performance, further exacerbating the challenges faced by the healthcare sector. Understanding how the intention to emigrate and employees' attitudes influence job performance is crucial for developing strategies to retain talent and improve the working environment for HIM professionals in Nigeria's healthcare system. This study seeks to address this gap by investigating the interplay between emigration intentions, employees' attitudes, and job performance among Health Information Management professionals in University Teaching Hospitals in South-South Nigeria.

1.3.Aim and Objectives of the Study

The aim of the study is to investigate the influence of Emigration intention and Employees Attitude on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

The objectives of the study are to:

- i. Investigate the Job Performance level of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.
- ii. Examine the emigration intention of Health Information **Management** Professionals in University Teaching Hospitals, South-South, Nigeria.

- iii. Understand the employee attitude of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.
- iv. Examine the influence of emigration intention on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.
- v. Examine the influence of employee attitude on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.
- vi. Examine the influence of both emigration intention and employee attitude on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

1.4. Research Questions

the following research questions guided the study.

1. What is the level of Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria?
2. What is the emigration intention of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria?
3. What is the employee attitude of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria?

1.5. Hypotheses

The study null hypothesis would be tested at 0.05 level of significance

H₀1. Emigration intention will not have significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

H₀2. Employee attitude will not have significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

H₀3. Emigration intention and Employee attitude will not have joint significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

1.6. Scope of the study

In term of the title, the study is Emigration intention and Employees Attitude on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria. In term of the geographical scope, the study only deals with University teaching hospitals, in South-south region of Nigeria. The study is expected to be carried out within the range of six months.

1.7. Significance of the Study

The study titled "Emigration Intention, Employees' Attitude, and Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria" holds significant value for various stakeholders:

Management of University Teaching Hospitals: The findings from this study will help hospital management better understand the underlying factors influencing Health Information Management (HIM) professionals' intention to emigrate, their workplace attitudes, and how these

factors affect their job performance. This insight will enable management to develop policies and retention strategies that address the root causes of emigration, improve working conditions, and boost job satisfaction, thus ensuring that hospitals maintain a skilled and motivated workforce. Moreover, by addressing the attitudes and concerns of HIM professionals, management can improve overall service delivery and healthcare quality.

Health Information Professionals: For HIM professionals, the study provides a platform for articulating the challenges they face in their professional roles, particularly those related to emigration intentions and workplace dissatisfaction. The findings may lead to improvements in their work environment, job satisfaction, and opportunities for professional development. Understanding the impact of their attitudes and emigration intentions on job performance can also inspire them to engage more proactively in discussions about workforce retention and better career prospects within Nigeria.

Body of Knowledge: The study contributes to the existing literature by providing empirical evidence on the relationship between emigration intentions, employee attitudes, and job performance within the context of Nigeria's healthcare sector. It offers a novel exploration of how these factors interact in a developing country's healthcare environment, filling a gap in research where most studies have focused on other regions or different professions. The results can be utilized by researchers and policymakers to better understand the dynamics affecting healthcare professionals and to guide future studies on talent retention and organizational performance.

Frontiers of Knowledge: By advancing knowledge on the link between workplace attitudes, emigration intentions, and job performance, this study pushes the boundaries of understanding

regarding workforce challenges in health information management. It also offers a multidisciplinary perspective that integrates healthcare management, human resource management, and organizational behavior theories. The study's findings can influence policy recommendations not only in Nigeria but also in other developing countries facing similar emigration challenges among healthcare professionals.

Institutions of Higher Learning: This study has significant implications for academic institutions, particularly those involved in the training of Health Information Management professionals. The findings may inform curriculum development, ensuring that future HIM graduates are equipped with the necessary skills and attitudes to thrive in Nigeria's healthcare environment. Furthermore, the study can highlight the need for higher education institutions to focus on retention strategies, job satisfaction, and career growth opportunities for their graduates, ultimately contributing to a more stable workforce in the healthcare sector.

1.8.Limitation of the Study

The study is limited to only selected universities teaching hospitals in south south, Nigeria.

1.9.Operational Definition of Terms

Job Performance: Job performance refers to how well health information management professionals in University Teaching Hospitals, South-South, Nigeria fulfill their responsibilities, achieve organizational goals, and contribute to overall healthcare outcomes

Skill-variety: the extent to which health information management professionals in University Teaching Hospitals, South-South, Nigeria perceived that their job requires a range of different

skills and activities. These perceptions will spur them to seek for more knowledge to perform well.

Task identity: is the degree to which health information management professionals in University Teaching Hospitals, South-South, Nigeria are likely to feel a sense of accomplishment and ownership, leading to enhanced job performance

Task significance: refers to the perceived importance of one's job in terms of its impact on others by health information management professionals in University Teaching Hospitals, South-South, Nigeria

Autonomy: The degree of freedom, independence, and discretion health information management professionals in University Teaching Hospitals, South-South, Nigeria

has in performing their tasks

Feedback: the provision of clear, actionable information about health information management professionals in University Teaching Hospitals, South-South, Nigeria's job performance

Emigration Intention: Emigration intention refers to the desire of health information management professionals in University Teaching Hospitals, South-South, Nigeria to leave their current country of employment and move to another, often due to better work opportunities, living conditions, or political stability

Push Factors: Push factors are the negative aspects of the current working environment that encourage health information management professionals in University Teaching Hospitals, South-South, Nigeria leaving their home country

Pull Factors: Pull factors are the positive attributes of the destination countries that attract health information management professionals in University Teaching Hospitals, South-South, Nigeria

Employee Attitude: Attitudes consist of cognitive, emotional, and behavioral components that influence how health information management professionals in University Teaching Hospitals, South-South, Nigeria perceive their roles and engage with their work environment.

Behavioural Beliefs: These refer to the sets of beliefs about job performance, which influence the attitudes of health information management professionals in in University Teaching Hospitals, South-South, Nigeria

Normative Beliefs: involves the perceived social pressure to perform or refrain from a certain behavior. These beliefs are shaped by the expectations of colleagues, healthcare providers, and professional standards of health information management professionals in University Teaching Hospitals, South-South, Nigeria

Control Beliefs: Control beliefs relate to health information management professionals ability to perform a behavior based on the presence of facilitating or constraining factors in University Teaching Hospitals, South-South, Nigeria

Endnotes

Chapter Two

Literature Review

The chapter reviews related literature, conceptually, theoretically and empirically regarding the topic “Emigration Intention, Employees Attitude and Job Performance of Health Information Management Professional in University Teaching Hospitals, South-South, Nigeria”. It contains views, opinions, assertions as well as findings of various studies and scholars on and off the field of Health Information Management. The literature are reviewed under the following sub-headings:

2.1. Conceptual Review

2.1.1. Job Performance

2.1.2 Emigration Intention

2.1.3. Employees Attitude

2.2. Theoretical Framework

2.2.1. Job Characteristics Theory of Work Attitudes and Performance by (Hackman & Oldham)

2.2.2. Push and Pull Factors by Everett S. Lee

2.2.3. Ajzen and Fishbein Theory of Reasoned Action

2.3. Review of Empirical Studies

2.3.1. Emigration Intention and Job Satisfaction of Health Information Management Professional in University Teaching Hospitals, South-South, Nigeria

2.3.2. Employees Attitude and Job Satisfaction of Health Information Management Professional in University Teaching Hospitals, South-South, Nigeria

2.4. Conceptual Model

2.5. Summary of Literature Reviewed

Endnotes

2.1. Conceptual Review

2.1.1. Job Performance

Organizational psychologists focus primarily on managing employee performance, as most organizational interventions are aimed at this goal. Personnel selection processes are designed to identify candidates who are likely to excel in the future. Training programs, feedback mechanisms, and merit-based pay systems aim to sustain and enhance current performance levels. Decisions related to promotions and terminations are used to either reward or penalize past performance. Effective implementation of these strategies relies on clearly defining performance dimensions and creating accurate assessments of these performance metrics.

Moreover, Job performance, as defined and explored by various researchers, remains a multifaceted concept encompassing both task and contextual behaviors. While task performance focuses on the completion of job-related tasks, contextual performance emphasizes the voluntary, often altruistic behaviors that support the organization's broader functioning. Contemporary research continues to build on these concepts, recognizing that both aspects are critical for organizational success in today's complex and evolving workplace environments. Understanding job performance from both traditional and modern perspectives is essential for organizations aiming to enhance employee effectiveness, improve job satisfaction, and foster a productive work environment. With the ever-evolving nature of work, the balance between task and contextual performance will continue to be a focal point for researchers and practitioners alike.

Every employee within an organization is expected to perform their job dependably, adhering to the responsibilities outlined in the employment contract. Employees are entrusted with specific job assignments and are expected to execute them reliably, fostering a sense of

responsibility to perform these tasks well. Job performance has been a focal point in organizational studies, with multiple definitions offering a comprehensive understanding of it. These definitions, rooted in both classical and modern research, serve as a foundation for analyzing job performance in the context of contemporary organizational behavior¹.

Job performance is defined as the total expected value to the organization of the discrete behavioral episodes that an individual carries out over a specified time period. Those researchers emphasize two key issues in this definition. First, performance is an aggregated property of multiple, discrete behaviors that occur over time. Second, the property of behavior to which performance refers is its expected value to the organization. Two performance criteria – mean performance and performance variation – are among the most commonly studied indicators in pay-for-performance research².

Scholars described job performance as encompassing all work-related behaviors, emphasizing that it involves more than just task completion—it includes any behavior that affects job outcomes³. Similarly, Another scholar defined job performance as the execution of the complete set of tasks required by a person's role⁴. This definition highlights that job performance is not uniform across all roles, as tasks differ significantly depending on the nature of the job. Porter and Lawler's definition remains relevant today and is frequently used in research as a foundational concept. More recent studies continue to explore and refine these definitions, linking job performance to organizational outcomes. For instance, some scholars expanded on the idea by differentiating between core job tasks and peripheral activities, emphasizing that performance encompasses both. Their research underscores that job performance is dynamic and influenced by the changing demands of modern organizations, especially with technological advancements and evolving job roles⁵.

Job performance, is seen by another scholar as a key aspect of human resource management, involves assessing and evaluating the expected outcomes of employee behaviors. According to the scholar, job performance is a multidimensional concept of majorly three aspects known as task performance which encompasses the ability to complete job duties and leverage prior experience. Next is contextual performance which involves voluntary, interpersonal, and organizational behaviors that support the workplace environment and group dynamics and agility performance which refers to employees' ability to adapt and respond to organizational changes. Two primary types of performance are commonly studied namely, In-Role Performance that is related to the specific tasks and responsibilities outlined in an employee's job description. It includes the work behaviors that organizations formally authorize, evaluate, and reward. Second is Innovation Performance which involves the process by which individuals, teams, and organizations create, promote, and apply new ideas. Innovation performance benefits both individuals and organizations by turning new ideas into practical applications⁶.

A duo of researchers presented a well-cited model of job performance that classified behaviors into two categories: task performance and contextual performance. Their model is foundational in performance literature, with subsequent research validating and expanding upon it. Task performance refers to how effectively employees execute the duties formally prescribed by their job roles⁷. These activities are directly related to the organization's technical core, which involves processes and operations that are essential for achieving organizational goals. Contemporary research continues to support the notion that task performance is crucial for organizational success, especially in fields requiring technical expertise. For example, scholars re-examined task performance in their meta-analytic review,

concluding that task performance is a key driver of organizational productivity, particularly in high-skill industries like healthcare and information technology.

Contextual performance, on the other hand, involves behaviors that go beyond formal job descriptions. It includes voluntary actions such as helping colleagues, showing initiative, and contributing to a positive work environment. These behaviors, while not directly contributing to the technical core, are essential for maintaining organizational harmony and facilitating smooth operations. Contextual performance has gained increased attention in recent literature due to its role in fostering organizational citizenship behaviors (OCBs)⁸. A study authors emphasized the growing importance of contextual performance in modern workplaces. Their research found that employees who engage in contextual performance tend to create a more supportive and collaborative work environment, which in turn enhances overall organizational effectiveness⁹. Contextual performance has also been linked to employee engagement, with a study by some researchers suggesting that engaged employees are more likely to exhibit high levels of contextual performance, which is crucial for organizations facing competitive and uncertain environments¹⁰.

Job performance is understood as a collection of employee behaviors that hold value for organizations, either positively or negatively. These behaviors fall into three main categories: task performance, contextual performance, and counterproductive behaviors. Task performance involves actions that either (1) directly convert raw materials into products and services or (2) support and maintain this transformation process. These behaviors are specified in an employee's job description and are considered role-prescribed. Contextual performance encompasses discretionary behaviors that influence the organizational, social, and psychological environment of the workplace. Unlike task performance, these behaviors are not explicitly listed in job descriptions but include activities such as volunteering for extra

tasks, helping colleagues, and adhering to organizational rules. These behaviors are often referred to as Organizational citizenship Behaviors (OCBs). Counterproductive behaviors are intentional actions that go against the organization's interests. They range from severe infractions like theft and property damage to less harmful actions such as poor attendance and misuse of information. All forms of counterproductive behavior negatively impact overall organizational effectiveness.

Historically, task performance received the most attention in research and practice due to its perceived importance. However, recent studies indicate that contextual performance significantly influences overall job performance, leading to increased research in this area. Counterproductive behaviors have been examined mainly through employee attitude surveys due to their strong correlation with job satisfaction. More recently, organizational psychologists have studied counterproductive behaviors and contextual performance together to develop comprehensive models of extra-role work behaviors. Thus, a thorough evaluation of job performance should include assessments of task performance, OCBs, and counterproductive behaviors. Organizations aim to create interventions that mitigate counterproductive behaviors while fostering both task and contextual performance.

In performance literature, there is a well-established distinction between in-role and extra-role performance¹¹. In-role performance refers to the tasks and duties that are part of an employee's formal job description. In contrast, extra-role performance involves behaviors that are not formally required but contribute to organizational success. Authors conceptualized extra-role performance as organizational citizenship behaviors (OCBs), which include actions like helping coworkers, taking on additional responsibilities, and promoting the organization's values¹². In recent years, there has been growing recognition of the importance of extra-role behaviors in contributing to organizational resilience and

adaptability. A study researchers highlighted that employees who engage in extra-role behaviors help organizations navigate periods of change and uncertainty. Their research concluded that employees who go beyond their formal roles contribute to higher levels of organizational adaptability, which is critical in today's fast-paced business environment¹³. Borman and Motowidlo's model continues to serve as a critical framework in understanding job performance. In recent research, the distinction between task and contextual performance has been explored in a variety of contexts, including remote work and team-based structures. The increasing reliance on technology in the workplace has transformed how task performance is understood. Today, task performance not only involves technical skill but also the ability to adapt to new tools and platforms. For instance, knowledge work now requires proficiency in digital tools, and as a result, task performance increasingly includes digital literacy. Research by researcher emphasized that task performance in modern organizations also involves the capacity for continuous learning, especially as job roles evolve to incorporate new technologies¹⁴. Contextual performance has gained significant attention as organizations become more globalized and team-based. Cross-cultural collaboration and virtual teamwork are becoming increasingly common, and contextual performance is crucial in such settings. Employees who engage in behaviors that facilitate team cohesion and cultural sensitivity contribute to better organizational outcomes. A study by scholars highlighted that contextual performance is essential in global teams, where collaboration and communication across different time zones and cultures are key to success¹⁵.

2.1.2. Emigration Intention

Migration is the movement of people from one place to another, often involving crossing international borders or relocating within a country. Migration can be voluntary or forced and may be driven by economic, social, political, or environmental factors. Migration has

profound implications for both the places people leave and the destinations they move to. It affects population dynamics, economies, cultures, and societies at local, national, and global levels. Below is an extensive discussion on migration, supported by various references. Migration can be classified into several types, including: Internal Migration: Movement of people within a country, often from rural areas to urban centers. This is common in developing countries where people move in search of better employment opportunities, education, or healthcare services. International Migration: Involves the movement of people across national borders. International migration can be voluntary, such as economic migration in search of better job opportunities, or involuntary, such as refugee movements due to wars or natural disasters. Voluntary Migration: When individuals or families choose to move for various reasons, including better employment opportunities, education, or lifestyle. Forced Migration: Involuntary migration occurs when individuals or groups are forced to leave their homes due to conflict, persecution, natural disasters, or human rights violations. This type includes refugees, internally displaced persons (IDPs), and asylum seekers. Seasonal Migration: Movement that occurs at specific times of the year, often related to agricultural labor or other forms of temporary employment. This type of migration is common in agricultural economies where workers move seasonally to harvest crops. Return Migration: The movement of people back to their place of origin after spending time in another region or country¹⁶.

Migration is caused by a range of factors, which can broadly be categorized into push and pull factors. Push Factors are conditions that drive individuals to leave their place of origin. They include but not limited to economic instability, lack of job opportunities, poverty, and poor living standards often force people to seek better prospects elsewhere, political instability and conflict in the form of wars, persecution, and human rights violations push people to seek safety and security in other regions or countries, environmental factors like

natural disasters, such as floods, droughts, or earthquakes, can force people to migrate. Climate change is increasingly becoming a major driver of migration, as it leads to desertification, rising sea levels, and extreme weather events, social factors in form of discrimination, lack of educational and healthcare facilities, or unfavorable cultural or religious practices can lead individuals to migrate in search of better social conditions¹⁷.

Pull Factors are conditions that attract people to a new location. They may include but not limited to economic opportunities in form of better job prospects, higher wages, and improved living standards often lure people to move to economically prosperous regions or countries. Political Stability: Countries with stable political systems, respect for human rights, and protection of freedoms attract migrants seeking safety and security. Good, viable and reliable education and health services. The availability of quality education and healthcare can attract migrants, especially those from regions where these services are lacking. Family Reunification. Many people migrate to join family members who have already settled in another location.

Migration has significant economic, social, and cultural impacts on both the origin and destination regions. Economic Impact: Remittances: Migrants often send money back to their families in their home countries, known as remittances. These transfers can have a substantial impact on the economies of developing countries, providing a vital source of income for families and stimulating local economies. According to the World Bank, global remittances reached \$540 billion in 2020, with India and China being the largest recipients. Labor Markets: Migration can fill labor shortages in destination countries, particularly in sectors such as agriculture, construction, healthcare, and domestic services. However, it can also lead to competition for jobs and wage suppression, particularly in low-skilled sectors. Brain Drain: Emigration of highly skilled professionals, such as doctors, engineers, and academics, from

developing countries to more developed nations can result in a brain drain, leaving the home country with a shortage of skilled labor. Development: Migration can promote development in both origin and destination countries. For origin countries, remittances and the return of skilled migrants can spur economic growth. For destination countries, migration can provide a labor force and contribute to innovation and entrepreneurship¹⁸.

Social and Cultural Impact in form of Diversity and Multiculturalism: Migration contributes to cultural diversity, which can enrich societies by introducing new languages, foods, and traditions. However, it can also lead to challenges in terms of social integration and tensions between different cultural groups. Social Services: The influx of migrants can place a strain on social services such as healthcare, education, and housing in the destination country, particularly if the migration is large and sudden. Demographic Changes: Migration can alter the age structure and population growth of both origin and destination countries. For example, immigration can help offset the aging populations of many developed countries. Social Networks: Migration often leads to the creation of transnational social networks, connecting migrants with their home countries. These networks facilitate the flow of information, resources, and cultural practices between countries.

Many countries have implemented policies to manage migration, balancing the need for labor with concerns about social cohesion, security, and resources. This policy is referred to as migration governance. The governance of migration has been defined as “the combined frameworks of legal norms, laws and regulations, policies, and traditions as well as organisational structures (subnational, national, regional, and international), and the relevant processes that shape and regulate States’ approaches with regard to migration in all its forms, addressing rights and responsibilities and promoting international cooperation”¹⁹. Simply put, it refers to rules (formal or informal) and processes that shape how state and non-state actors

respond to migration, foster cooperation between states, and uphold human rights²⁰. These definitions apply to migration governance from a broad societal perspective, but its link to the health sector is important because of the unique role health systems play in protecting population health and wellbeing.

Globally, Countries have different approaches to managing immigration. Some adopt more open policies, allowing for the free movement of people, while others implement strict border controls and quotas to limit the number of immigrants. More so, the United Nations High Commissioner for Refugees (UNHCR) plays a key role in protecting refugees and seeking durable solutions for those displaced by conflict and persecution. Countries that are signatories to the 1951 Refugee Convention have obligations to protect refugees. In regions such as the European Union, the free movement of people is a key principle, allowing citizens of member states to live and work in any other member state. However, this freedom of movement has led to debates about sovereignty, security, and the strain on public services.

In 2015, the Federal Government of Nigeria, with the support of international donors, developed a National Migration Policy²¹. This policy has recommendations for managing migration in Nigeria but does not yet address challenges associated with SHW migration.

Migration of healthcare workers is receiving increased attention worldwide. In Europe, the creation of a border-free labor market and its expansion with the EU enlargements of 2004, 2007, and 2013 endowed health professionals with the right to provide services and to relocate to another EU Member State. Nigeria's healthcare system is grappling with a critical shortage of doctors, compounded by the emigration of healthcare professionals seeking better opportunities abroad. The proposed legislative measures represent a step towards addressing this issue, but a comprehensive approach involving improved working conditions, better

compensation, and increased investment in the healthcare sector will be crucial to retaining and attracting healthcare workers.

As of 2021, Nigeria faced a severe shortage of healthcare workers, with approximately 84,277 doctors in the country. This equates to a ratio of 3.95 doctors per 10,000 people. This ratio is significantly below the World Health Organization's recommended standard, which suggests a doctor-to-population ratio of between 1:400 and 1:600 to ensure adequate healthcare provision²². The shortage of healthcare professionals in Nigeria is exacerbated by a troubling trend of emigration. Many Nigerian healthcare workers are leaving the country in search of better opportunities abroad, contributing to the crisis. This migration is alarming for several reasons. The migration of healthcare workers has reached critical levels. Reports indicate that as of October 2022, there was approximately one doctor for every 10,000 patients in Nigeria, reflecting a severe imbalance in the healthcare system²³. This shortage is further underscored by the fact that the United Kingdom alone licensed 142 Nigerian doctors in early 2023²⁴. Additionally, over 500 medical and dental consultants had migrated by 2022, highlighting a significant loss of experienced professionals. The emigration of healthcare workers has a detrimental impact on Nigeria's healthcare system. The shortage of medical professionals impedes the quality and accessibility of healthcare services. With fewer doctors available, the burden on the existing workforce increases, leading to longer wait times, reduced patient care quality, and overall strain on healthcare infrastructure.

In response to the crisis, the Nigerian National Assembly proposed legislation aimed at addressing the issue. The proposed law seeks to mandate that medical doctors work in Nigeria for a minimum of five years after completing their education before being allowed to emigrate²⁵. This measure is intended to retain more healthcare workers within the country and mitigate the adverse effects of their migration on the healthcare system.

Unfortunately for the country and the country's health system as well as its citizens, there is evidence that more Health Care Workers are intending or planning to migrate, and a local slogan for

emigration has been coined “japa” or “japa syndrome” among Nigerians²⁶. A recent survey showed that more than half (57.4%) of the 244 doctors surveyed in a Nigerian teaching hospital located in Oyo State (Southwestern region) had migration intentions and more than one-third (34.8%) had made attempts at emigrating²⁷. Another teaching hospital-based study conducted in the Ekiti State (Southwestern region), Nigeria, reported a 72.4% prevalence of migration intention among resident doctors²⁸. An online survey across all 36 states in Nigeria plus the Federal Capital Territory (FCT) found that 43.9% of 913 doctors had migration intention²⁹.

The phrase push and pull factors often describe the reasons for wanting to migrate^{30, 31, 32}. Push factors are often perceived as negative factors by HCWs, while pull factors are ascribed to positive factors. This does not necessarily imply that the push factor is the opposite of the pull factor, nor does it mean that the perceived positivity of the pull factor negates that of the push factor. Scholars argued that the accuracy of perceived push and pull factors differs, “A migrant is more likely to perceive push factors accurately than pull factors, given that the point of origin is more familiar than the destination”³³. Furthermore, pull factors can lead to what another scholar called “brain waste”, which is a situation whereby skilled HCWs end up working as unskilled labour in non-health sectors³⁴. This may be considered a waste because such migration leaves the home country short of the needed health care workforce, and the HCWs are not utilized as the needed health force in the host country.

In the context of HCWs, push factors are conditions in the home country that make HCWs want to migrate to another country³⁵. The common push factors in Nigeria and elsewhere include poor salaries, infrastructure, insecurity and political instability. On the other hand, pull factors are external features that entice HCWs to the host country³⁶. These factors include good salary and benefits, career advancement opportunities and health-system quality.

Factors associated with migration intention among Health workers are well documented in the literature and are situated across different socioecological levels. Intrapersonal factors such as age,

gender and poor socioeconomic status are reported predictors of migration intention globally. Organizational or work-related factors such as work experience, job satisfaction and burnout from excessive work have been identified as predictors of migration intention among HCWs^{37, 38}. Some of the mentioned factors have shown inconsistent predictive power across different studies. Specifically, intrapersonal factors such as religion, ethnicity, marital status, number of children and environmental factors such as region and place of residence are less common predictors of migration in the literature, as reported in earlier studies from Nigeria³⁹. Burnout involves physical and mental exhaustion from social and work-related stress and often develops over a long period⁴⁰. Burnout from excess workload has been singled out as a driver of migration, and the increasing job dissatisfaction associated with burnout has compounded why HCWs want to leave their country⁴¹. Lack of job satisfaction significantly impacts HCWs' effectiveness and efficiency⁴².

There are several studies on migration intentions among HCWs globally and in Nigeria. Yet, there are gaps to be filled in relation to HCWs' migration in Nigeria. First, empirical studies on HCWs' migration intention in Nigeria have largely focused on doctors and nurses. However, a recent study included nurses and pharmacists in their analysis and found that they were more likely to be willing to migrate than doctors, suggesting that other medical professionals are increasingly considering migrating to other countries and should be included in HCW migration studies. In their study, scholars have excluded HCWs such as podiatrists, physiotherapists and health record managers otherwise known as health information managers because they are less often mentioned in the literature, missing the opportunity to beam light on the emigration intention of the less commonly surveyed HCWs in Nigeria.

A study was aimed at deriving a conceptual framework that captures the scope of (Skilled Health Workers) SHW migration governance in Nigeria and the extent to which it is human rights based. To describe the scope of SHW migration governance, we conducted an exploratory factor analysis and mapped our findings to themes derived from a qualitative analysis. We also did a multivariate

analysis, examining how governance items are related to migration intentions of SHWs. The scope of SHW migration governance in Nigeria can be described across three levels: Constitutional—where policies about the economy and the health workforce are made and often poorly implemented; Collective—which responds to the governance vacuum at the constitutional level by promoting SHW migration or trying to mitigate its impact; Operational—individual SHWs who navigate the tension between the right to health, their right to fair remuneration, living/working conditions, and free movement. Examining these levels revealed opportunities for collaboration through stronger commitment to human right norms. In recognising their role as rights holders and duty bearers at various levels, citizens, health advocates, health workers, community groups and policy makers can work collaboratively towards addressing factors related to SHW migration⁴³.

Migration, as a global phenomenon, is often driven by individuals seeking better opportunities and an improved quality of life in more affluent countries. In 2018, around 257 million people worldwide migrated from their home countries, with half of these migrants originating from low- and middle-income countries (LMICs)⁴⁴. One of the most notable impacts of migration is the movement of healthcare workers, which significantly contributes to the depletion of human resources in the healthcare systems of LMICs. Human resources are a critical component of healthcare systems, influencing both the availability and quality of services⁴⁵. The World Health Organization (WHO) has raised concerns about a projected global shortage of 18 million healthcare workers by 2030, which is expected to exacerbate the challenges faced by resource-limited countries⁴⁶.

In response, some high-income countries have adopted active recruitment strategies to address their healthcare workforce shortages, often targeting healthcare workers from LMICs. In countries like the USA, Canada, Australia, and the UK, approximately 25% of physicians are international medical graduates, with half of these professionals migrating from low-income nations. Australia, in particular, has the highest number of foreign-trained dentists among OECD countries, with one in four dentists being an international dental graduate, primarily from developing nations⁴⁷.

The decision to migrate is typically influenced by various factors, often explained by the push-and-pull model. Push factors drive individuals away from their home countries, while pull factors attract them to foreign countries. Financial incentives, opportunities for professional development, and the promise of a better quality of life are the primary pull factors for healthcare workers migrating from LMICs. In South Africa, doctors have cited insecurity, high crime rates, and racial tensions as significant push factors. For those migrating to the UK, the desire to work and study in a developed healthcare system serves as a strong pull factor. Iranian healthcare workers who expressed a desire to migrate reported concerns over structural and professional challenges, such as an unfavorable educational environment and inter-professional inequities⁴⁸.

Healthcare worker migration impacts both the countries they leave and those they move to, with source countries experiencing the most negative effects. The loss of skilled healthcare workers can reduce the quality and quantity of healthcare services, increase the workload for the remaining workforce, and exacerbate healthcare inequalities, particularly in underserved areas. In 2010, the WHO introduced a code of practice to provide ethical guidelines for the recruitment of healthcare workers. This code encouraged member states to collaborate on improving research programs related to healthcare worker migration.

2.1.3. Employees Attitude

An attitude is a psychological state of mind. It is the way a person thinks about situations, and it ultimately determines a person's behavior. In the workplace, employees can have either a positive or negative attitude about specific work tasks, products or services, co-workers or management, or the company as a whole. Positive attitudes among employees make workdays more enjoyable and it enhances that tasks are performed to a higher standard and without complaint. Employees' attitude refers to the overall mindset, feelings, and perspectives that individuals hold toward their work, workplace, colleagues, and organizational practices. These attitudes encompass beliefs, feelings, and behavioral

intentions toward various aspects of the job. Attitudes play a critical role in determining employees' motivation, satisfaction, productivity, and overall job performance.

Attitudes refer to the feelings, beliefs, and behaviors individuals or groups display toward people, objects, or ideas. These attitudes are typically developed over time based on experiences and interactions with the environment, shaping how individuals perceive and respond to various stimuli. When a person expresses that they "like their job," they demonstrate a positive attitude toward their work. Attitudes are internal, psychological phenomena that cannot be directly observed but are reflected in behavior⁴⁹. For instance, a person who is consistently punctual at work may be inferred to have a positive attitude toward their job, suggesting either job satisfaction or discipline.

The term "attitude" originates from the Latin word *aptus*, meaning a mental state of readiness for action. According to a scholar, an attitude is a "mental set to respond to a situation with a proper reaction," and unlike temporary reactions, attitudes are relatively stable over time⁵⁰. Similarly, an attitude as a "set of dispositions (readiness, inclination, and tendency) to act toward an object according to its characteristics as far as we are acquainted with them." This suggests that attitudes are enduring cognitive structures influenced by both internal desires and external stimuli⁵¹. Further, it was explained attitudes as generalized dispositions toward groups of people, linking them to broader behavioral tendencies⁵². For instance, a person's attitude toward their colleagues or a work project can influence their interactions and productivity. Attitudes are thus essential in shaping how individuals navigate personal and professional environments.

Authors, researchers and scholars has come up with different assertions regarding types of attitudes. **For instance, a researchers states that an** individuals with a positive attitude approach situations optimistically and focus on overcoming challenges rather than dwelling

on difficulties. Traits associated with a positive attitude include self-confidence, joyfulness, punctuality, sincerity, determination, and cooperation. These individuals work consistently to develop their skills and are often focused on achieving personal and organizational goals. It was opined that negative attitude is characterized by traits such as anger, frustration, jealousy, and doubt. People with a negative attitude are more likely to focus on limitations and failures, which can hinder their ability to utilize their skills effectively. Anger, in particular, can disrupt thinking and reasoning, leading to unproductive behaviors. Doubt, frustration, and a lack of self-confidence can also prevent individuals from succeeding in their tasks⁵³.

Moreover, attitude could be neutral or *sikken*. Individuals with a neutral attitude often avoid confronting their problems and remain complacent. They may be unemotional and disconnected, waiting for others to resolve issues instead of taking action. While this attitude is not necessarily harmful, it does not contribute positively to personal or organizational growth. Those with a neutral attitude may only succeed if they adopt a more positive outlook. *Sikken* Attitude refers to an attitude where individuals consistently find fault in everything, even turning positive ideas into negative ones. People with a *sikken* attitude tend to demotivate others and spread negativity within teams. Such attitudes are detrimental in organizational settings, as they undermine team morale and progress⁵⁴.

Majorly, attitudes is made of three component namely, cognitive, affective and behavioural Components. **Cognitive Component** relates to the beliefs and perceptions an employee holds about their job or workplace. It answers the question, "What do I believe about my work environment?" For example, an employee might believe that their job is rewarding, the management is supportive, or that promotion policies are unfair. his is the belief or knowledge aspect of attitude, which involves an individual's thoughts and beliefs about the object. For instance, an employee may believe their job is fulfilling or that their manager is

supportive. **Affective Component** is the emotional or feeling aspect of an employee's attitude toward their job. This component relates to whether the individual feels positively or negatively about their work. For instance, an employee may feel excited about their job or frustrated by workplace conditions. This refers to the emotional aspect of attitude, involving feelings and emotions associated with the object of the attitude. It is the emotional response one has toward a person, object, or situation. The **behavioral Component** relates to how the attitude influences an individual's actions. Employees' attitudes often drive their behavior at work, such as commitment to organizational goals, absenteeism, or willingness to participate in team activities. This is the action or behavior that results from the attitude. It reflects the tendency of an individual to act in a particular way toward the object of their attitude. For example, a person who likes their job may demonstrate this by consistently arriving on time and putting in extra effort⁵⁵.

Psychologists have long recognized the importance of attitudes in shaping human behavior. Attitudes are believed to guide behavior when there is no external intervention, and social psychologists emphasize the practical implications of understanding attitudes due to their profound influence on behavior. Although attitudes are acquired over time, their impact on behavior can be significant, as they often serve as mediators between inner needs and external realities. Understanding the strength of an attitude can help predict behavior to a certain extent, though this is often complex due to situational variations.

A scholar posited a theory that argued that job satisfaction and dissatisfaction are influenced by two different factors: hygiene factors and motivators. Hygiene factors (e.g., salary, company policies, working conditions) do not lead to job satisfaction but can cause dissatisfaction if absent. Motivators (e.g., recognition, responsibility, achievement) drive job satisfaction. This theory underscores that for employees to have a positive attitude toward work, both hygiene factors and motivators must be

addressed. Cognitive dissonance theory explains that when there is inconsistency between employees' beliefs and behaviors (or between two beliefs), employees experience discomfort, which they try to resolve by changing their attitudes or behaviors. For instance, if an employee values teamwork but feels that their team is dysfunctional, they may either try to improve the team dynamics or change their attitude toward teamwork⁵⁶. Social exchange theory posits that employees' attitudes are shaped by their perceptions of fairness and reciprocity in the workplace. Employees develop positive attitudes when they feel that their efforts are recognized and rewarded, leading to a positive exchange relationship with the organization. Conversely, perceptions of inequity or exploitation may lead to negative attitudes.

Employees' attitudes are critical because they directly influence behaviors such as job performance, turnover, and absenteeism. Positive attitudes, such as job satisfaction and organizational commitment, are associated with higher productivity, better teamwork, and a lower likelihood of leaving the organization. Conversely, negative attitudes may result in decreased job performance, increased absenteeism, and higher turnover rates⁵⁷. Employee attitudes result in different outcomes like Job Satisfaction which refers to the level of contentment an employee feels toward their job. Research shows that job satisfaction is linked to better performance, lower absenteeism, and reduced turnover. Factors influencing job satisfaction include job roles, working conditions, salary, and relationships with colleagues and supervisors. Another outcome of attitude is organizational commitment which refers to the psychological attachment an employee has to their organization. There are three main types of commitment: affective (emotional attachment to the organization), continuance (perceived costs of leaving the organization), and normative (feeling obligated to stay)⁵⁸. High organizational commitment often correlates with lower turnover intentions and better work performance.

Another influence of attitude could be found on employee engagement which refers to the extent to which employees are emotionally invested in their work and committed to the organization.

Engaged employees are enthusiastic and put extra effort into their work. Studies have shown that engaged employees are more productive and are less likely to leave the organization. More so, workplace satisfaction, is also another result of employee attitudes. This relates to an employee's attitude toward the physical and social work environment. Employees who feel that their workplace is conducive to productivity, with good relationships with peers and managers, tend to have a positive workplace attitude⁵⁹.

Several studies has been carried out regarding factors that influences employee work attitudes. Such factors includes **Work Environment**: A supportive and positive work environment is crucial for fostering positive employee attitudes. Factors such as fair treatment, autonomy, recognition, and a collaborative work culture all contribute to employees having a positive attitude toward their jobs⁶⁰. **Leadership and Management**: The leadership style adopted by supervisors and managers significantly impacts employees' attitudes. Transformational leadership, characterized by support, empowerment, and inspiration, has been found to correlate with positive attitudes such as higher job satisfaction and organizational commitment. **Job Characteristics**: The nature of the job itself—autonomy, skill variety, task significance, and feedback—can influence employees' attitudes. According to the Job Characteristics Model, jobs that are meaningful, allow autonomy, and provide feedback lead to higher job satisfaction and motivation. **Employee Demographics**: Demographic factors such as age, gender, education level, and tenure can influence employees' attitudes. For example, research suggests that younger employees may prioritize career growth and work-life balance, while older employees may place higher value on job security. **Organizational Culture**: An organization's culture, defined by shared values, beliefs, and practices, shapes employees' attitudes. A positive, inclusive culture that promotes diversity, teamwork, and innovation tends to result in more engaged and satisfied employees⁶¹.

Impact of employee attitude is always obvious on the organization. For instance, attitude will affect productivity. Positive employee attitudes lead to higher productivity and improved performance. Employees who feel satisfied and committed to their jobs are more likely to go the extra mile and contribute to the organization's success. Secondly employee attitude will affect the turnover and retention. Employees with negative attitudes, such as dissatisfaction or lack of commitment, are more likely to leave the organization. More so, employees with positive attitudes exhibit pro-social behaviors such as helping colleagues, going above and beyond their duties, and participating in organizational citizenship behaviors⁶². Conversely, negative attitudes can result in counterproductive behaviors such as absenteeism, tardiness, and even sabotage.

For this study, the author uses that three component of theory of reasoned action (attitude towards behaviour, subjective norm and perceived behavioural control) to measure attitude of health information professionals regarding actions and behaviours. In the case of attitude towards behaviour which refers to the individual's positive or negative evaluation of performing a specific behavior, such as implementing a new health information system or adopting evidence-based practices in this care emigration to another country. If a health information professional believes that using a new system will improve patient care, increase efficiency, or enhance their job performance, they will likely have a positive attitude toward adopting the technology. For example, studies have shown that health information professionals who believe that electronic health records (EHR) systems are useful and improve their work quality are more likely to adopt and effectively use these systems. Positive attitudes toward these technologies can lead to greater intention to use them, and ultimately, successful implementation. This means that if an health information manager found that there are numerous advantages to emigrating, he/she will is likely to engage in it. For instance, a number of 763 (early carrier doctors) ECDs participated in a study where majority (88.2%) were less than 40 years of age and the male to female ratio was 2:1. It was found that majority of the participants received monthly income \leq 833 US Dollar. About two-thirds of ECDs had plans to

emigrate and most to developed countries. Common reasons for intention to migrate were better quality of postgraduate training, improved quality of life and better remuneration. In other word, the attitude of these and some other professionals to migrate is because of the better opportunities available to them⁶³.

Subjective norms refer to the perceived social pressure to perform or not perform a particular behavior. In the healthcare environment, health information professionals are influenced by colleagues, superiors, and organizational policies regarding the adoption of health information technologies or evidence-based practices and some other phenomenon like emigration. If the professionals perceive that their peers or supervisors expect them to use a specific health information tool or follow certain protocols, or even travel abroad, they are more likely to feel compelled to adopt those behaviors, regardless of their personal attitudes. For instance, if a health information professional's workplace has a strong culture of evidence-based practice and peers regularly share data-driven insights, they may feel a sense of obligation or pressure to conform to these standards. Research supports that subjective norms are a significant predictor of technology adoption in healthcare settings, as professionals often rely on the opinions of their colleagues and institutional culture when deciding whether to implement new tools or practices and to even emigrate. An Arabic study found that subjective norm offer invaluable, culturally appropriate instruments for assessing emigration intentions and factors behind this intention⁶⁴.

Ajzen later expanded the TRA into the Theory of Planned Behavior (TPB) by adding the component of perceived behavioral control (PBC). PBC refers to an individual's perception of their ability to perform the behavior in question. In health information settings, perceived behavioral control relates to whether professionals believe they have the necessary resources, skills, and autonomy to adopt a new system or practice. For example, health information professionals who feel confident in their technical skills, have access to sufficient training, and work in an environment that supports innovation are more likely to adopt new health information technologies⁶⁵. On the other hand, if

professionals perceive that they lack the necessary support, resources, or knowledge, they are less likely to engage in the desired behavior, even if their attitude and subjective norms are favorable⁶⁶.

Employees' attitudes play a fundamental role in shaping workplace dynamics and organizational success. Positive attitudes toward the job and the organization are associated with enhanced performance, productivity, and reduced turnover, while negative attitudes can undermine these outcomes. Organizations can foster positive employee attitudes by creating supportive work environments, practicing fair leadership, providing meaningful job roles, and cultivating a positive organizational culture. More so, The Theory of Reasoned Action provides a valuable lens through which to understand the behavior of health information professionals. Their attitude toward emigration, the social pressures they face, and their perceived ability to successfully emigrate contribute to their behavioral intentions and, ultimately, their actions in the workplace and regarding emigration.

2.2. Theoretical Framework

2.2.1. Job Characteristics Theory of Work Attitudes and Performance by (Hackman & Oldham)

Job Characteristics Theory of Work Attitudes and Performance was developed by Hackman & Oldham, in the year 1975, and reviewed in 1980. This theory states that employee job satisfaction, intrinsic work motivation, and productivity are a function of the characteristics of a job. The central characteristics are skill-variety, task identity, task significance, autonomy, and feedback. The theory also states that employee attitudes and performance are moderated by the employee's need for psychological growth. Employees with low growth need strength are less responsive to job characteristics than employees with high growth need strength. According to this theory, the way a job is structured can significantly affect job

satisfaction, motivation, and performance⁶⁷. The model highlights five core job characteristics, three critical psychological states, and corresponding work outcomes.

Regarding Core Job Characteristics Hackman and Oldham identified five key dimensions of any job that can determine an employee's experience at work: Skill Variety as the degree to which a job requires a range of different skills and abilities from the employee. Jobs that require a variety of skills are more likely to keep employees engaged and motivated, compared to monotonous, repetitive tasks. Next is Task Identity which is the extent to which a job requires the completion of a whole and identifiable piece of work. Employees tend to find jobs more meaningful when they can see their contribution to the final product or service. Followed by Task Significance which depicts how much the job impacts the lives or work of other people. Jobs that contribute to others' well-being or have social importance can foster a sense of purpose in employees. Job Autonomy is the level of independence and discretion the employee has in scheduling tasks and deciding how to carry them out. Jobs with high autonomy provide workers with a sense of ownership and responsibility, leading to increased intrinsic motivation.

Feedback being the last job characteristic is the extent to which the employee receives clear, direct information about their performance. Feedback can come from the job itself (i.e., a visible outcome of their work) or from others (supervisors, customers).

These core job characteristics are believed to foster three critical psychological states in employees: Experienced Meaningfulness which is when employees feel their job is meaningful, it enhances their connection to the work. This is primarily influenced by skill variety, task identity, and task significance. Experienced Responsibility for Work Outcomes: Autonomy fosters a sense of personal responsibility for the results of one's work. When employees have control over how they perform their tasks, they feel accountable for

successes or failures. Knowledge of Results is when feedback provides employees with information on how well they are performing. This knowledge allows them to adjust their efforts and strategies as needed.

The model suggests that when employees experience these psychological states, they are more likely to experience positive work outcomes, such as: High Internal Work Motivation: Employees are more likely to be intrinsically motivated, performing tasks because they find the work itself rewarding rather than due to external rewards. High-Quality Work Performance: Employees who experience the three critical psychological states are more likely to deliver high-quality work. High Satisfaction with the Work: The fulfillment from experiencing meaningfulness, autonomy, and feedback leads to greater job satisfaction. Low Absenteeism and Turnover: When employees are motivated and satisfied, they are less likely to leave the organization or miss work frequently⁶⁸.

To situate Hackman and Oldham's Job Characteristics Theory (JCT) within the context of Health Information Professionals (HIPs)—such as medical records specialists, health information technicians, and health informatics managers—it is essential to consider how the five core job characteristics and their related psychological states apply to their specific work environment.

Core Job Characteristics for Health Information Professionals according to the theory includes: **Skill Variety:** HIPs engage in various tasks, including managing patient records, handling complex health databases, coding medical procedures, ensuring compliance with health regulations, and implementing health information systems. The diversity in tasks requires a wide range of skills, from technical proficiency in health informatics software to regulatory knowledge. A job with greater skill variety allows HIPs to stay engaged, helping them balance technical, analytical, and interpersonal responsibilities. Next is Task Identity:

The extent to which HIPs are involved in the entire process of managing patient data (from data collection, processing, analysis, and sharing with healthcare providers) influences their sense of ownership over the task. If a HIP is responsible for overseeing the full lifecycle of health information, they are likely to experience higher task identity. For instance, a HIP who designs a health information system and monitors its usage sees their direct contribution to healthcare outcomes⁶⁹.

In the case of task significance being the third job characteristics, HIPs play a critical role in the healthcare system as they ensure that accurate and timely information is available to healthcare professionals, thereby impacting patient care quality and healthcare delivery. Understanding how their work affects patient outcomes and supports medical decision-making enhances the perceived significance of their roles, giving a strong sense of purpose to their job. For job autonomy, HIPs with greater control over how they manage information systems or implement health data strategies tend to experience higher job satisfaction. For example, autonomy in deciding how to implement data protection protocols or managing electronic health records (EHR) allows them to use their professional judgment, contributing to improved efficiency and compliance. Feedback for HIPs can come from several sources, such as healthcare providers who rely on the data they manage, patient outcomes, or regulatory audits. Receiving clear feedback on how well they perform in maintaining data accuracy, confidentiality, and compliance with regulations is critical for them to adjust their methods and improve the quality of their work⁶⁹.

Critical Psychological States for Health Information Professionals.

Experienced Meaningfulness: When HIPs perceive their role as critical to the delivery of high-quality healthcare, they experience a higher sense of job meaningfulness. For instance, knowing that accurate health data management can prevent medical errors or enhance the

efficiency of clinical decision-making makes their work feel vital and meaningful.

Experienced Responsibility for Outcomes: When HIPs are given autonomy over key tasks like maintaining health information systems or developing protocols for data security, they feel personally accountable for the results of their work. This responsibility strengthens their intrinsic motivation to ensure high-quality performance and adherence to standards.

Knowledge of Results: HIPs often receive performance feedback through outcomes such as system efficiency, data integrity audits, healthcare provider satisfaction, or direct feedback from regulatory bodies. This feedback loop is essential for them to understand the impact of their work and to make adjustments where necessary⁶⁹.

The combination of these core job characteristics and psychological states leads to positive outcomes for HIPs, similar to those described in the original Job Characteristics Theory:

High Internal Work Motivation: HIPs who experience meaningfulness, autonomy, and feedback are more likely to be motivated intrinsically. They engage in tasks not just because of external rewards (like salary) but because they find the work rewarding, particularly when it contributes to improved patient care and healthcare efficiency.

High-Quality Work Performance: By enhancing skill variety, task significance, and feedback mechanisms, HIPs are more likely to maintain high-quality performance in managing health data, ensuring compliance with healthcare regulations, and improving data systems.

High Job Satisfaction: When HIPs find their work meaningful and feel personally responsible for their performance, their job satisfaction increases. Satisfaction is also linked to the importance they place on their role in enhancing patient outcomes and supporting healthcare providers with accurate and accessible health information.

Low Absenteeism and Turnover: Health information professionals who find their jobs fulfilling and experience high motivation are less likely to leave their jobs or take frequent leave, reducing turnover rates in healthcare organizations⁶⁹.

Applying Hackman and Oldham's Job Characteristics Theory to Health Information Professionals demonstrates how effectively structured jobs can lead to improved work attitudes and performance in this field. By enriching job characteristics like skill variety, task identity, autonomy, and feedback, healthcare organizations can foster motivation and satisfaction, resulting in higher-quality health information management and, ultimately, better patient care.



Fig. 2.1. Job Characteristics Theory of Work Attitudes and Performance⁶⁹

2.2.2. Push and Pull Factors by Everett S. Lee

Everett S. Lee's Theory of Migration of 1966 introduced the concepts of push and pull factors, which explain the reasons behind human migration. His theory provided a framework for understanding why people move from one location to another, whether within a country or internationally. According to Lee, migration is influenced by various factors that either

“push” people away from their place of origin or “pull” them toward a new destination. In his theory, Lee posits that migration decisions are influenced by several factors in both the origin and destination regions. The decision to migrate is not only influenced by attractive (pull) factors in the destination, but also by repelling (push) factors in the origin. According to Lee, these factors can be categorized as follows: **Push Factors:** These are the conditions that drive individuals to leave their current location. For healthcare professionals, push factors might include: Poor working conditions (e.g., lack of resources or infrastructure), Low salaries or lack of job satisfaction, Limited career advancement opportunities, Political instability or poor governance, High levels of stress or burnout due to overburdened healthcare systems⁷⁰.

Pull Factors: These are the attractive conditions in a potential destination that encourage individuals to move. For healthcare professionals, pull factors may include: Better job opportunities with higher salaries, Access to advanced technology and resources, Professional development and career growth, Political stability and better living conditions, Opportunities to work in prestigious hospitals or healthcare systems. Lee’s model also acknowledges the presence of intervening obstacles and personal factors in migration decisions. Intervening obstacles, such as immigration policies, personal responsibilities, or financial costs, can prevent or delay migration. Personal factors include an individual’s preferences, personality traits, and social network, which can also significantly influence the decision to migrate ⁷¹.

Everett S. Lee's theoretical framework on "Push and Pull Factors" is a key contribution to migration studies. Introduced in 1966 in his seminal paper, "A Theory of Migration," this model explains why individuals migrate from one region to another. In the context of healthcare professionals, migration is often influenced by a combination of economic, social, and professional factors that affect both the individuals and the healthcare systems they serve.

This essay explores Lee's Push and Pull theory, its relevance to healthcare professionals, and the implications for global healthcare delivery⁷¹.

Application of Push and Pull Factors in Healthcare Migration

The migration of healthcare professionals is a significant global phenomenon. The World Health Organization (WHO) recognizes the critical impact of healthcare worker migration on both source and destination countries. Healthcare professionals, such as doctors, nurses, and allied health workers, often migrate in search of better opportunities, driven by the combination of push and pull factors that Lee describes.

Push Factors in Healthcare Includes:

Workplace Environment and Resources

Healthcare professionals often migrate due to poor working conditions, particularly in low- and middle-income countries (LMICs). A lack of essential medical supplies, outdated technology, and understaffing can lead to frustration and dissatisfaction. Studies have shown that nurses in sub-Saharan Africa, for example, frequently report burnout due to the overwhelming number of patients they are expected to care for with limited resources⁷². This leads many to seek work in better-resourced healthcare systems⁷¹.

Economic Pressures

Economic hardship is a major push factor for healthcare workers in developing countries. Low wages, delayed payments, and poor incentives are significant drivers of migration. Research shows that healthcare professionals in countries like India, the Philippines, and sub-

Saharan Africa often move to countries with stronger economies, where they can earn better salaries⁷³.

Career Stagnation

Limited opportunities for career advancement in the home country is another common push factor. Healthcare workers who wish to pursue specialized training or advanced positions may find that these opportunities are scarce in their country of origin. This is particularly true in regions where healthcare systems are underfunded, and where investments in professional development are limited.

Political Instability and Insecurity

Political factors such as conflict, civil unrest, and governmental instability also push healthcare professionals to migrate. According to Lee's model, political instability is a significant push factor, as professionals may fear for their safety and the safety of their families. For example, during the Syrian Civil War, many healthcare professionals fled the country, creating a significant brain drain in the healthcare sector.

Pull Factors in Healthcare

Better Pay and Economic Opportunities

One of the most significant pull factors for healthcare professionals is the prospect of higher salaries and better economic opportunities. Countries like the United States, the United

Kingdom, Canada, and Australia are popular destinations for healthcare professionals from low-income countries due to their well-compensated healthcare positions. The WHO reports that healthcare professionals can earn up to 10 times more in high-income countries than in their home countries⁷⁴.

Advanced Medical Infrastructure

Healthcare professionals are often attracted to destinations that offer state-of-the-art medical facilities, cutting-edge technology, and access to advanced treatments and procedures. The opportunity to work with advanced technology and resources allows professionals to improve their skills, stay updated with the latest developments, and provide better care to patients.

Professional Development and Specialization

Many high-income countries offer better opportunities for training, education, and specialization, which act as powerful pull factors. Healthcare professionals may migrate to pursue specialized training programs or research opportunities that are not available in their home countries. For example, the United Kingdom offers internationally recognized residency and fellowship programs that attract healthcare professionals from around the world.

Political Stability and Quality of Life

Political stability, safety, and a high quality of life are significant pull factors for healthcare professionals. Countries that provide a stable political environment, access to healthcare, education, and social services are more likely to attract migrants. For example, healthcare professionals from politically unstable regions may move to countries like Canada or Australia, which offer a better quality of life and work-life balance.

The migration of healthcare professionals based on push and pull factors has far-reaching consequences for both source and destination countries. When healthcare professionals leave a country, it often leads to a shortage of skilled workers, known as brain drain. This is particularly problematic in LMICs, where there is already a scarcity of healthcare professionals. The loss of skilled workers can weaken the healthcare system and negatively impact patient care. More so, countries invest in the education and training of healthcare professionals. When these professionals migrate, the source country loses both the investment and the potential contributions the individual would have made to the local economy and healthcare system. Furthermore, the departure of healthcare professionals places additional strain on those who remain, leading to overburdened systems, higher patient-to-doctor ratios, and burnout⁷¹.

High-income countries benefit from the influx of healthcare workers from other regions, as they are often able to fill gaps in their healthcare systems, particularly in underserved areas such as rural or remote locations. Cultural Integration Challenges: Destination countries may face challenges in integrating foreign-trained healthcare professionals into their systems, particularly when it comes to differences in training, language, and culture. The migration of healthcare professionals from poorer to wealthier nations raises ethical questions. Some critics argue that wealthier countries are exacerbating healthcare shortages in LMICs by recruiting their healthcare workers⁷¹.

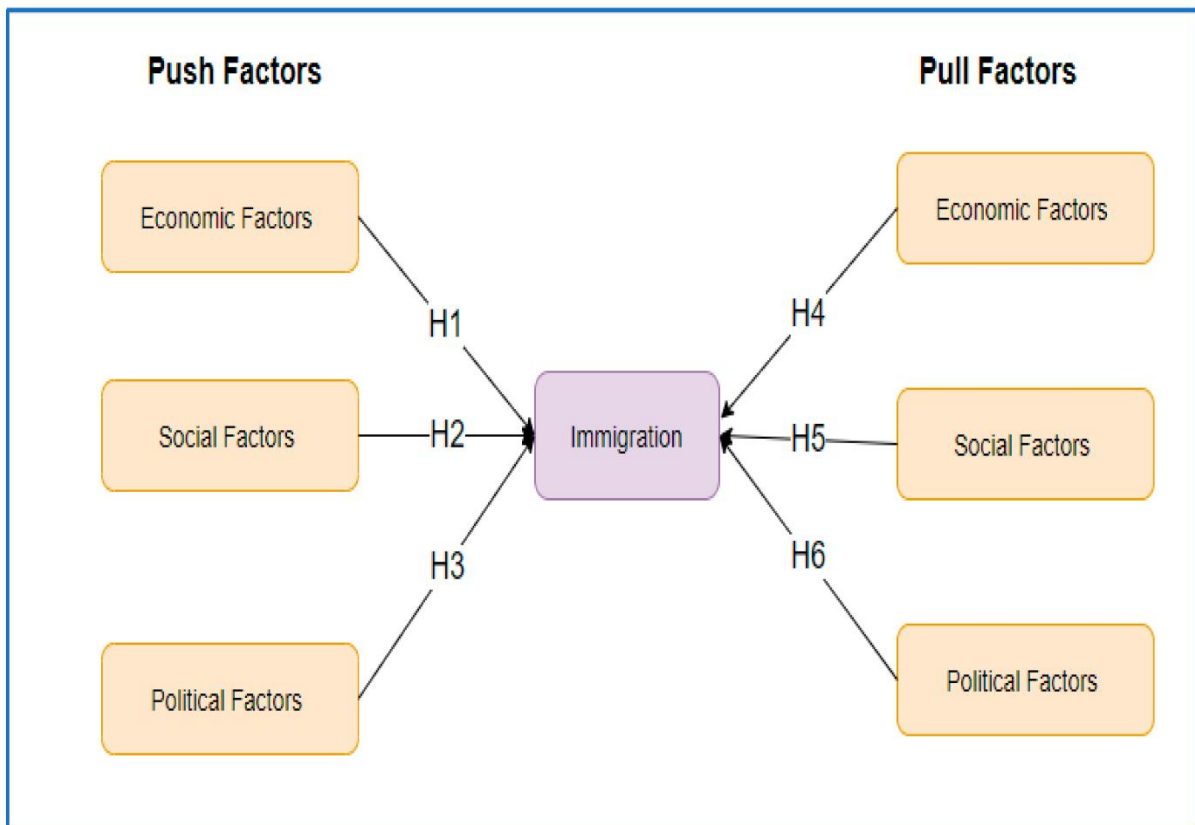


Fig. 2.2. Push and Pull Factors by Everett S. Lee⁷¹

2.2.3. Ajzen and Fishbein Theory of Reasoned Action

The Theory of Reasoned Action (TRA) was developed by Martin Fishbein and Icek Ajzen in 1975 and has been widely used in behavioral research to predict and understand human actions in various contexts, particularly where intention is a significant determinant of behavior. The core premise of TRA is that an individual's intention to perform a certain behavior is the primary predictor of whether or not they will actually perform that behavior. According to the theory, behavioral intention is influenced by two primary factors: attitudes toward the behavior and subjective norms⁷⁵. This theory is highly applicable to the study of behavior among Health Information Management (HIM) professionals, particularly as they navigate a constantly evolving healthcare landscape, filled with technological advancements, regulatory challenges, and the need to maintain high standards of data management. The

actions and decisions made by HIM professionals can be influenced by their attitudes and perceived social pressure, which makes the TRA a useful lens to understand their behavior.

According to the TRA, the best predictor of behavior is a person's intention to perform it. This intention is influenced by attitudes toward the behavior and subjective norms. Attitudes toward a behavior refer to the individual's positive or negative evaluation of performing that behavior. For example, if a health information professional believes that using a specific health information system is beneficial, they are more likely to develop a positive attitude towards it, thereby increasing their intention to use it. These refer to the perceived social pressure to perform or not to perform a particular behavior. For instance, if colleagues and superiors in the health information sector value the use of certain technologies, health information professionals may feel compelled to adopt these practices, thereby shaping their behavioral intentions. Actual behavior is predicted by the intention to act. However, TRA acknowledges that behavior is not solely determined by intention but may be influenced by external factors like the availability of resources or opportunities⁷⁵.

In the context of health information professionals (HIPs), the Theory of Reasoned Action provides a valuable framework to explore the factors influencing the adoption of health information technologies, compliance with information-sharing practices, or engagement in professional development activities. The TRA can help in understanding how attitudes toward new health information systems, coupled with peer or organizational expectations, influence the behaviors of HIPs. Attitudes among HIPs toward adopting new technologies, such as electronic health records (EHRs) or health information exchanges (HIEs), often revolve around their perceived usefulness, ease of use, and benefits to patient care. A positive attitude can foster greater adoption and compliance with best practices. For instance, if health information professionals believe that a certain electronic

system can improve efficiency in patient data management, their intention to adopt the system will be strengthened⁷⁵.

Recent studies have highlighted that positive attitudes towards information-sharing platforms among HIPs correlate with higher rates of technology adoption. Furthermore, training and professional development can improve attitudes, reducing the perceived complexity of new systems, which enhances their acceptance.

In healthcare environments, HIPs are often influenced by the norms and expectations of their professional community, institutional policies, and the legal framework governing health information practices. Subjective norms play a crucial role in determining the compliance of HIPs with data protection regulations, ethical standards, and collaborative practices. For example, the Health Insurance Portability and Accountability Act (HIPAA) regulations in the United States impose specific norms related to patient data privacy and security. HIPs working in organizations with strong normative pressures to adhere to HIPAA are more likely to follow these regulations, even if they personally feel that some rules are restrictive.

Research by some scholars found that subjective norms, such as organizational support and peer influence, significantly impacted HIPs' decision to participate in health information exchange programs. When HIPs perceive that their peers value the adoption of secure information systems, they are more likely to follow suit, regardless of their personal preferences⁷⁶. Health information professionals often collaborate with other healthcare providers to share patient data and coordinate care. TRA can be used to understand the factors that influence their decision to share health information. For example, a positive attitude toward information sharing, coupled with social expectations from colleagues or external stakeholders, can drive a health information professional's intention to engage in collaborative data-sharing practices. According to a 2023 study by scholars, attitudes toward information sharing were positively correlated with the intention to share electronic health data among health professionals⁷⁷.

In the current health information environment, health information professionals are frequently required to adopt new health information technologies (HIT), such as electronic health records (EHRs), telemedicine platforms, and patient portals. According to the TRA, whether these professionals choose to adopt these technologies depends on their attitudes and subjective norms. If they believe that using an EHR will increase accuracy in data management and that their organization supports the adoption of EHRs, their intention to use the technology will be stronger. Recent studies have applied the TRA to examine health professionals' attitudes toward HIT. A 2022 study by Saadat and colleagues found that attitudes toward EHRs were significantly associated with their adoption among healthcare providers, underscoring the importance of personal attitudes and social influences in decision-making⁷⁸.

Ongoing learning is critical for health information professionals to keep up with new health information management practices and technologies. The TRA can be applied to examine the factors influencing their participation in CPD activities. If professionals hold the belief that attending workshops or obtaining certifications will enhance their skills and career prospects, they will likely develop a positive attitude toward CPD. Moreover, subjective norms, such as expectations from professional organizations or peers, can further strengthen their intention to engage in continuous learning. A study explored how attitudes and subjective norms influenced the intention of health information professionals to engage in CPD programs. The study found that positive attitudes toward professional development and perceived expectations from employers were strong predictors of CPD participation⁷⁹.

Understanding behavioral intentions is crucial for predicting actions in health information management. TRA suggests that intentions, influenced by both attitudes and subjective norms, directly shape behavior. Therefore, health organizations can use this model to predict whether HIPs

will adopt new health information systems, comply with updated regulations, or engage in continuous learning. Health information professionals often work in environments where technological advancements and regulations evolve rapidly. Their ability to adapt to these changes often depends on their intention, shaped by both individual attitudes and the normative expectations of the organization.

A recent systematic review by some combined scholars confirmed that the intention to adopt electronic health record systems among HIPs is primarily driven by perceived usefulness (attitude) and organizational support (subjective norm). This highlights the dual influence of both personal and social factors in shaping health information behaviors⁸⁰.

Strength of TRA includes its Predictive Power: TRA is effective in predicting a wide range of health behaviors, including those in health information management. By understanding attitudes and norms, healthcare organizations can design interventions that enhance technology adoption and policy compliance. Secondly is the ability to Focus on Intentions: TRA focuses on behavioral intentions, making it relevant for proactive strategies, such as implementing new health systems or training initiatives aimed at improving technology literacy among HIPs.

Limitation of TRA includes **External Factors:** TRA assumes that behavioral intentions lead directly to behavior, but in practice, external factors (e.g., limited access to technology, insufficient training, or organizational barriers) can impede the execution of intended behaviors. In healthcare, system downtimes or lack of infrastructure may prevent HIPs from utilizing health information technologies even if their intentions are strong. **Limited Scope:** The model does not account for unintentional behaviors or habitual actions. For instance, HIPs might comply with certain information practices out of habit, rather than because of specific attitudes or norms, a situation TRA does not address well.

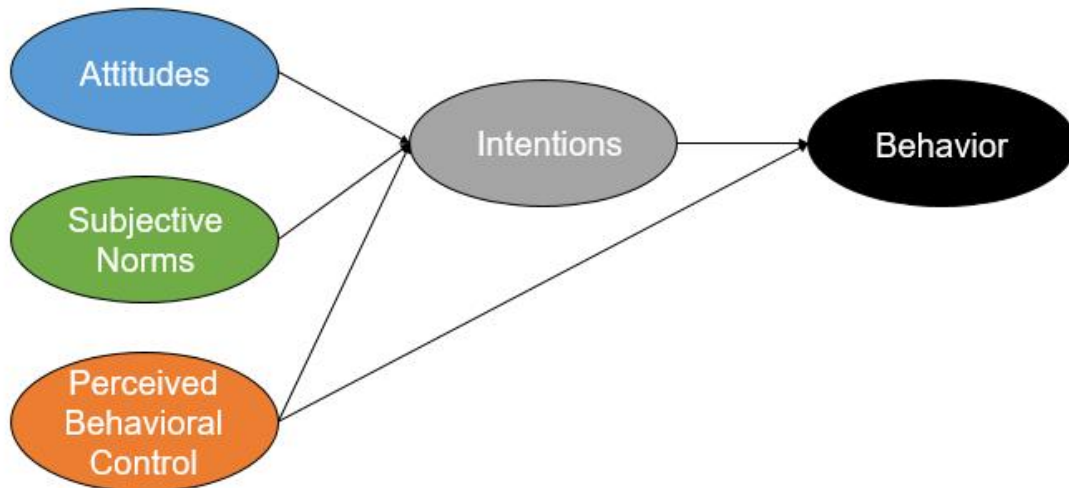


Fig. 2.3. Ajzen and Fishbein Theory of Reasoned Action⁷⁵

2.3. Review of Empirical Studies

2.3.1. Emigration Intention and Job Performance of Health Information Management Professional in University Teaching Hospitals, South-South, Nigeria

The global migration of healthcare workers is one of the most widely studied issues in healthcare worldwide. Fuelled by a global shortage of healthcare workers, this movement is considered a crisis in health sector human resources. Over the past half century, the need for skilled healthcare workers has increased in wealthy countries, which have not been able to keep up training and retaining a sufficient labor force to fill their demands and, thus, have increasingly relied on foreign-trained healthcare workers. Migrants are motivated by push factors in their home countries and pull factors in receiving countries. While some countries are capitalizing on the global market demand to facilitate export of their workers, some poor countries who lose their skilled workers to more developed countries are concerned about “brain drain.” Private, for-profit recruitment firms are increasingly entering this market and shaping migration patterns⁸¹. The general consensus of researches and researchers in this

field is that more work needs to be done globally to build the capacity for training healthcare workers, increase recruitment and retention of healthcare workers in their local regions, and manage the global movement of healthcare workers of their own accord.

To buttress the above statement, some empirical studies were reviewed

A population-based, cross-sectional study was conducted to determine the prevalence and predictors of job satisfaction, dual practice, and intention to work abroad of all workers in the Serbian public healthcare sector (73,940 employees, a response rate of 83.8%). This study observed that 22.6% of the respondents were dissatisfied with their jobs, 11.7% reported dual practice, and 14.3% had an intention to work abroad. Physicians and nurses younger than 55 years of age employed in a tertiary healthcare institution, and males were more likely to be dissatisfied than other workers. Poor management and working conditions increased job dissatisfaction, with a subsequent increased odds for dual practice and intention to work abroad by 1.5 and 3.6 times, respectively. The national and institutional framework for health workforce policy and management must be powerful and efficient when taking advantage of the positive effects and managing the negative aspects of dual practice and the intention to work abroad⁸². This means that Poor management and working conditions in the Serbian healthcare sector increase job dissatisfaction, leading to increased odds of dual practice and intention to work abroad.

In Ireland and some other countries of the world, it is not a news that medical related profession command a very high if not the highest recognition. It is a high-status, high-skill occupation which has traditionally provided access to good quality jobs and relatively high salaries. However, in Ireland, historic underfunding combined with austerity-related cutbacks has negatively impacted job quality to the extent that hospital medical jobs have begun to resemble extreme jobs. Extreme jobs combine components of a good quality job—high pay,

high job control, challenging demands, with those of a low-quality job—long working hours, heavy workloads. Deteriorating job quality and the normalisation of extreme working is driving doctor emigration from Ireland and deterring return. Methods Semi-structured qualitative interviews were conducted with 40 Irish emigrant doctors in Australia who had emigrated from Ireland since 2008. Interviews were held in July–August 2018. Results from Respondents reflected on their experiences of working in the Irish health system, describing hospital workplaces that were understaffed, overstretched and within which extreme working had become normalised, particularly in relation to long working hours, fast working pace, doing more with less and fighting a climate of negativity. Drawing on Hirschman’s work on exit, voice and loyalty, the authors consider doctor emigration as exit and present respondent experiences of voice prior to emigration. Only 14/40 respondent emigrant doctors intend to return to work in Ireland. The deterioration in medical job quality and the normalisation of extreme working is a key driver of doctor emigration from Ireland, and deterring return. Irish trained hospital doctors emigrate to access good quality jobs in Australia and are increasingly likely to remain abroad once they have secured them. To improve doctor retention, health systems and employers must mitigate against the emergence of extreme work in healthcare. Employee voice (about working conditions, about patient safety, etc.) should be encouraged and used to inform health system improvement and to mitigate exit⁸³.

Another Ireland study illustrates the impact that such the shock of 2008 economic regression can have on the medical workforce and demonstrates how cross-national data sharing can assist the source country to better understand doctor emigration trends. Drawing on Australian immigration, registration and census data to highlight doctor migration flows from Ireland to Australia, 2008–2018, the study found that general population migration from Ireland to Australia increased following the 2008 recession, peaked between 2011 and 2013 before returning to pre-2008 levels by 2014, in line with the general economic recovery in

Ireland. Doctor emigration from Ireland to Australia did not follow the same pattern, but rather increased in 2008 and increased year on year since 2014. In 2018, 326 Irish doctors obtained working visas for Australia. That doctor migration is out of sync with general economic conditions in Ireland and with wider migration patterns indicates that it is influenced by factors other than evolving economic conditions in Ireland, perhaps factors relating to the health system. Doctor emigration from Ireland to Australia has not decreased in line with improved economic conditions in Ireland, indicating that other factors are driving and sustaining doctor emigration⁸⁴.

An Irish paper presents findings from in-depth interviews conducted with 50 early career doctors between May and July 2015. The paper explores the generational component of Ireland's failure to retain doctors and makes recommendations for retention policy and practice. Interviews revealed that a new generation of doctors differ from previous generations in several distinct ways. Their early experiences of training and practice have been in an over-stretched, under-staffed health system and this shapes their decision to remain in Ireland, or to leave. Perhaps as a result of the distinct challenges they have faced in an austerity-constrained health system and their awareness of the working conditions available globally, they challenge the traditional view of medicine as a vocation that should be prioritised before family and other commitments. A new generation of doctors have career options that are also strongly shaped by globalisation and by the opportunities presented by emigration⁸⁵. Understanding the medical workforce from a generational perspective requires that the health system address the issues of concern to a new generation of doctors, in terms of working conditions and training structures and also in terms of their desire for a more acceptable balance between work and life.

In Nigeria, a very recent study 1. explored the intra migration experience of HCWs within Nigeria, 2. explore the migration intention of health care workers (HCWs) in Nigeria and 3. identify the predictors of migration intention among HCWs in Nigeria. The online survey was used to collect data from 513 HCWs in Nigeria between May and June 2023. Crude and adjusted logistic regression were used to identify factors associated with emigration intention. Analyses were performed on SPSS version 26 at a 95% confidence interval. The study found that 34.4% had intra migration experience, and the rate of intention to emigrate to work in another country was 80.1%. The United Kingdom was the most preferred destination (109 HCWs), followed by Canada (92 HCWs) and the United States (82 HCWs). At the multivariate level, emigration intention was associated with the experience of burnout and duration of practice as a HCW⁸⁶. Nurses had higher emigration intentions than medical doctors. It is clear that from the study Many HCWs in Nigeria appear to have emigration intent, and nurses are more likely to be willing to migrate than doctors.

A Portuguese study, aims to contribute to the discussion on health workforce migration, notably by testing an analytical model of the individual drivers for a professional to decide to emigrate. A large database was obtained from all primary health care units on mainland Portugal. A professional satisfaction survey was conducted and information on social-economic, labour and job satisfaction characteristics, including burnout, was obtained. Results showed that healthcare professionals who reported intention to emigrate are mostly male, young, not married, and more educated; they consider their income insufficient for their needs, and show higher levels of burnout at work and professional dissatisfaction. This profile is slightly different for GPs and nurses⁸⁷. The results obtained contribute to the discussion on what motivates primary health care professionals, including GPs and nurses, to emigrate.

A Polish study make use of quantitative, cross-sectional survey of physicians working in Polish hospitals was conducted between March and June 2018. 15 Polish hospitals were included in the study (7 general, 5 specialist, 3 university). 1003 questionnaires were analyzed (response rate: 38%). 273 doctors declared the intention to migrate: 4.5% answering 'definitely yes' and 22.7% 'probably yes'. The main reasons were: higher earnings, better working conditions and better work-life balance abroad. Age and higher career satisfaction were negatively related to the intention to migrate: OR = 0.94 (95% CI 0,92-0,95) and OR = 0.44 (95% CI 0.34-0.56) respectively. Women were 54% less likely to intend to migrate than men (OR = 0.46, 95% CI 0.33-0.65). Almost 62% of physicians intending to migrate considered a temporary stay abroad⁸⁸. Higher earning, better working condition and better work life balance is the pull factor

Another Polish study with the aim to explore the estimated trends and directions of emigration among Polish health professionals. The authors have triangulated data using two methods: a data analysis of five national registers maintained by chambers of professionals (doctors, nurses, midwives, physiotherapists, pharmacists, and laboratory diagnosticians), and data analysis from the Regulated Profession Database in The EU Single Market. The study found that between 7–9% of practicing doctors and nurses have applied for certificates, which confirm their right to practice their profession in other European countries (most often the United Kingdom, Germany, Sweden, Spain, and Ireland). The relatively high number of such certificates applied for by physiotherapists is also worrying. Emigration among pharmacists and laboratory diagnosticians is rather marginal⁸⁹.

Another polish study with the aimed of comparing the migration intentions of practicing physiotherapists and students in the final two years of their master's in physiotherapy, as well as to identify the factors influencing their desire to migrate. The research involved both

practicing physiotherapists and physiotherapy students in the last two years of their master's studies in Poland. A total of 236 participants took part, comprising 119 practicing physiotherapists and 117 students. Data was collected using an online questionnaire. The intention to migrate was reported at 45.3% among students and 47.1% among practicing physiotherapists. The most frequently chosen destinations for migration were Germany, Norway, Switzerland, France, and the United Kingdom. In both groups, the main pull factors for migration were the potential for higher wages and better working conditions. Conversely, the primary push factors were the low prestige of the physiotherapy profession in Poland, limited opportunities for career advancement, and a stressful work environment. Participants commonly cited separation from loved ones and inadequate foreign language skills as major obstacles to migration⁹⁰.

A Lithuanian study investigates the prevalence and underlying reasons for emigration intentions among physicians, nurses, residents, and medical students in Lithuania (total N = 1080). In our sample, 39% of students, 21% of residents, 12% of nurses, and 6% of physicians had decided to emigrate within the next two years. Based on statistical analyses of the survey data, we conclude that emigration decisions are linked to socio-demographic (age, gender, family situation), financial, organizational (teamwork climate in hospital) and social (perceived social worth) factors⁹¹.

A Romanian study was conducted over three consecutive years: 2013, 2014, and 2015 at the University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca, Romania. The self-administrated questionnaire included 19 questions regarding students' emigration intentions. All the 957 license-degree students participated in the study. In this study, 84.7% of subjects planned on seeking employment abroad after graduation. A large number of the students who have participated in the study have already started preparing for emigration, 21.7% of those

who wished to migrate had already performed at least one Erasmus mobility in their country of choice, 44.5% have been enrolled in a language course, and 42.7% have searched for jobs on the Internet. This shows that the majority of Romanian medical students considering migration see it as a serious alternative to the continuation of their professional training started in Romania⁹².

A German study seeks to provide current data in an effort to promote the identification of “push” factors motivating German physicians to emigrate. Using a cross-sectional survey, all physicians ≤ 40 years of age registered with the State Chamber of Physicians of Saxony, Germany (n = 5956) were sent a paper-pencil questionnaire examining socio-demographics, job satisfaction, the wish to emigrate, and the likelihood of moving abroad in the near future. Variables associated with the wish to emigrate were assessed with multivariate logistic regression models. Approximately 30% of participants wished to emigrate. The favourite destination countries were Switzerland, Scandinavian countries, and Australia or New Zealand. Of participants wishing to emigrate, approximately 52% thought it likely to emigrate for a limited, and 15% for an unlimited period of time. Participants with the wish to emigrate were significantly less satisfied with their job situation as compared to physicians without the wish to emigrate, the one exception being their “relationship with patients”. The three aspects with the highest difference in satisfaction were the overall work situation, followed by work load, and time for family, friends, and leisure activities. Being a woman, being in a relationship, and having children were associated with a lower chance for wishing to emigrate. Higher satisfaction with the factors “work load”, “patient care”, and “structural aspects” was also associated with a lower chance for wishing to emigrate⁹³.

To establish the above finding, using a cross-sectional design, 85 German physicians employed in Sweden were surveyed on working conditions and effort–reward imbalance and

compared with corresponding data on 561 physicians working in Germany. Multiple linear regression analyses were applied on both populations separately to model the associations between working conditions and effort–reward ratio (ERR), adjusted for a priori confounders. German physicians in Sweden had a significantly lower ERR than physicians in Germany: mean (M) = 0.47, standard deviation (SD) = 0.24 vs. M = 0.80, SD = 0.35. Physicians in Sweden worked on average 8 h less per week and reported higher work support and responsibility. Multivariate analyses showed in both populations a negative association between work support and the ERR ($\beta = -0.148$, 95 % CI -0.215 to (-0.081) for physicians in Sweden and $\beta = -0.174$, 95 % CI -0.240 to (-0.106) for physicians in Germany). Further significant associations with the ERR were found among physicians in Sweden for daily breaks ($\beta = -0.002$, 95 % CI -0.004 to (-0.001)) and among physicians in Germany for working hours per week ($\beta = 0.006$, 95 % CI 0.002 – 0.009). the findings show substantial differences in work stress and working conditions in favor of migrated German physicians in Sweden⁹⁴.

A multi-continental study drew data from 145 sending countries and 28 destination countries over 17 years. Scatter and fitted trend plots showed a regular, not inverted, U-shaped distribution of physician/nurse emigration rates, with low-income countries represented on the left end of the curve (with declining emigration with increasing GDP/capita) and high income, European nations represented on the rightmost end (with rising emigration with increasing GDP/capita) after an inflection point around \$7,000 GDP/capita. Model estimates demonstrated a significant positive quadratic relationship between the natural log of GDP/capita and physician ($p = 0.005$) but not nurse emigration rates when controlled for other variables. There appears to be a mobility transition in HRH emigration rates, with an increase in HRH emigration with rising GDP/capita in countries with greater than \$7,000 GDP/capita. Of note, some European nations have emigration rates of similar magnitude to

low-income African nations, likely due to relatively relaxed EU mobility regulations⁹⁵. Simply put, Physician emigration trends follow a U-shaped transition, with elevated rates in low- and high-income countries and depressed rates in middle income countries, with some European nations having emigration rates similar to low-income African/Asian countries.

Scholars found that although medical students in Nigeria and Ghana have different career aspirations, but both nations have similar Human Development Indexes, suggesting that training structure influences their emigration intentions⁹⁶.

From previous studies, the pull factors is majorly found dominant in the United Kingdom which makes most potential emigrant wanting to go UK. A study with the objective to determine current UK medical students' career intentions after graduation and on completing the Foundation Programme (FP), and to ascertain the motivations behind these intentions. Design Cross-sectional, mixed-methods survey of UK medical students, using a non-random sampling method. Setting All 44 UK medical schools recognised by the General Medical Council. Participants All UK medical students were eligible to participate. The study sample consisted of 10 486 participants, approximately 25.50% of the medical student population. Outcome measures Career intentions of medical students postgraduation and post-FP, motivations behind these career intentions, characterising the medical student population and correlating demographic factors and propensity to leave the National Health Service (NHS). The majority of participating students (8806/10 486, 83.98%) planned to complete both years of the FP after graduation, with under half of these students (4294/8806, 48.76%) intending to pursue specialty training thereafter. A subanalysis of career intentions after the FP by year of study revealed a significant decrease in students' intentions to enter specialty training as they advanced through medical school. Approximately a third of surveyed students (3392/10 486, 32.35%) intended to emigrate to practise medicine, with 42.57% (n=1444) of those

students not planning to return. In total, 2.89% of students intended to leave medicine altogether (n=303). Remuneration, work-life balance and working conditions were identified as important factors in decision-making regarding emigration and leaving the profession. Subgroup analyses based on gender, type of schooling, fee type and educational background were performed. Only 17.26% of surveyed students were satisfied or very satisfied with the overall prospect of working in the NHS97. Ascertaining the career Intentions of UK Medical Students study highlights UK students' views and career intentions, revealing a concerning proportion of those surveyed considering alternative careers or emigration. Addressing factors such as remuneration, work-life balance and working conditions may increase retention of doctors and improve workforce planning efforts.

A review was carried out to determine the factors influencing the migration decisions of medical and dental graduates migrating from low- and middle-income countries as well as introducing a practical model for health professional's migration. Methods Google Scholar and PubMed were searched together with relevant journals for English studies from January 2005 to January 2020. The original studies which evaluated the motivational factors of dental and medical graduates migrating from lower middle income countries were included. The migration model was developed by investigating the factors and frameworks of selected studies. Results Twenty-five articles were met the inclusion criteria. Push and pull theory was the most popular way to describe the driving factors of migration. These factors were classified into three macro-, meso- and micro-level with eight key domains. Poor income, unfavorable socio-economic situation, political instability, lack of professional and educational opportunities together with family and personal concerns found as strong common reasons perpetuating migration. Conclusion Despite the fact that health workers migrate for different reasons, they follow a same route for decision to stay or leave their home countries. Un-fulfillment of expectations in mother land in addition to media

reconstructed reality of life in foreign land can develop a positive attitude for better quality of life improvement after migration. Once individuals could overpass their national identity and barriers of migration, the final decision toward migration would be more feasible⁹⁸.

A cross-sectional survey of final year pharmacy students from three Nigerian universities. Data collection was done via a 46-item self-administered questionnaire. There were 377 respondents. Reasons for potential emigration included better standard of living (n= 334, 88.6%), access to advanced technology (n= 330, 87.5%) and opportunity for professional development (n= 341, 90.5%) in the destination countries. Respondents younger than 25 years were more likely to have a high emigration potential compared to those older (98.6% vs 84.6%, $\chi^2 = 10.816$, $p = 0.029$). This study showed high emigration potential for the surveyed final year pharmacy students. This highlights the need for interventions that will promote retention and limit brain drain⁹⁹.

This study investigated the migration intentions of China-educated international medical students (IMs) after graduation and the factors that influence the migration intentions. The cross-sectional, questionnaire-based study involved the IMs from the 2nd to the 6th year of degree course at Xuzhou Medical University, China, conducted from April to July of 2018. The self-administered questionnaire asked questions on students' migration destinations for short-term stay and permanent stay. The influence of gender, continent of origin, academic performance, and family socioeconomic background on the migration intentions was analyzed. Chi-square tests were used for statistical analysis. Among 266 valid responses, 124 (46.62%) students intended to return to their home countries. This intention to return was associated with Asian citizenship, lower academic performance, and middle/lower family socioeconomic status. The remaining 142 students desired to stay temporarily or permanently outside their home countries. The starting time for them to stay outside home countries was

immediately after graduation or some time later. Among them, 88 (61.97%) expected to migrate to a high-income country. The intention to migrate to high-income countries was associated with female gender and higher academic grades. For students who intended to stay outside their home countries, the most popular destination for short-term stay was China, and that for permanent stay was the USA¹⁰⁰.

A study investigated Perceived Determinants of Brain Drain among Mental Health Professionals in Specialist Health Care Facilities in Benin. A cross sectional predictive research design was adopted using two facilities: Federal Neuro-Psychiatric Hospital Benin and the Department of Psychiatric and Mental Health, University of Benin Teaching Hospital, Benin City. Population for the study consisted of 299 respondents drawn from the facilities (277 from Federal Neuro-psychiatric Hospital Benin and 72 from University of Benin Teaching Hospital). Purposive sampling technique was employed. Target population were mental health care professionals in specialist health care facilities in Benin City. The study found that there were significant relationship between condition of service and migration intention ($\chi^2= 134.7, p=. 000 > 0.05$), professional development and migration intention ($\chi^2= 46.32, p=. 000 > 0.05$), foreign technology and migration intentions, ($\chi^2= 68.81 p=. 000 > 0.05$). Here in this study, the condition of services is what triggers the emigration intention¹⁰¹.

A study uses a sequential mixed-method design to examine the extent to which the perceptions of the quality of medical education in Nigeria affect the aspirations and plans of Nigerian medical students to migrate after graduation. 211 final year students (out of a potential 580) participated in a survey; aged between 20 and 45. While the survey showed that the students perceived medical education to be of sufficiently good quality across a spectrum of variables, interview respondents described a dysfunctional medical education

that failed to meet their aspirations. The perception of a declining standard in medical training is a major issue for Nigerian medical students and graduates. In other words, inability to halt the decline in the quality of medical training in Nigeria, therefore, leaves many medical students and graduates feeling inadequately trained, and inadvertently feeds their desires and aspirations to migrate abroad after graduation¹⁰².

2.3.2. Employees Attitude and Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria

The relationship between employees' attitudes and job performance is a critical area of study, particularly for health information management (HIM) professionals. Employee performance is a critical dimension when it comes to health care sector. Especially the role of doctors and nurses is very critical when it comes to treatment of patients. Given the nature of work, the degree of stress and the working hours that the human capital of health care industry have; studying factors that have an impact on their job attitude becomes a necessity for the HR managers. Performance of such employees are influenced by Job related attitudes like satisfaction, leadership, work commitment and job involvement. Employee performance is the summation of commitment and involvement towards their organization and its value. An employee with positive attitude is well aware about the dynamics of business, can fine tune to organisational environment, leading to a holistic development in the performance and productivity of the entire organization. Keeping these facets as background, several empirical studies were carried out.

A study aimed to evaluate the relationship between readiness to change and job performance among Health Information Management (HIM) professionals at RSAB Harapan Kita, Indonesia, during the Covid-19 pandemic. Job performance was measured using indicators such as quality, timeliness, supervision needs, responsibility, cost-effectiveness, quantity,

interpersonal impact, and empathy. Readiness to change was examined through factors like self-efficacy, appropriateness, management support, and personal benefits. The questionnaire, validated in previous research, was administered to all 27 HIM professionals, with 11 participants continuing to the focus group discussion. Statistical analysis was conducted using the chi-square test on SPSS version 26 to determine the association between the variables. The findings revealed a significant correlation between readiness to change and job performance ($p=0.001$). During the focus group, participants highlighted changes such as the use of personal protective equipment, disinfecting medical forms and workspaces, and increased internal and external Covid-19 reporting¹⁰³.

A study includes the attitude related factors (behaviors of employees and leaders, job satisfaction, job commitment, motivation and training) to investigate their impact on employee performance. Utilizing descriptive method of research. An instrument was developed by the researcher with 8 statements to measure the perceived level of satisfaction, involvement, and performance. Result shows that all attitude related factors positively affect the employee performance. Motivation and job commitment has highly significant impact of performance of employees. As a result, organizations should value their experienced personnel and devise effective retention policy by giving competitive salary, experienced base pay and experienced based promotion. That will increase the overall performance of the organization¹⁰⁴. This means that Positive attitudes, motivation, and job commitment significantly impact employee performance, suggesting organizations should value experienced personnel and devise effective retention policies.

Another paper presents a review of knowledge management effects and performance in health care. Six databases were searched, the searches employing Boolean operators and combinations of key words. In total, 16 articles fulfilled the criteria set for inclusion. Data

were analysed using inductive content analysis. The review shows that in health care knowledge management effects and performance have been viewed from various perspectives: it has been linked to health care functions such as management, finance, patient care, quality and safety, IT, continued improvement of clinical operations, and organisational culture. However, the effects of knowledge management extend also to employees' work, job satisfaction, learning, knowledge distribution, and productivity¹⁰⁵. This means that knowledge management as an inevitable component of in healthcare positively impacts various functions and employee well-being, including job satisfaction, learning, knowledge distribution, and productivity.

Another study in Australia with the aims of (i) identifying and analyse the characteristics of members of the profession who have different motivation profiles; (ii) obtaining HIMs' perspectives on their professional identity; and (iii) measuring correlation between HIMs' professional identity and different motivating factors. Using a cross-sectional study design, with a convergent mixed-methods approach to data collection was employed. An online survey was administered to the 1985, 1995, 2005 and 2015 Australian health information management and medical record administration graduate cohorts from one university in Victoria. Response rate: 72.7% (n = 72). There were no statistically significant correlations between the HIMs' motivation profile and professional identity. The HIMs were largely motivated by a need for achievement (striving for excellence) and continuous improvement; maintained high standards of work quality (95.8%); valued their work (94.4%) and work collaborations (84.7%); satisfactorily applied skills-knowledge (94%); demonstrated a very strong professional association (92% were proud to belong to the profession). Key factors in motivation that were consistently reported by members of all cohorts in the open-ended questions were as follows: intrinsic motivation; colleagues and teamwork; the variety of work performed; and contribution to the bigger picture. Overall, and notwithstanding between-

cohort differences: 65.3% confidently directed others, 45.8% aspired to leadership and 38% actively networked. They related difficulty in explaining the profession to outsiders¹⁰⁶. The study established that Health information managers (HIMs) have a strong positive professional identity, influenced by pride in membership and the importance of their work, but there is no correlation between motivation profile and professional identity.

An Italian study also found good performance among healthcare workers. Findings show that managerial competencies are positively associated to organizational performance. Moreover, managerial competencies are strongly linked to the information sharing process developed into the organizations. In particular, managerial competencies play a significant role on whole performance, and results are mediated by the use of mature information sharing instruments such as benchmarking of performance results. Top management competencies and systematic information sharing processes positively impact organizational performance and engagement in public health care organizations¹⁰⁷.

Drawing on role theory, a study consider the influence Human Resource Manement has on job attitudes of healthcare staff and hospital operational efficiency. Using qualitative research design across professional groups (physicians, nurses, and allied health staff) at multiple levels (executive, healthcare managers, and employee). A total of 34 interviews were carried out and analyzed using NVivo. Findings revealed a predominance of a control-based approach to people management. Using Snell's control framework (AMJ 35:292–327, 1992), we found that behavioral control was the principal form of control used to manage nurses, allied health workers, and junior doctors. We found a mix between behavior, output, and input controls as well as elements of commitment-based HRM to manage senior physicians. We observed low levels of investment in people and a concentration on transactional human resource (HR) activities which led to negative job attitudes such as low

morale and frustration among healthcare professionals. While hospitals used rules to promote conformity with established procedures, the overuse and at times inappropriate use of behavior controls restricted healthcare managers' ability to motivate and engage their staff. Excessive use of behavior control helped to realize short-term cost-cutting goals; however, this often led to operational inefficiencies. We suggest that hospitals reduce the profusion of behavior control and increase levels of input and output controls in the management of people¹⁰⁸.

A study with the aim of analyzing the mediating role of work engagement in the relationship between job burnout, professional self-efficacy, life satisfaction, and job performance in Peruvian health care workers. Using Cross-sectional explanatory study, with the voluntary participation of 508 health professionals (physicians and nurses) of both sexes (70.7% women, 29.3% men), and from different health facilities in the city of Lima. The study found that the SEM analysis, for the mediation model the incremental goodness-of-fit indices were significant. Career self-efficacy and life satisfaction were positive predictors of work engagement. While burnout was a negative predictor. The consistent mediation of work engagement of professional self-efficacy, life satisfaction, and burnout had a positive predictor effect on job performance. This means that Professional self-efficacy, life satisfaction, and burnout positively influence job performance in Peruvian health care workers through increased work engagement¹⁰⁹.

However, it was found in a study on Work-Family Conflict, Job Satisfaction and Job Performance of Female Librarians in Nine Selected Federal Academic Libraries in South-West, Nigeria where the result showed that work-family conflicts have low effect on job satisfaction and job performance of female librarians. The study also found that the overall score on job satisfaction (mean=2.92) indicated that female librarians are satisfied with their

job. In addition, the study also showed that there is no significant relationship between work-family conflict and job satisfaction ($r=0.28$, $P>0.05$)¹¹⁰.

Among the factors that influences work performance is flexible working hours. In a study on Role of Flexible Working Hours' Arrangement on Employee Job Performance and Retention in Manufacturing Industries in Agbara, Nigeria, the ANOVA summary shows that the statistically calculated F-value of 702.160 is greater than the critical F-value of 6.63 at (0.01) level of significance at 225 degree of freedom. The alternative hypothesis (H1) is therefore accepted, which states that the flexible working hour arrangement has a positive impact on employee's job performance. regression analysis result revealed the coefficient of R-square (R²) which is 0.757 shows that flexible working hours' arrangement accounts for 75.7% of the total variance which is a very high variation in the determination of employee performance. This percentage is very high and statistically significant. This shows that flexible working hours has a positive significant impact on employee job performance. More so, The ANOVA results shows that the statistically calculated F-value of 2651.338 is greater than the critical F-value of 6.63 at (0.01) level of significance at 225 degree of freedom, therefore the alternative hypothesis (H1) is accepted which states that flexible working hours' arrangement has positive significant impact on employee retention¹¹¹. It is very obvious that a satisfied employee would not be difficult to retain and satisfaction will enhance performance.

A study scrutinizes the impact of job satisfaction on organizational performance. It considered which rewards (intrinsic and extrinsic) determine job satisfaction of an employee and its relation with organizational performance. It also reviewed the influence of age, sex and experience of employees on level of job satisfaction. It also covered and investigated different events which can satisfy the employees on jobs, their retention in the job, and why

employees stay and leave the organization. Data were collected through conducting detailed field survey using questionnaires from different employee (exit interview of outgoing employees) groups like management, senior managers, managers, professionals and support staff from five profit/non-profit sector organizations. The study found that job satisfaction positively correlates with organizational performance, with factors like age, sex, and experience influencing satisfaction levels¹¹².

To buttress that above as regards that effect of job satisfaction on job performance, a research was conducted with the aim of knowing the direct impact of Job Satisfaction with Work Motivation, and Nurse Performance and its indirect effects in the post-pandemic period, namely the COVID-19 Endemic. The population used in this study were Nurses in one of the private hospitals in Sidoarjo, East Java, Indonesia, totaling 281 nurses. The sample in this study amounted to 109 respondents. The analysis technique used is using PLS SEM. From data processing, the results show that the Job Satisfaction variable has a significant role in fostering Work Motivation, and Nurse Performance in hospitals. Work Motivation is proven to affect performance. In addition, it turns out that Job Satisfaction indirectly affects Nurse Performance through Work Motivation of nurses¹¹³.

Another study tries to analyze the influence of employee training, employee engagement, and work motivation on nurse performance in the healthcare industry when the COVID-19 pandemic occurred. Using 140 respondents from February until March 2021. This research concluded that appropriate employee training, employee engagement, and work motivation had a significant effect on nurse performance. However, employee training and work motivation have no significant effect on nurse performance through employee engagement when the COVID-19 pandemic occurred¹¹⁴.

In the case of Greece, an article aims to investigate the dynamics that may be behind health workers at a public hospital in Northern Greece. Data were collected from 74 employees in the hospital and were analyzed using ANOVA analysis. The results show that key motivators for the employees can be considered the relationships with their colleagues and the level of achievement, while the level of rewards and job characteristics play a secondary role. These results make it clear that, in order for the hospital's management to be able to improve the level of employee performance, it should ensure the establishment of a strong climate among employees, and also acknowledge the efforts made by them¹¹⁵. Key motivators for health workers in Northern Greece are relationships with colleagues and achievement, while rewards and job characteristics play secondary roles.

2.4. Conceptual Model

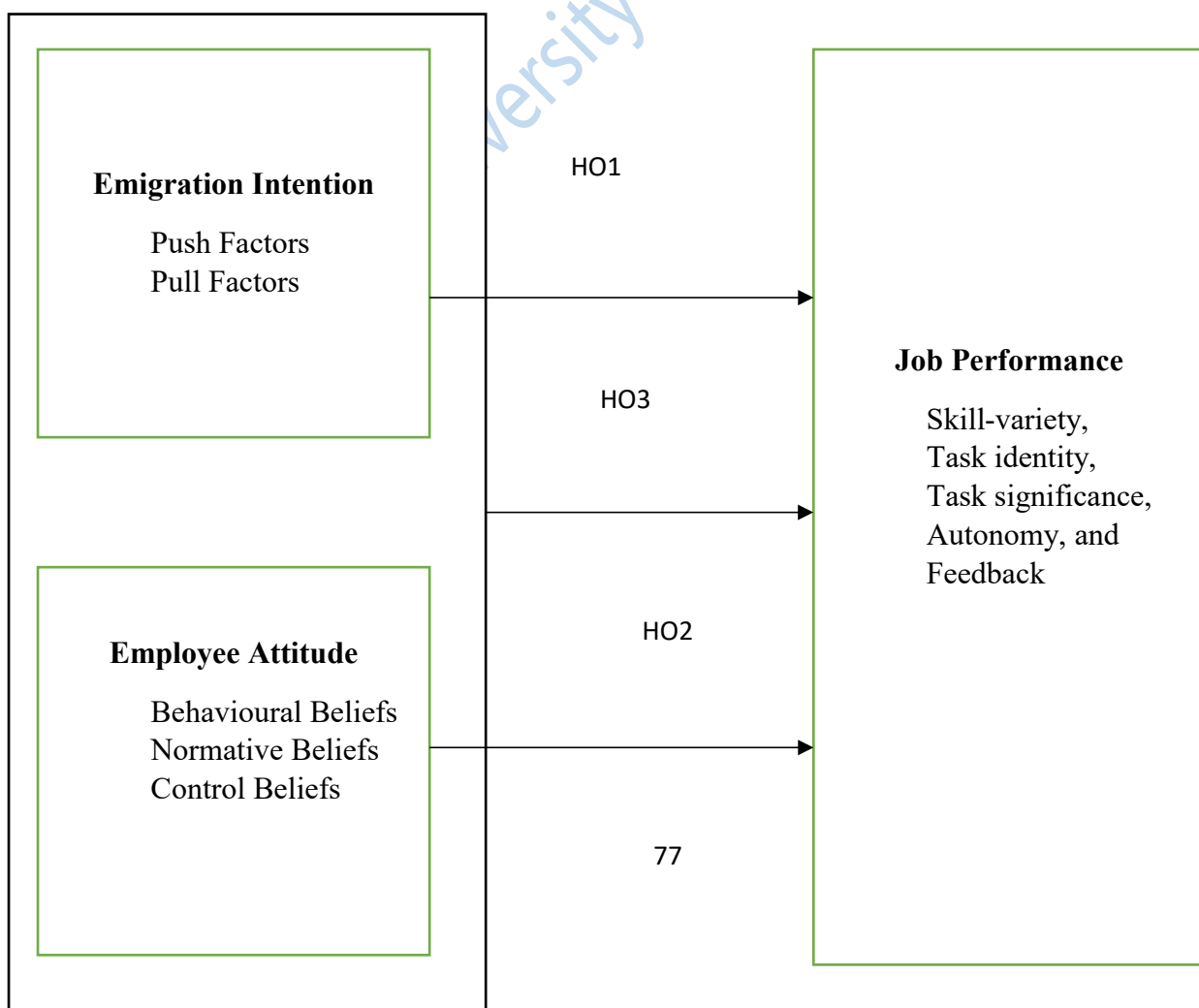


Figure 2.3. Conceptual Model

The diagram provided shows the interdependencies between two independent variables and a dependent variable, which is "Job Performance." Emigration intention refers to the desire or intent of an employee to leave their home country and move abroad, usually for better job opportunities, living conditions, or other reasons. This intention is driven by Push Factors and Pull Factors. Push Factors are the negative aspects of an employee's current environment, such as poor working conditions, low wages, political instability, lack of career advancement, or dissatisfaction with the healthcare system. For healthcare professionals, poor resources, limited access to continuing education, and high-stress work environments can push them to seek better opportunities abroad. Pull Factors are the attractive aspects of the destination country that "pull" the employee towards emigration, such as better job opportunities, higher salaries, improved working conditions, advanced technology, and better healthcare systems. For healthcare professionals, pull factors often include better career prospects, enhanced training opportunities, and a higher standard of living.

Emigration intention can significantly impact job performance. Healthcare professionals who intend to emigrate may experience decreased motivation and engagement, negatively affecting their current job performance. Conversely, some might improve performance temporarily to strengthen their qualifications for migration. The dissatisfaction from push factors may lead to lower commitment, while pull factors may reduce focus on current tasks, diminishing productivity and job performance.

Employee attitude refers to the feelings, beliefs, and behavioral tendencies that employees have towards their job and the organization. Employee attitude can be further broken down into: Behavioral Beliefs: These are personal beliefs about the outcomes of job performance. For example, if a healthcare professional believes that doing a good job will result in promotions or increased recognition, they are more likely to be motivated to perform better. Normative Beliefs These are beliefs about the expectations of others, such as colleagues, supervisors, and the healthcare community. If an employee believes that their team expects them to perform well, this social pressure may positively influence job performance. Control Beliefs: These involve the employee's perception of how easy or difficult it is to perform tasks at work. If healthcare professionals feel they have control over their work environment, they are more likely to exhibit high levels of job performance. Lack of control (e.g., too many patients or limited resources) may result in poorer performance.

Employee attitude plays a crucial role in determining job performance. Positive behavioral beliefs, normative beliefs, and control beliefs will lead to higher motivation, job satisfaction, and thus better job performance. In contrast, negative attitudes may result in decreased productivity, absenteeism, or burnout in healthcare settings.

Job Performance (Dependent Variable) Job performance refers to how well an employee completes the tasks and responsibilities associated with their job. In the context of healthcare professionals, it includes both the quality of patient care and how effectively they handle clinical duties. **Task Variety:** The degree to which a job requires a variety of skills and talents. In healthcare, professionals who have the opportunity to use a wide range of skills are often more engaged and perform better. **Task Identity:** The extent to which a job involves completing a whole and identifiable piece of work. For healthcare professionals, task identity can be crucial as they see the results of their efforts in patient care, which can enhance their

sense of responsibility and performance. Task Significance: This refers to how important or meaningful the job is perceived to be, particularly in terms of its impact on others. In healthcare, the job is inherently significant, as it involves patient care, but an employee's perception of this significance can still vary based on workplace factors. Autonomy: The level of independence an employee has in performing their job. Healthcare professionals with more autonomy in their clinical decisions and care practices often report higher job satisfaction and performance. Feedback: Constructive feedback on job performance can help healthcare professionals improve and stay motivated. Regular and effective feedback ensures they know where improvements can be made and feel valued for their contributions.

Emigration Intention The desire to leave the country due to push and pull factors influences job performance, as it can reduce commitment and focus, especially in healthcare settings.

Employee Attitude: Behavioral, normative, and control beliefs shape how healthcare professionals approach their work. Positive beliefs lead to better job performance, while negative attitudes can hinder it. Job Performance: The dependent variable is influenced by intrinsic job characteristics like skill variety, task identity, and autonomy. Employees who find their job meaningful, feel a sense of control, and receive feedback are more likely to exhibit higher performance. These relationships highlight how both external (emigration intentions) and internal (attitudes and job characteristics) factors shape the job performance of healthcare professionals. A well-structured work environment with adequate feedback, autonomy, and task significance can enhance job performance, even in the face of emigration intentions or negative employee attitudes.

2.5. Summary of Literature Reviewed

Base on literature, authors, scholars, researchers and theorists has asserted that Health Information Management (HIM) professionals play a critical role in the healthcare system, ensuring that health

data is properly recorded, stored, and analyzed for use in patient care and research. Despite the growing demand for their skills, many HIM professionals face challenges that may lead to emigration intentions, negative attitudes towards their job, and reduced job performance. This literature review explores the relationship between emigration intention, employee attitude, and job performance in the context of HIM professionals, providing insights based on previous research in healthcare and related fields.

According to authors, emigration intention refers to the desire of professionals to leave their current country of employment and move to another, often due to better work opportunities, living conditions, or political stability. In the case of HIM professionals, these intentions are often driven by the factors that push them away from their current employment and those that pull them towards other countries with more favorable working conditions. Literature broadly categorizes that factors that causes emigration into push and pull factors or forces.

From literature, it was found that push factors are the negative aspects of the current working environment that encourage employees to consider leaving their home country. For HIM professionals, these can include:

Poor Working Conditions: Studies show that many healthcare professionals, including HIM professionals, work in underfunded healthcare systems where resources are limited. Poor facilities, lack of access to advanced technology, and inadequate training opportunities often push professionals towards countries with better infrastructures. **Low Wages:** Salary dissatisfaction is a well-documented push factor in healthcare emigration. HIM professionals, like nurses and doctors, often seek higher-paying jobs abroad where their expertise is better compensated. **Limited Career Advancement:** HIM professionals may face stagnation in career growth, especially in developing countries where healthcare is underfunded, and professional

development opportunities are scarce. Limited promotion prospects or lack of specialized roles push them to seek opportunities elsewhere.

Pull factors are the positive attributes of the destination countries that attract HIM professionals.

Better Pay and Working Conditions: Developed nations such as the U.S., Canada, and the U.K. offer better remuneration, work environments, and access to cutting-edge technology, which appeals to

HIM professionals looking to advance their careers **Advanced Training and Education:** Many HIM professionals emigrate to countries that offer better access to continuing education, professional certification programs, and specialization options, which are limited in many developing countries.

Improved Quality of Life: The opportunity to live in countries with higher standards of living, better healthcare services for their families, and a stable socio-political environment can be a significant pull factor

While emigration intentions can serve as an outlet for HIM professionals seeking better opportunities, they can also have negative implications for their current job performance.

Professionals who intend to leave their home country may become less engaged in their current roles, leading to decreased motivation and commitment. Studies suggest that healthcare workers

with high emigration intentions may demonstrate: **Reduced Work Engagement:** Emigration intention can reduce an individual's commitment to their current employer, leading to decreased work quality

and lowered job performance. **Disrupted Workflow:** The process of planning for emigration, such as seeking foreign credentials or completing visa requirements, can distract employees from their day-to-day responsibilities.

Skill Gaps: The emigration of skilled HIM professionals from developing countries to more developed nations often results in skill shortages in the home country, further exacerbating the challenges in healthcare management and service delivery.

The attitude of healthcare professionals, including HIM specialists, plays a pivotal role in determining their overall job performance. Attitudes consist of cognitive, emotional, and behavioral components that influence how employees perceive their roles and engage with their work environment.

Behavioral Beliefs: These are individual beliefs about the consequences of specific actions in the workplace. For HIM professionals, if they believe that high performance will lead to recognition, promotion, or improved patient outcomes, they are more likely to exhibit positive job behaviors.

Normative Beliefs: This refers to the perceived social pressures to perform well or poorly. If an HIM professional believes their colleagues, supervisors, or industry expects high-quality performance, they are more likely to conform to those expectations.

Control Beliefs: These beliefs reflect the employee's perceived control over their work tasks. HIM professionals who feel they have the necessary tools, support, and autonomy are likely to have higher job satisfaction and performance.

Job satisfaction is a strong predictor of job performance in healthcare. Studies show that healthcare professionals with positive attitudes towards their work environment tend to exhibit higher levels of engagement and job performance. For HIM professionals, factors that enhance job satisfaction include: **Autonomy:** Having control over one's work can increase satisfaction and improve performance. HIM professionals who can make independent decisions about data management and healthcare information processing tend to perform better. **Feedback and Recognition:** Regular feedback, whether positive or constructive, can enhance job performance by providing employees with clear direction on how to improve. HIM professionals who receive recognition for their work are likely to remain motivated and committed to their roles.

On the other hand, negative attitudes—such as frustration with job conditions, dissatisfaction with management, or burnout—can lead to diminished performance. HIM professionals who experience constant stress, lack of recognition, or inadequate resources are more likely to disengage from their work and perform poorly. Job performance refers to how well employees fulfill their responsibilities, achieve organizational goals, and contribute to overall healthcare outcomes. In the HIM profession, job performance is crucial as it affects the accuracy, confidentiality, and accessibility of critical health data.

Task Performance: This refers to the core duties and responsibilities that are specific to the job role. For HIM professionals, task performance involves accurate data entry, patient record management, compliance with health data regulations, and ensuring the security of health information systems.

Contextual Performance: This involves behaviors that go beyond formal job duties, such as helping colleagues, showing initiative, or improving workflows. HIM professionals who engage in contextual performance may contribute to better teamwork and more efficient data management systems.

Skill Variety: HIM professionals with varied skills are better equipped to handle complex tasks, improving job performance.

Task Identity and Significance: Professionals who see the direct impact of their work on patient care are likely to feel a stronger sense of responsibility and purpose, which boosts performance.

Feedback: Regular, constructive feedback on job performance helps HIM professionals improve their efficiency and effectiveness in managing healthcare information.

In conclusion, the relationship between emigration intention, employee attitude, and job performance is critical in understanding the behavior and productivity of Health Information Management professionals. Emigration intentions can negatively affect job performance by reducing engagement, while employee attitudes—particularly job satisfaction—play a vital role in determining how effectively professionals perform their tasks. Addressing push factors such as poor working conditions and enhancing pull factors like professional development opportunities may help retain HIM professionals and improve their performance in their current roles.

Endnotes

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Chapter Four

Results and Discussion of Findings

This chapter dealt with data presentation, analysis and the interpretation of the results. The analysis is guided by the specific objectives and hypotheses that were formulated in the study. The first section shows the presentation of the descriptive analysis using tables showing percentages and interpretations below the tables. Section two presents inferential statistics and discussion of findings comes at the later end of the chapter. The results presented were based on the research questions and hypotheses, which the study set out to answer and understudy. The Decision rule: 1.0.-1.49 = very low, 1.50-2.49 = low, 2.50 -3.49 = High, 3.50-4.00 = Very high. Hypothesis were tested at 0.05 level of significance.

4.1. Questionnaire Return Rate

A total of three hundred and seventeen (317) copies of questionnaire were administered, and two hundred and forty (240) copies responses was received all duly filled. The usable questionnaire represented approximately 76% response rate.

4.2: Demographic Data Analysis of Respondents

Table 4.1: Demographic distribution of respondents

Demographics	Items	Frequency	Percent
Gender	Male	114	47.5
	Female	126	52.5
	Total	240	100.0
Age			
	18-25	42	17.6
	26-33	68	28.3
	34-41	80	33.3
	42 Above	50	20.8
	Total	240	100.0
Work Experience			
	< 5years	30	12.5

6 - 10 years	68	28.3
11- 15 years	76	31.5
16 – 20 years	34	14.4
21year and above	32	13.3
Total	240	100.0

Source: Field Survey, 2024

This table 4.1 above provides an overview of demographic characteristics of a sample population (N=240), covering gender, age, and work experience. From the table, Out of 240 respondents, 114 are male, making up 47.5% of the sample. There are 126 female respondents, representing 52.5% of the total. Regarding the age distribution, the table showed that 42 respondents are within the age range 18-25, comprising 17.6% of the sample. This group likely represents younger adults, possibly early-career professionals. 68 respondents fall within the range 26-33 years, accounting for 28.3% of the sample. This group, which constitutes the largest age range, likely includes individuals in the early to mid stages of their careers. With 80 respondents, 34-41 years group is 33.3% of the sample, representing the largest single age category. This age group may represent more experienced professionals in their career. A total of 50 respondents are aged 42 and above, making up 20.8% of the sample. This group likely includes the most experienced professionals. Regarding work experience, the table 4.1 showed that 30 respondents have less than 5 years of experience, making up 12.5% of the sample. This group likely represents those new to the workforce. 68 respondents fall in the 6-10 years experience range, accounting for 28.3%, possibly indicating those who are established in their careers. With 76 respondents, 11-15 years work experience group represents 31.5% of the sample, the largest experience category, indicating a well-seasoned portion of the population. 34 respondents have 16-20 years of experience, comprising 14.4% of the sample, representing highly experienced professionals. 32 respondents have over 21 years of experience, making up 13.3% of the sample, which likely includes the most experience respondents.

4.3: Presentation of Research Questions

4.3.1: 1. What Job is level of Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria?

Table 4.2. Level of Job Performance of Health Information Management Professionals

S/N	Options	SA	A	D	SD	Mean
Skill-variety						
1	I feel that my job allows me to use a wide range of skills and talents	170 (70.8%)	70 (29.2%)	-	-	3.71
2	I am often required to perform different tasks that challenge different abilities	134 (55.8%)	106 (44.2%)	-	-	3.56
3	My role involve a variety of activities that keep my work interesting	146 (60.8%)	92 (38.3%)	2 (.8%)	-	3.60
4	I believe that my job provides opportunities for personal growth and skill development	144 (60.0%)	96 (40.0%)	-	-	3.60
5	I frequently do have to adapt my skills to meet changing job demands	118 (49.2%)	122 (50.8%)	-	-	3.49
Weighted Mean						3.6
Task identity						
		SA	A	D	SD	Mean
6	I have the chance to complete a project from start to finish in my role	138 (57.5%)	102 (42.5%)	-	-	3.57
7	I am always able to see the outcomes of my work in a tangible way	124 (51.7%)	116 (48.3%)	-	-	3.52
8	My job provide me with the opportunity to create or produce something significant	118 (49.2%)	122 (50.8%)	-	-	3.49
9	I feel a sense of accomplishment when I complete a whole task or project	140 (58.3%)	72 (30.0%)	26 (10.8%)	2 (.8%)	3.46

10	I often work on projects where I am responsible for the entire process rather than just a small part	124 (51.7%)	96 (40.0%)	18 (7.5%)	2 (.8%)	3.43
Weighted Mean						3.5
Task significance		SA	A	D	SD	Mean
11	I believe that the work I do has a meaningful impact on others, inside or outside the organization	106 (44.2%)	74 (30.8%)	50 (20.8%)	10 (4.2%)	3.15
12	I often see the positive effects of my job on the lives of people or the community	86 (35.8%)	116 (48.3%)	28 (11.7%)	10 (4.2%)	3.21
13	I feel that my role is important to the success of my team or organization	112 (46.7%)	82 (34.2%)	40 (16.7%)	6 (2.5%)	3.25
14	My job allow me to contribute to a larger goal or purpose	100 (41.7%)	96 (40.0%)	40 (16.7%)	2 (1.7%)	3.22
15	I often perceive that others recognize or acknowledge the importance of the tasks I perform	126 (52.5%)	100 (41.7%)	12 (5.0%)	2 (.8%)	3.46
Weighted Mean						3.2
Autonomy		SA	A	D	SD	Mean
16	I have control over how I perform my job tasks	140 (58.3%)	72 (30.0%)	26 (10.8%)	2 (.8%)	3.46
17	I am given the freedom to make decisions related to my work activities	124 (51.7%)	96 (40.0%)	18 (7.5%)	2 (.8%)	3.43
18	I often get to plan and organize my own work schedule	112 (46.7%)	82 (34.2%)	40 (16.7%)	6 (2.5%)	3.25
19	I do feel trusted by my supervisor to work independently without constant oversight	138 (57.5%)	102 (42.5%)	-	-	3.57
20	I am able to adjust the way I complete tasks based on my judgment and preferences	124 (51.7%)	116 (48.3%)	-	-	3.52

		Weighted Mean				3.4
	Feedback	SA	A	D	SD	Mean
21	I receive regular feedback on how well I am performing my job	86 (35.8%)	116 (48.3%)	28 (11.7%)	10 (4.2%)	3.21
22	The feedback I receive about my work is helpful and constructive	106 (44.2%)	74 (30.8%)	50 (20.8%)	10 (4.2%)	3.15
23	I am often made aware of the results or impact of my work	140 (58.3%)	72 (30.0%)	28 (10.8%)	2 (.8%)	3.46
24	I feel that I get enough information to understand if I'm meeting expectations	100 (41.7%)	96 (40.0%)	40 (16.7%)	4 (1.7%)	3.22
25	I am encouraged to improve based on the feedback I receive from supervisors and colleagues	122 (50.8%)	102 (42.5%)	4 (3.3%)	8 (3.3%)	3.41
Weighted Mean						3.3
Grand Mean						3.4

This table summarizes responses on various job characteristics—Skill Variety, Task Identity, Task Significance, Autonomy, and Feedback—using a Likert scale with options from "Strongly Agree" (SA) to "Strongly Disagree" (SD). Each section also includes the mean scores for individual items and a weighted mean for each category, providing insight into the overall responses.

For Skill Variety, a significant majority of respondents (70.8%) strongly agree that their job allows them to use a wide range of skills and talents, with the remaining 29.2% agreeing. This high level of agreement (totaling 100%) indicates that respondents feel highly engaged in their roles through the variety of skills they can apply. The mean score of 3.71 supports the strong perception that their job roles are diverse and challenging. More than half of the respondents (55.8%) strongly agree, while 44.2% agree, with no respondents disagreeing.

This statement reflects respondents' perception that their jobs require a range of competencies and present new challenges. A mean score of 3.56 indicates that most participants feel consistently challenged in their roles, which can contribute to higher engagement and satisfaction. Most respondents (60.8%) strongly agree, with 38.3% agreeing, and a minimal number (0.8%) disagreeing. This data suggests that the majority of respondents find their roles interesting due to the diversity of activities involved, which can help prevent monotony and maintain motivation. The mean score of 3.60 reinforces the perception that varied tasks are a key characteristic of their job. A substantial number of respondents (60%) strongly agree, with 40% agreeing. This statement shows that respondents perceive opportunities for personal and professional development in their roles, as reflected in the high levels of agreement. A mean score of 3.60 suggests that respondents value the growth potential in their positions, which is essential for long-term job satisfaction. Almost half (49.2%) strongly agree, while 50.8% agree, with no disagreements. Respondents feel that their roles require them to adapt their skills in response to evolving job demands. The mean score of 3.49, while slightly lower than the others, still indicates a high level of adaptability among respondents, which is crucial in dynamic work environments.

The weighted mean of 3.6 across all items indicates a high level of perceived skill variety. Respondents generally feel that their roles allow them to utilize diverse skills, engage in various tasks, and adapt to new challenges. This suggests that their roles are both stimulating and developmentally supportive, factors that can positively impact job satisfaction and motivation.

Task identity measures the extent to which respondents feel they complete projects from beginning to end, see the outcomes of their work, and have responsibility over whole tasks or processes. A majority of respondents (57.5%) strongly agree, and 42.5% agree that they

complete projects from start to finish in their roles. This high level of agreement suggests respondents generally feel they oversee projects entirely, giving them a strong sense of involvement and ownership. Over half (51.7%) strongly agree, while 48.3% agree they are able to see tangible results from their work. Respondents feel their contributions are observable, enhancing job satisfaction by allowing them to see the impact of their work. Responses are nearly equally split, with 49.2% strongly agreeing and 50.8% agreeing. This item indicates that respondents believe their jobs provide opportunities for significant contributions, which may reinforce a sense of value in their work. While 58.3% strongly agree and 30% agree, 10.8% disagree. Most respondents feel accomplished upon task completion, although a small portion doesn't fully share this sentiment, possibly due to role-specific constraints. A little over half (51.7%) strongly agree, and 40% agree, while 7.5% disagree. Respondents largely feel responsible for entire processes rather than isolated parts, suggesting substantial ownership over their work. However, the presence of some disagreement could indicate differing levels of autonomy across roles. The high mean score of 3.5 indicates that respondents generally feel involved in complete, end-to-end processes. This sense of involvement fosters pride and a deeper connection to their work.

Task significance measures the extent to which respondents feel their work impacts others or contributes to a larger purpose. Most respondents (44.2%) strongly agree, and 30.8% agree. However, 20.8% disagree, and 4.2% strongly disagree. While many respondents perceive a positive impact of their work on others, a notable portion feels less connection to the outcomes of their tasks. Seeing Positive Effects on Community (Mean = 3.21), a total of 35.8% strongly agree, and 48.3% agree, but 11.7% disagree. Respondents largely see the benefits of their work in the lives of others, indicating an awareness of their contributions beyond the organization.

Importance of Role to Team Success (Mean = 3.25) Almost half (46.7%) strongly agree, and 34.2% agree, while 16.7% disagree. Most respondents feel essential to team success, though some do not fully recognize their individual contributions, perhaps due to a team-based role structure. Contributing to a Larger Goal (Mean = 3.22), a majority (41.7%) strongly agree and 40% agree, with 16.7% disagreeing. Respondents largely see themselves contributing to broader objectives, adding meaning to their work. Recognition of Task Importance by Others (Mean = 3.46) More than half (52.5%) strongly agree, and 41.7% agree, with minimal disagreement. Recognition from others is felt by most respondents, which likely reinforces motivation and self-worth in their roles. The moderate mean score of 3.2 suggests that while respondents generally feel their work has significance, there are variations. The perception of impact and recognition may differ based on specific roles or levels of visibility.

Autonomy assesses the extent of control respondents feel they have over their work tasks, decisions, schedules, and methods of completing tasks. A majority of respondents (58.3%) strongly agree, and 30% agree that they have control over how they perform their tasks. Only 10.8% disagree. This high level of perceived control suggests respondents generally feel empowered to choose how they approach their work. Over half (51.7%) strongly agree, and 40% agree they have the freedom to make decisions regarding work activities. A smaller group (7.5%) disagrees. Most respondents feel a sense of autonomy in decision-making, indicating a trust in their professional judgment. Regarding Planning and Organizing Own Schedule, a little under half (46.7%) strongly agree and 34.2% agree, but 16.7% disagree. While many respondents feel they can manage their schedules, a notable minority lacks this flexibility, potentially due to job-specific constraints. A significant portion (57.5%) strongly agree, and 42.5% agree they feel trusted by supervisors to work without constant oversight. The high score here reflects a strong trust from supervisors, fostering a positive, autonomous work environment. More so, just over half (51.7%) strongly agree, and 48.3% agree they can

adjust their task completion methods based on preferences. Most respondents appreciate flexibility in how they perform tasks, which supports job satisfaction and adaptability. Respondents generally feel a high level of autonomy in their roles, reflected by an average mean score of 3.4. This autonomy enhances job satisfaction and can lead to higher productivity and morale.

Feedback evaluates how regularly respondents receive constructive information on performance and are aware of the impact of their work. A total of 35.8% strongly agree and 48.3% agree they receive regular feedback. However, 15.9% feel they do not. While feedback is somewhat consistent, a small portion perceives a lack of regular feedback, possibly indicating room for improvement in communication. Most respondents (44.2% strongly agree, 30.8% agree) find feedback helpful, though 25% feel otherwise. Although feedback is generally constructive, there is a need for more targeted, actionable feedback to ensure its helpfulness across all roles. A majority (58.3%) strongly agree, and 30% agree that they are aware of their work's impact. Most respondents are well-informed of the results of their work, supporting a sense of accomplishment and relevance in their roles. A total of 41.7% strongly agree, and 40% agree that they receive sufficient information to understand if they meet expectations, while 18.4% disagree. While the majority receive adequate information, a segment feels uninformed, indicating a need for clearer communication of expectations. More than half (50.8%) strongly agree, and 42.5% agree they are encouraged to improve based on feedback. This high score suggests respondents feel motivated to develop professionally, which positively influences continuous learning and performance.

Overall Weighted Mean for Feedback = 3.3 shows that Respondents generally receive supportive and helpful feedback, although there are areas where feedback frequency and clarity could be enhanced to ensure all staff feel informed and encouraged.

The overall grand mean of 3.4 reflects a positive work performance characterized by a high degree of autonomy and supportive feedback. This combination likely promotes both job performance and personal growth among respondents(Health Information Professionals), contributing positively to organizational productivity.

4.3.1: 3. What is the employee attitude of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria?

Table 4.3. Employee attitude of Health Information Management Professionals

S/N	Options	SA	A	D	SD	Mean
Behavioural Beliefs						
1	I believe that performing my professional duties will lead to positive outcomes for me	86 (35.8%)	116 (48.3%)	28 (11.7%)	10 (4.2%)	3.21
2	I strongly do feel that engaging doing my job as an health information professional would improve my job performance	126 (52.5%)	100 (41.7%)	12 (5.0%)	2 (.8%)	3.46
3	I expect that performing my duties will have beneficial effects on my overall well-being	122 (50.8%)	102 (42.5%)	8 (3.3%)	8 (3.3%)	3.41
4	I am confident that adopting electronic health information management system will help me achieve specific goals and objectives	108 (45.0%)	106 (44.2%)	22 (9.2%)	4 (1.7%)	3.32
5	I believe that performing my duties to the fullest will result in desired outcomes in my workplace and personal life	140 (58.3%)	72 (30.0%)	26 (10.8%)	2 (.8%)	3.46
Weighted Mean						3.3
Normative Beliefs						
6	I perform well at work because of my believe that people are	36 (15.0%)	68 (28.3%)	100 (41.7%)	36 (15.0%)	2.43

expecting more from me

7	I do feel that others (e.g., supervisors, colleagues, family) approve of my engagement in my professional duties	36 (15.0%)	64 (26.7%)	108 (45.0%)	32 (13.3%)	2.43
8	I perform well because I have mentors that I'm looking up to	40 (16.7%)	92 (38.3%)	76 (31.7%)	32 (13.3%)	2.58
9	I am influenced by friends, family and co-workers to work very well	88 (36.7%)	114 (47.5%)	36 (15.0%)	2 (.8%)	3.20
10	I work very well because I feel pressured to do my work.	90 (37.5%)	104 (45.0%)	36 (15.0%)	6 (2.5%)	3.18
Weighted Mean						2.8
	Control Beliefs	SA	A	D	SD	Mean
11	I believe that I have the resources or skills needed to perform excellently well in the discharge of my duties	72 (30.0%)	120 (50.0%)	38 (15.8%)	10 (4.2%)	3.06
12	There are external factors that make it difficult for me to engage in in my work effectively	36 (15.0%)	64 (26.7%)	108 (45.0%)	32 (13.3%)	2.43
13	I am highly confident in my ability to overcome obstacles that might prevent me from performing well at work	106 (44.2%)	104 (43.3%)	30 (12.5%)	-	3.32
14	I feel in control of whether I can carry out my work as it demands	106 (44.2%)	104 (43.3%)	30 (12.5%)	-	3.32
15	It is likely that factors beyond my control (e.g., time, resources, support) will influence my ability to perform well at work.	104 (43.3%)	116 (48.3%)	20 (8.3%)	-	3.35
Weighted Mean						3.1
Grand Mean						3.1

The analysis table 4.3 above covers the Behavioral Beliefs, Normative Beliefs, and Control Beliefs held by health information professionals regarding their job performance. The Grand Mean across these belief categories is 3.1, indicating a moderate to high degree of positive beliefs influencing job performance overall.

Behavioral Beliefs Analysis

Behavioral beliefs are the expectations that fulfilling job responsibilities will yield beneficial outcomes, such as improved performance and well-being. 35.8% strongly agree and 48.3% agree that fulfilling their duties will lead to positive outcomes. This means that most respondents believe their role contributes positively to their professional life, though 15.9% have doubts. A majority (52.5%) strongly agree, and 41.7% agree that their job duties enhance performance. A high mean score here reflects strong confidence in the job's positive impact on performance. Regarding positive effects on overall well-being which has a mean score of 3.41. Over half (50.8%) strongly agree, and 42.5% agree with this sentiment. This suggests that respondents view their work as beneficial for their well-being, contributing to job satisfaction. 45% strongly agree, 44.2% agree on the beneficial role of electronic systems. Respondents see electronic systems as useful for achieving goals, though nearly 11% see barriers. 58.3% of the respondents strongly agree, and 30% agree on achieving desirable outcomes by fulfilling duties. This high mean reflects a strong commitment to their roles and confidence in positive workplace outcomes.

Overall Weighted Mean for Behavioral Beliefs 3.3 show high confidence that their roles bring both professional and personal benefits, contributing to job motivation.

Normative Beliefs Analysis

Normative beliefs relate to social expectations, pressure, or approval from others that influence job performance. Regarding option like Belief in Meeting Others' Expectations have a mean score of 2.43, Only 15% strongly agree and 28.3% agree, while a significant 41.7% disagree. This means that respondents do not strongly feel external expectations drive their performance. For options like approval from supervisors and family (Mean = 2.43) 15% strongly agree, but 45% disagree, showing that many respondents do not feel that approval from others significantly influences their engagement in professional duties. Mentorship Influence (Mean = 2.58) 16.7% strongly agree, while 31.7% disagree. This means that mentorship has a moderate effect, but a notable number feel it does not significantly drive their performance. 36.7% strongly agree, 47.5% agree, showing some influence from close relations, meaning that although a majority acknowledge this influence, it is not a primary motivator. Pressure to Perform (Mean = 3.18), 37.5% strongly agree, 45% agree, showing moderate influence from external pressure. In other words, pressure is acknowledged by many as an influence on job performance.

Overall Weighted Mean for Normative Beliefs = 2.8 shows that normative beliefs show mixed influence, with family and social influences moderately impacting respondents' job performance.

Control beliefs are perceptions of personal resources, skills, and obstacles affecting job performance. For Resources and Skills Confidence (Mean = 3.06), 30% strongly agree, 50% agree they have the needed skills, though 20% feel they may lack some resources. Many feel they are well-equipped, but some still perceive a resource gap. For External Challenges (Mean = 2.43), 45% disagree that external factors hinder job effectiveness, though 15% strongly agree. Most respondents don't see external factors as major obstacles, indicating confidence in their ability to manage job demands. For Confidence in Overcoming Obstacles

(Mean = 3.32), 44.2% strongly agree, showing confidence in overcoming work challenges. High confidence in overcoming obstacles reflects resilience and adaptability. For Control over Work Demands (Mean = 3.32), 44.2% strongly agree, reinforcing a sense of control over their work. This high level of perceived control indicates that respondents feel capable of managing work effectively. External Factors' Influence (Mean = 3.35), 43.3% strongly agree, and 48.3% agree external factors like time and resources can impact performance. Respondents are realistic about external challenges, though they generally feel equipped to manage them. Overall Weighted Mean for Control Beliefs = 3.1 shows that Control beliefs are relatively high, with respondents feeling equipped and confident to meet job demands despite external challenges.

The grand mean of 3.1 reflects a generally positive outlook on professional motivation, with strong behavioral and control beliefs that enhance job performance. Normative beliefs have less influence overall, but the solid foundation of behavioral and control beliefs indicates a motivated and confident workforce among health information professionals.

4.3.1: 2. What is the Emigration Intention of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria?

Table 4.4. Emigration intention of Health Information Management Professionals

S/N	Options	SA	A	D	SD	Mean
	Push Factors					
1	My intention to migrate is due to economic challenges in my home country	50 (20.8%)	112 (46.7%)	74 (30.8%)	4 (1.7%)	2.87

2	Social issues, such as lack of security or political instability, is pushing me to consider migration	42 (17.5%)	96 (40.0%)	98 (40.8%)	4 (1.7%)	2.73
3	Environmental factors, such as natural disasters or climate change, play a role in my decision to migrate	90 (37.5%)	108 (45.0%)	36 (15.0%)	6 (2.5%)	3.18
4	Limited job opportunities and poor working conditions in my country is driving me to seek better opportunities elsewhere	106 (44.2%)	104 (43.3%)	30 (12.5%)	-	3.32
5	Important are factors like inadequate healthcare, education, or basic infrastructure are pivotal to my decision to leave my home country	104 (43.3%)	116 (48.3%)	20 (8.3%)	-	3.35
Weighted Mean						3.1
	Pull Factors	SA	A	D	SD	Mean
6	Economic opportunities, such as better jobs or higher wages, attract me to the destination country	88 (36.7%)	114 (47.5%)	36 (15.0%)	2 (.8%)	3.20
7	Better educational and career advancement opportunities available in the country is a major factor in my intended country of destination	80 (33.3%)	126 (52.5%)	30 (12.5%)	4 (1.7%)	3.18
8	Social factors, such as a safer environment, higher quality of life, are significant in drawing me to a new country	64 (26.7%)	96 (40.0%)	76 (31.7%)	4 (1.7%)	2.92
9	To a high extent, I believe that the political stability and freedom in the destination country influence my decision to migrate	86 (35.8%)	126 (52.5%)	24 (10.0%)	4 (1.7%)	3.23
10	Family reunification and the presence of a strong support network is motivating my migration to a specific country	72 (30.0%)	120 (50.0%)	38 (15.8%)	10 (4.2%)	3.06

Weighted Mean

	3.1
Grand Mean	3.1

This analysis in table 4.4 examines the Push Factors and Pull Factors influencing emigration decisions, with a Grand Mean of 3.1, indicating a moderate influence from both types of emigration factors on the intention to migrate.

Push factors are negative aspects in the home country that motivate individuals to seek better opportunities elsewhere.

Economic Challenges with a mean score of (Mean = 2.87) 20.8% strongly agree, 46.7% agree, while 30.8% disagree. This means that economic issues are a significant concern, but not overwhelmingly compelling for most respondents, as nearly 30% do not feel strongly about this factor. For Social Issues (Mean = 2.73), 17.5% strongly agree, 40% agree, and 40.8% disagree. Concerns about social stability (security and political issues) have a moderate impact on migration intentions, with many expressing uncertainty about its influence. Environmental Factors (Mean = 3.18), 37.5% strongly agree, 45% agree, with 15% disagreeing. Natural disasters and climate change are recognized as important factors, reflecting a higher level of concern in comparison to other push factors. Limited Job Opportunities and Poor Working Conditions (Mean = 3.32), 44.2% strongly agree, and 43.3% agree. This factor shows a strong influence, indicating that respondents feel their home country lacks sufficient job opportunities and decent work conditions. Inadequate Healthcare and Infrastructure (Mean = 3.35), 43.3% strongly agree, 48.3% agree, while 8.3% disagree. Poor healthcare and infrastructure are pivotal concerns, reinforcing the motivation to migrate. Overall Weighted Mean for Push Factors = 3.1 shows that Push factors exhibit a moderate influence on migration intentions, with economic, social, and environmental challenges contributing to the decision-making process.

Pull factors are positive aspects of the destination country that attract individuals to migrate. Economic Opportunities (Mean = 3.20), 36.7% strongly agree, 47.5% agree, while 15% disagree. Better job prospects and higher wages are recognized as strong motivators for migration, indicating a clear desire for improved economic conditions. Educational and Career Advancement Opportunities (Mean = 3.18), 33.3% strongly agree, 52.5% agree, with 12.5% disagreeing. Access to better education and career opportunities is significant for respondents, highlighting the importance of personal and professional development. Social Factors (Mean = 2.92), 26.7% strongly agree, 40% agree, while 31.7% disagree. The appeal of a safer environment and higher quality of life has some influence, but the response is mixed, suggesting not all view this factor as crucial. Political Stability and Freedom (Mean = 3.23), 35.8% strongly agree, 52.5% agree, while 10% disagree. Political conditions in the destination country are viewed positively and significantly influence migration decisions. Family Reunification and Support Networks (Mean = 3.06), 30% strongly agree, 50% agree, while 15.8% disagree. Having family and support networks in the destination country is a motivating factor, indicating the social dimensions of migration. Overall Weighted Mean for Pull Factors = 3.1 shows that Pull factors also exhibit a high influence on migration decisions, with economic opportunities and political stability being key attractions for potential migrants.

The grand mean (3.1) reflects a balanced influence of both push and pull factors on migration intentions. While push factors like economic challenges and inadequate infrastructure are significant, the positive pull factors related to better opportunities in the destination countries are equally compelling, highlighting the complexity of migration motivations.

4.4. Test of Hypothesis

H₀₁. Emigration intention will not have significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

Table 4.5a-c. Emigration intention will not have significant positive influence on Job Performance

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.498 ^a	.248	.242	4.88948

a. Predictors: (Constant), Emigration intention

ANOVA^a

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	930.298	1	930.298	38.913	.000 ^b
Residual	2821.027	118	23.907		
Total	3751.325	119			

Coefficients^a

Model	Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	T	Sig.
(Constant)	30.498	2.869		10.632	.000
Technological Factors	.640	.103	.498	6.238	.000

a. Dependent Variable: Job Performance

Table 4.5b presents the results of ANOVA (Overall Model Significance) of regression test which revealed that Emigration intention has significant influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria. This can be explained by the F-value (38.913) and low p-value (0.000^b) which is statistically significant at 95% confidence interval. Hence, the result posited that

Emigration intention has significance influence on the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria. Furthermore, the results of regression coefficients in table 4.5c revealed that at 95% confidence level, a unit change in Emigration intention will lead to a 0.640 increase in the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria, given that all other factors are held constant. On the strength of this result ($Adj. R^2 = 0.242$, $F(1,118) = 38.913$, $p = 0.000$), this study therefore rejects the null hypothesis one (H_01) which states that Emigration intention will not have significant influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

H₀₂. Employee attitude will not have significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

Table 4.6a-c. Employee attitude will have significant positive influence on Job Performance

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.510 ^a	.260	.254	4.85075

a. Predictors: (Constant), Employee attitude

ANOVA^a

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	974.816	1	974.816	41.429	.000 ^b
	Residual	2776.509	118	23.530		
	Total	3751.325	119			

a. Dependent Variable: Job Performance

a. Predictors: (Constant), Employee attitude.

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	32.921	2.411		13.655	.000
	Organization	.554	.086	.510	6.437	.000

a. Dependent Variable: Job Performance

Table 4.6a-c presents the results of the simple regression analysis for the relationship between Employee attitude on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria. From the results in Table 4.5a, Employee attitude has a significant influence on the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria ($R = 0.510$, $p < 0.05$). The coefficient of determination (Adj. R^2) of 0.254 also shows that Employee attitude explains 25.4% of the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria while the remaining 74.6% discrepancy in the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria is explained by other variables which are not considered in this study.

Table 4.6b presents the results of ANOVA (Overall Model Significance) of regression test which revealed that Employee attitude has significant relationship with Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria. This can be explained by the F-value (41.429) and low p-value (0.000^b) which is statistically significant at 95% confidence interval. Hence, the result posited that Employee attitude has significance influence on Job Performance of Health Information

Management Professionals in University Teaching Hospitals, South-South, Nigeria. Furthermore, the results of regression coefficients in table 4.6c revealed that at 95% confidence level, a unit change in Employee attitude will lead to a 0.554 increase in the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria, given that all other factors are held constant. On the strength of this result ($\text{Adj. } R^2 = 0.254$, $F(1,118) = 41.429$, $p = 0.000^b$), this study therefore rejects the null hypothesis one (H_{02}) which states that Employee attitude will not have significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

H₀₃. Emigration intention and Employee attitude will not have joint significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

Table 4.7a-c Emigration intention and Employee attitude will not have joint significant positive influence on Job Performance

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.555 ^a	.308	.297	4.70866

a. Predictors: (Constant), Emigration intention and Employee attitude

ANOVA^a

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	1157.257	2	578.629	26.098	.000 ^b
Residual	2594.068	117	22.172		
Total	3751.325	119			

a. Dependent Variable: Job Performance

b. Predictors: (Constant), Emigration intention and Employee attitude

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1.	(Constant)	28.254	2.850		9.913	.000
	Organization	.351	.110	.323	3.199	.002
	Technology	.372	.130	.289	2.869	.005

a. Dependent Variable: Job Performance

Table 4.7a-c presents the results of the multiple regression analysis for the combined influence of Emigration intention and Employee attitude on the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria. From the results, in table 4.7a, the two constructs of Emigration intention and Employee attitude have positive and significant influence on the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria ($R = 0.555^a$, $p < 0.05$). The coefficient of determination (Adj. R^2) of 0.297 shows that both independent variables explain 29.7% of the variation in Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria. While the remaining 70.3% variation in the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria explained by other variables not explained in this study.

More so, table 4.7b presents the results of ANOVA (Overall model significance) of regression test which revealed that the independent variables (Emigration intention and Employee attitude) has significant influence on Job Performance of Health Information

Management Professionals in University Teaching Hospitals, South-South, Nigeria, this is explained by the F-value (26.098) and low p-value (0.000) which is statistically significant at 95% confidence interval. Hence, the results revealed that both variables (Emigration intention and Employee attitude) significantly influenced the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

Furthermore, the results of regression coefficients in table 4.7c, showed that the two independent variables (Emigration intention and Employee attitude) had a significant influence on the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria. Specifically, this showed that 95% confidence level, a unit change in Emigration intention will lead to a 0.351 increase in the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria, given that all other factors are held constant. Also at 95% confidence level, a unit change in Employee attitude will lead to 0.372 increase in the Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria. It is therefore on the strength of this result (Adj. $R^2 = 0.297$, $F(2, 117) = 26.098$, $p = 0.000$), this study therefore rejects the null hypothesis (H_03) which states that Emigration intention and Employee attitude will not have joint significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

4.5. Discussion of Findings

The study is titled Emigration Intention, Employees Attitude and Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South,

Nigeria. In tandem with the research questions raised and via the descriptive statistics and the regression analysis of the data gathered the findings of the study are discussed thus:

For research question one “What is the level of Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria?” the study on the overall found a high level Job performance among Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria. Studies on job performance often indicate that a combination of intrinsic and extrinsic factors significantly enhances employees' overall performance. For instance, research has shown that a high level of job performance among employees is closely associated with their engagement, task significance, and autonomy in the workplace¹. Hackman and Oldham's Job Characteristics Model (JCM) explains that when jobs offer opportunities for skill variety, task identity, and feedback, employees are more likely to feel motivated and committed to achieving high performance². In line with JCM, a study some scholars found that performance improves when employees perceive their work as meaningful and feel they have the autonomy to make decisions regarding their tasks³. Additionally, aligning employees' roles with their skills and preferences has been shown to result in high job performance⁴. This perspective is further supported by employee engagement research, which highlights that engaged employees tend to show enhanced productivity, commitment, and overall performance⁵. A high level of job performance is also linked to organizational support and resources. It was asserted that employees are more motivated to perform well when they perceive the organization as valuing their contributions and offering adequate resources⁶. This sense of organizational support not only improves job performance but also boosts employee satisfaction and reduces turnover.

For research question two “What is the emigration intention of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria?” the study found high level of immigration intention among Health information professionals with Pull factor being the major influence if compared with push factors.

Research on immigration intentions among employees has identified numerous "push" and "pull" factors that collectively contribute to a high overall intent to migrate. Push factors, which are those conditions that drive individuals to leave their home countries, often include economic hardship, social instability, limited career opportunities, and poor infrastructure⁷. These conditions create a significant motivation for individuals to seek improved quality of life and stability elsewhere, particularly when they perceive better opportunities abroad. For instance, It was noted that higher economic returns and employment stability are primary factors influencing skilled workers’ intentions to migrate from developing countries⁸.

Pull factors, which attract employees to destination countries, often center around enhanced economic and professional opportunities, political stability, and a better quality of life⁹. Migration theory, people’s decision to migrate is a function of perceived advantages in the destination country, weighed against conditions at home¹⁰. Studies have found that individuals with strong professional and educational aspirations are especially likely to consider migration due to better career advancement prospects in economically developed countries¹¹.

Furthermore, the presence of social networks and family members abroad often strengthens migration intentions, as these networks provide support and reduce migration-associated risks¹². Consequently, the high level of migration intention is not only due to economic factors but also the broader support and opportunities perceived in the destination country. The global competition for talent, particularly in high-income countries, has increasingly

encouraged skilled workers to migrate in search of better career and lifestyle opportunities, reinforcing the push-pull dynamic in migration trends.

For research question three “What is the employee attitude of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria?” the study found a solid foundation of behavioral and control beliefs which indicates a motivated and confident workforce among health information professionals.

Studies consistently reveal that employees with high levels of positive attitudes toward their work and workplace often demonstrate improved performance, job satisfaction, and organizational commitment. Positive attitudes in the workplace can be driven by various factors, such as job autonomy, recognition, a supportive work environment, and meaningful work, all of which contribute to employees' sense of value and engagement in their roles. According to Range of Affect Theory, the more employees feel that their needs and expectations are met in their work, the more positive their attitudes will be. This satisfaction, in turn, promotes motivation and organizational loyalty¹³. More so, Broaden-and-Build Theory of Positive Emotions further explains how positive attitudes help broaden employees' thought-action repertoires, making them more open to learning, problem-solving, and collaboration¹⁴. Positive attitudes can also reduce stress and improve interpersonal relationships at work, leading to a healthier organizational culture¹⁵. Employees who hold positive beliefs about the significance of their work, or behavioral beliefs, are also more likely to experience high levels of job satisfaction and commitment. Theory of Planned Behavior posits that positive behavioral beliefs enhance employees' intentions to perform well, impacting overall job performance and resilience in the face of challenges¹⁶. Moreover, workplaces that actively cultivate positive attitudes through supportive policies and training programs see significant benefits. Scholars, in their Job Demands-Resources (JD-R) Model,

emphasize that job resources such as support, autonomy, and opportunities for growth foster positive attitudes by increasing employees' ability to meet work demands¹⁷. As a result, employees with high positive attitudes exhibit greater job involvement, reduced turnover intentions, and better overall well-being.

The null hypothesis one which state that Emigration intention will not have significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria via the regression analysis was rejected because the study found that emigration intention significantly influence job performance of HIMPs in South-south Nigeria.

Studies on the influence of emigration intentions have shown that these intentions can positively impact job performance under certain conditions. Emigration intentions, characterized by an employee's desire or plans to move abroad, are often driven by factors such as career advancement, economic stability, or a better quality of life¹⁸. Research indicates that employees with emigration intentions may enhance their job performance in preparation for moving to a new job market, often viewing their current position as a stepping stone for future opportunities¹⁹. This drive can lead to increased motivation to acquire new skills, complete projects successfully, and build a positive professional reputation, all of which enhance job performance in the interim period before relocation. Moreover, a study scholars found that employees with intentions to emigrate may demonstrate a high level of diligence and commitment to build up their experience²⁰. However, the positive influence is contingent upon the availability of relevant resources and the presence of organizational support that can either facilitate skill acquisition or contribute to the overall job satisfaction of employees. For instance, employees might seek further development to be competitive

internationally, which indirectly benefits their current employer through their increased job performance.

The null hypothesis two that Employee attitude will not have significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria was rejected. The study found that attitude mostly, control beliefs and behavioural control influences employee attitudes.

Recent studies have consistently demonstrated a significant positive relationship between employee attitudes and job performance. Employee attitudes, encompassing aspects like job satisfaction, commitment, and motivation, are critical in determining their level of engagement, productivity, and overall performance. For instance, some scholars found that employees who exhibited positive attitudes were more inclined to achieve high performance due to a stronger sense of organizational loyalty and motivation²¹. This positive attitude fostered a proactive approach to tasks, higher resilience in facing challenges, and a collaborative spirit, which, in turn, led to enhanced job outcomes.

Similarly, a study highlighted that positive attitudes among employees directly influenced their ability to adapt to organizational changes, stay focused on tasks, and contribute to a constructive work environment. Employees who maintained a positive outlook were more likely to receive constructive feedback effectively, address issues promptly, and consistently achieve organizational goals²². The researchers noted that the correlation was particularly strong among teams where the organizational culture emphasized open communication and continuous development, indicating that positive attitudes thrive in supportive environments and contribute to measurable improvements in job performance.

Moreover, some scholars demonstrated that employee attitudes significantly affect job performance by influencing how employees perceive their roles and responsibilities. Their

research underscored that employees who felt valued and recognized within the organization developed positive attitudes that were associated with higher job satisfaction and productivity. This sense of appreciation and engagement led to a commitment to quality work, timely project completions, and overall organizational success²³.

The null hypothesis three that both emigration intention and employee attitude will not have significant joint influence on job performance was also rejected as the study found that both factors significantly influence the job performance of HIMPs in University Teaching Hospitals South, south, Nigeria.

Research in recent years has increasingly focused on the combined effects of emigration intentions and employee attitudes on job performance, recognizing the complex interplay between an employee's motivation to remain or leave an organization and their general outlook towards their role. Studies suggest that both emigration intentions and employee attitudes can jointly impact job performance, with the influence of each factor moderated by individual and organizational circumstances.

A study examined how emigration intentions, when coupled with positive work attitudes, can create nuanced outcomes for job performance. The researchers found that employees with a strong inclination to emigrate who still maintained a positive attitude towards their job roles tended to exhibit high levels of performance as they often aimed to leave a positive legacy or maximize their skill development before departure²⁴. These employees showed high commitment levels in the short term, contributing significantly to organizational goals. However, when positive attitudes were absent, emigration intentions correlated with a decline in job performance, as employees were less motivated to maintain productivity. Similarly, a study emphasized that employees who are positively disposed towards their roles but express an intention to emigrate can still contribute constructively to organizational performance.

Their study revealed that employees with positive attitudes were more likely to remain engaged and perform well despite contemplating emigration, particularly if they perceived their current job experience as beneficial for future opportunities. Conversely, employees with a negative attitude and strong emigration intention showed diminished job performance, suggesting a dual need to address both motivational and attitudinal aspects to enhance performance outcomes²⁵.

In another study which explored the combined impact of emigration intention and employee attitude on job performance across various industries. Their findings suggest that when employees exhibit positive attitudes, their intention to emigrate is less likely to disrupt job performance. The study also highlighted that organizational factors like supportive work environments and career development opportunities can moderate the negative effects of emigration intentions, especially when employees maintain a favorable outlook towards their roles²⁶. The research underscores the importance of fostering positive work attitudes as a buffer against potential declines in job performance due to emigration intentions.

The discussed findings on the combined influence of emigration intentions and employee attitudes on job performance have important implications for health information professionals, university teaching hospitals, and the countries from which these professionals are departing.

The studies underscore the need for professionals to maintain a positive attitude toward their roles, regardless of emigration intentions. Health information professionals who balance a desire to migrate with a constructive attitude can still achieve high performance, optimizing their skills and contributions in the interim. For those planning to stay, maintaining a positive work attitude can enhance their professional satisfaction and performance, which is crucial in high-stakes environments like healthcare. These findings suggest that hospitals must pay close attention to both the attitudes and emigration intentions of health information staff to

sustain high performance. By fostering positive attitudes through supportive policies, skill development programs, and opportunities for career advancement, hospitals can help retain valuable talent and mitigate productivity declines. Understanding the influence of emigration intentions could allow hospitals to strategically plan around potential talent shortages and invest in programs that make roles more fulfilling and rewarding.

At a national level, the findings indicate that countries facing a "brain drain" in health information professionals can benefit from addressing the root causes behind emigration intentions, such as economic and career limitations. Countries could implement policies that improve working conditions, provide competitive compensation, and foster career growth to encourage retention. This approach not only supports the national healthcare system but also ensures the sustained delivery of high-quality health information services, essential for national healthcare data management and patient care. These findings highlight the importance of a dual approach—maintaining positive work attitudes and addressing emigration drivers—to optimize job performance and retain skilled professionals within the healthcare sector. This strategy benefits not only individual health information professionals but also strengthens the resilience of healthcare institutions and contributes to the stability of national healthcare systems.

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Chapter Three

Methodology

This chapter discusses how the study was carried out. It explains the logic behind this research, method and techniques that were used. This chapter therefore focused on the following sub-topics:

3.1 Research Design

3.2 Population

3.3 Sample size and sampling Technique

3.4 Instrument for Data Collection

3.5 Validity and Reliability of Research Instrument

3.6 Method of Data Collection

3.7 Method of Data Analysis

3.8 Ethical Consideration

3.1 Research Design

Survey research design was adopted for this study. This is because it shows the relationships among data and it allows the prediction of future events, it also analyses variables their correlations in the study. It does not encourage data manipulation. It requires systematic and scientific collection of data or information from the population or sample of the population.

This research design is considered appropriate for the study because of its ability to draw response from cause-and-effect relationships and also to establish relationships among

variables. The research design also made use of qualitative and quantitative approaches in order to obtain necessary data for the study.

Due to this, data or information would be collected systematically and scientifically to examine the influence of Emigration intention, Employees Attitude and Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria with the use of standardized questionnaire.

3.2 Population

The population of the study is 317 health information management professionals. This covers University of Benin teaching hospital, Benin city, Edo state, Delta state university teaching hospital, Oghara, Delta state, Irrua specialist teaching hospital, Irrua, Edo state, Nigeria Delta university teaching hospital, Okolobiri, Bayelsa State, University of port Harcourt teaching hospital, Rivers state, University of Uyo teaching hospital, Akwa Ibom State.

3.3 Sample size and sampling Technique

The study makes use of total enumeration technic since the population is not much and the researcher can easily cover the whole population

Table 3.1. Population of the study

S/N	Name and place of University Teaching Hospitals in South-south Nigeria	Population
1	University of Benin teaching hospital, Benin city, Edo state	64
2	Delta state university teaching hospital, Oghara, Delta state	55
3	Irrua specialist teaching hospital, Irrua, Edo state	49

4	Nigeria Delta university teaching hospital, Okolobiri, Bayelsa state	47
5	University of port Harcourt teaching hospital, Rivers state	57
6	University of Uyo teaching hospital, Akwa Ibom State	45
Total		317

Source^{1,2,3,4,5,6,7}

3.4 Instrument for Data Collection

The study make use of standard scale. The questionnaire is divided into four sections.

Section A contains the demographic information of the respondents like age, gender and year of work experience. Section B contains questions on the Dependent variable of the study(Job performance of Health information management professionals) examples of the questions are “I feel that my job allows me to use a wide range of skills and talents” “I am often required to perform different tasks that challenge different abilities” “My role involve a variety of activities that keep my work interesting” and “I believe that my job provides opportunities for personal growth and skill development”. Section C contains questions on attitudes of employee and the example of the questions are “I believe that performing my professional duties will lead to positive outcomes for me” “I strongly do feel that engaging doing my job as an health information professional would improve my job performance” “I expect that performing my duties will have beneficial effects on my overall well-being” the last section on the questionnaire is section D containing question on emigration intention and the example includes “My intention to migrate is due economic challenges in my home country Social issues, such as lack of security or political instability, is pushing me to consider migration”, “Environmental factors, such as natural disasters or climate change, play a role in

my decision to migrate”, “Limited job opportunities and poor working conditions in my country is driving me to seek better opportunities elsewhere”

3.5 Validity of the research instrument

To ascertain the face validity of the instrument (questionnaire), it was given to the researcher’s supervisor and four other experts in the field of health information management for critical review. Thereafter, corrections was made on the instrument based on their comments and suggestions.

3.6. Reliability of Research Instrument

For reliability of the instrument, aside the fact that the study make us of a standardized scale, thirty (30) copies of the questionnaire were administered health information professionals in University college hospitals in Ibadan, Oyo State which is not part of the study geographical location.

3.7 Method of Data Collection

The questionnaire would be administered personally by the researcher. To facilitate quick access to the respondents, the researcher will collect a letter of introduction from the Head of the Department, Health Information Management, Lead City University, Ibadan, Oyo State, to the selected teaching hospitals. The respondents will be assured of the confidentiality of their responses and asked to respond as honest as possible. More so, the researcher will recruit and train 12 researcher assistant to facilitate quick administration and retrieval of the questionnaire

3.8 Method of Data Analysis

The data will be collated, analysed and tabulated using descriptive statistics such as frequency counts, tables, percentages, mean and standard deviation for research question 1-3 while research hypotheses 1-3 would be tested using Pearson’s Product Moment Correlation

(PPMC) method. Multiple regression analysis was used for testing hypothesis 4. The Statistical Package for Social Sciences (SPSS) was used for computing and analyzing the data generated from the study.

Endnotes

1. Human Resourced Department, *Number of Health Information Professionals*, University of Benin teaching hospital, Benin city, Edo state, 2024
2. Human Resourced Department, *Number of Health Information Professionals*, Delta state university teaching hospital, Oghara, Delta state, 2024
3. Human Resourced Department, *Number of Health Information Professionals*, Irrua specialist teaching hospital, Irrua, Edo state, 2024
4. Human Resourced Department, *Number of Health Information Professionals*, Nigeria Delta university teaching hospital, Okolobiri, Bayelsa state, 2024
5. Human Resourced Department, *Number of Health Information Professionals*, University of port Harcourt teaching hospital, Rivers state, 2024

6. Human Resourced Department, *Number of Health Information Professionals*, University of Uyo teaching hospital, Akwa Ibom State, 2024

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Chapter Five

Conclusion

This chapter focuses on summary and conclusion of findings as well as some recommendations on the basis of the findings and contributions to knowledge.

5.1 Summary of Findings

The findings of this study which examined the influence of Emigration intention and Employee attitude will not have joint significant positive influence on Job Performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria can be summarized as follows;

1. The study found high level job performance among Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria
2. The study found positive attitude among Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria
3. The study found that high emigration intention among Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria
4. The regression analysis found that attitude of personnel significantly influenced job performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria
5. The regression analysis found that emigration intention significantly influenced job performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria
6. The multiple regression analysis found that both emigration intention and attitude of personnel significantly influence job performance of Health Information Management Professionals in University Teaching Hospitals, South-South, Nigeria.

5.2. Conclusion of Findings

In conclusion, the findings highlight the complex dynamics between emigration intentions, employee attitudes, and job performance among health information professionals. Positive work attitudes have been shown to bolster job performance, even when employees are considering emigration. For health professionals, maintaining a constructive approach to their roles is essential for personal fulfillment and professional effectiveness, irrespective of future migration plans. For university teaching hospitals, these insights underscore the importance of fostering a supportive work environment that encourages positive attitudes, thereby enhancing performance and reducing the potential impact of emigration. Finally, at the national level, addressing factors driving emigration intentions—such as job satisfaction, career development opportunities, and workplace conditions—can help retain skilled health information professionals, which is critical for maintaining healthcare quality and operational stability. Thus, a balanced approach addressing both attitudes and emigration drivers can sustain performance, improve retention, and support the resilience of healthcare systems.

5.3. Recommendation

Based on the findings of high job performance, positive attitudes, significant emigration intentions, and the influence of both attitude and emigration intention on job performance among Health Information Management Professionals (HIMPs) in university teaching hospitals in South-South Nigeria, the following recommendations are suggested:

1. Hospital Management should implement regular motivational programs and professional development opportunities to reinforce positive attitudes. These programs could include

targeted training, mentorship, and recognition initiatives that emphasize the importance of health information management in patient care and hospital operations.

2. University teaching hospitals should focus on improving working conditions, including better access to technology, modern work tools, and favorable work policies that support a manageable workload.

3. Government and Health Sector Policy-Makers should consider policies that address brain drain by offering retention packages or incentives for HIMPs, such as housing benefits, transportation allowances, and health insurance schemes.

4. Hospitals should prioritize continuous education programs that allow HIMPs to upgrade their skills, particularly in emerging technologies and health information management systems. This approach not only enhances job performance but also aligns with the professionals' desire for growth, reducing the likelihood of emigration.

5. Establishing psychological support systems and stress management resources in hospitals can help professionals cope with job-related stress, fostering a positive attitude toward their roles. Hospitals could offer access to counseling services and promote work-life balance initiatives to improve overall well-being.

6. To keep track of emigration intentions and employee attitudes over time, hospitals should conduct regular surveys among HIMPs. This data can guide hospital management and policy-makers in implementing timely and responsive strategies.

Implementing these recommendations can foster a supportive, productive, and fulfilling work environment for Health Information Management Professionals, addressing both the desire for positive career experiences and the need for stability and growth within Nigeria's healthcare sector. This dual focus may not only enhance job performance but also contribute to a stable workforce, which is essential for the sustainability of health information services in university teaching hospitals.

5.4. Contribution to Knowledge

This study contributes to knowledge in several key ways—conceptually, theoretically, and empirically—by exploring the attitudes, emigration intentions, and job performance of Health Information Management Professionals (HIMPs) in university teaching hospitals.

Conceptually, this study introduces emigration intention as a factor affecting job performance within the health information management field, an area previously underexplored. By examining how professionals' intentions to emigrate influence their work engagement, this study provides a framework for understanding the dual influence of motivation and career aspirations on health information services. The study also adds a model that positions positive attitudes as a significant contributor to job performance, enriching the conceptual understanding of attitude-performance dynamics in health information management. This relationship underscores the importance of psychological factors in shaping professional effectiveness.

Theoretically, this study expands on Hackman and Oldham's Job Characteristics Theory by incorporating emigration intention as a new variable that can influence job performance outcomes. This theoretical extension allows for the exploration of job characteristics within an international mobility context, suggesting that the desire to emigrate may moderate the

relationship between job satisfaction and performance. Drawing from the Theory of Planned Behavior (Ajzen, 1991), the study demonstrates that behavioral beliefs and attitudes are important predictors of job performance. This integration reinforces the role of positive attitudes and highlights that supportive environments may reduce emigration intentions and enhance job commitment, aligning with established theories of work motivation and commitment.

Empirically, the study provides empirical evidence that a positive attitude is a strong predictor of high job performance among HIMPs. This finding supports the idea that work attitude plays a pivotal role in enhancing service quality, job satisfaction, and organizational outcomes in healthcare settings. Empirically, the study contributes to the literature by using quantitative analysis to show that emigration intentions have a significant influence on job performance. This analysis provides a data-driven basis for understanding how external aspirations impact work behavior and productivity, informing workforce retention policies. By situating the study within university teaching hospitals in South-South Nigeria, the study offers context-specific insights that can help address the challenges faced by healthcare facilities in low-resource settings. These empirical findings highlight the unique factors affecting HIMPs in Nigeria, providing a foundation for further research in similar regions.

5.5. Suggestion for Further Studies

1. Emigration intentions and job performance factors among Health Information Management Professionals (HIMPs) across different regions of Nigeria or other African countries.
2. Impact of Institutional Support on Employee Retention: a case of Health Information Management Professionals in University Teaching Hospitals

3. A Comparative Studies Between HIMPs and Other Health Professionals.

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Questionnaire

Section A

Demographic Information

Age: a. 18-25 () b. 26 – 33years () c. 34 – 41 ()

Gender: a. Male () b. Female ()

Year of Experience: a. < 5years () b. 6 - 10 years () c. 11- 15 years () d.
16 – 20 years () e. 21year and above ()

Section B:

Question of Job Performance of Health Information Management Professionals in University Teaching Hospitals North-West Nigeria.

Keys: SA: Strongly Agree(4); A: Agree(3); D: Disagree(2); SD: Strongly Disagree(1)

Please tick as appropriate (✓)

S/N	Options	SA	A	D	SD
Skill-variety					
1	I feel that my job allows me to use a wide range of skills and talents				
2	I am often required to perform different tasks that challenge different abilities				
3	My role involve a variety of activities that keep my work interesting				
4	I believe that my job provides opportunities for personal growth and skill development				
5	I frequently do have to adapt my skills to meet changing job demands				
Task identity					
6	I have the chance to complete a project from start to finish in my role				
7	I am always able to see the outcomes of my work in a tangible way				
8	My job provide me with the opportunity to create or produce something significant				
9	I feel a sense of accomplishment when I complete a whole task or project				
10	I often work on projects where I am responsible for the entire process rather than just a small part				
Task significance					
11	I believe that the work I do has a meaningful impact on others, inside or outside the organization				
12	I often see the positive effects of my job on the lives of people or the community				

-
- 13 I feel that my role is important to the success of my team or organization
- 14 My job allow me to contribute to a larger goal or purpose
- 15 I often perceive that others recognize or acknowledge the importance of the tasks I perform

Autonomy

SA A D SD

- 16 I have control over how I perform my job tasks
- 17 I am given the freedom to make decisions related to my work activities
- 18 I often get to plan and organize my own work schedule
- 19 I do feel trusted by my supervisor to work independently without constant oversight
- 20 I am able to adjust the way I complete tasks based on my judgment and preferences

Feedback

SA A D SD

- 21 I receive regular feedback on how well I am performing my job
- 22 The feedback I receive about my work is helpful and constructive
- 23 I am often made aware of the results or impact of my work
- 24 I feel that I get enough information to understand if I'm meeting expectations
- 25 I am encouraged to improve based on the feedback I receive from supervisors and colleagues

SECTION C: Questions on Attitudes of Health Information Management Professionals

S/N	Options	SA	A	D	SD
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Behavioural Beliefs

- | | | | | | |
|---|--|--|--|--|--|
| 1 | I believe that performing my professional duties will lead to positive outcomes for me | | | | |
|---|--|--|--|--|--|

-
- 2 I strongly do feel that engaging doing my job as an health information professional would improve my job performance
 - 3 I expect that performing my duties will have beneficial effects on my overall well-being
 - 4 I am confident that adopting electronic health information management system will help me achieve specific goals and objectives
 - 5 I believe that performing my duties to the fullest will result in desired outcomes in my workplace and personal life

Normative Beliefs

- 6 I perform well at work because of my believe that people are expecting more from me
- 7 I do feel that others (e.g., supervisors, colleagues, family) approve of my engagement in my professional duties
- 8 I perform well because I have mentors that I'm looking up to
- 9 I am influenced by friends, family and co-workers to work very well
- 10 I work very well because I feel pressured to do my work.

Control Beliefs

SA A D SD

- 11 I believe that I have the resources or skills needed to perform excellently well in the discharge of my duties
- 12 There are external factors that make it difficult for me to engage in in my work effectively
- 13 I am highly confident in my ability to overcome obstacles that might prevent me from performing well at work
- 14 I feel in control of whether I can carry out my work as it demands
- 15 It is likely that factors beyond my control (e.g., time, resources, support) will influence my ability to perform well at work.

SECTION D: Questions on Emigration Intention of Health Information Management

Professionals

S/N	Options	SA	A	D	SD
Push Factors					
1	My intention to migrate is due economic challenges in my home country				
2	Social issues, such as lack of security or political instability, is pushing me to consider migration				
3	Environmental factors, such as natural disasters or climate change, play a role in my decision to migrate				
4	Limited job opportunities and poor working conditions in my country is driving me to seek better opportunities elsewhere				
5	Important are factors like inadequate healthcare, education, or basic infrastructure are pivotal to my decision to leave my home country				
Pull Factors					
6	Economic opportunities, such as better jobs or higher wages, attract me to the destination country				
7	Better educational and career advancement opportunities available in the country is a major factor in my intended country of destination				
8	Social factors, such as a safer environment, higher quality of life, are significant in drawing me to a new country				
9	To a high extent, I believe that the political stability and freedom in the destination country influence my decision to migrate				
10	Family reunification and the presence of a strong support network is motivating my migration to a specific country				

Thank You

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