

Mentorship and Knowledge Utilization among Health Information Management Professionals in Bayelsa State: Implications for Health Information Management Practice

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ABSTRACT

Knowledge utilization is essential for effective Health Information Management (HIM) practice because it enhances evidence-informed decision-making, service quality, and organizational performance. However, limited empirical evidence exists on the influence of mentorship on knowledge utilization among Health Information Management Professionals (HIMPs) in Bayelsa State, Nigeria. This study investigated the relationship between mentorship and knowledge utilization among HIMPs and examined its implications for Health Information Management practice. A descriptive cross-sectional survey design was adopted. Seventy Health Information Management Professionals participated in the study using a structured questionnaire. Data were analysed using descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics, including Cronbach's alpha, independent samples *t*-test, one-way ANOVA, Pearson correlation, and multiple linear regression at a 5% level of significance. The findings showed that respondents demonstrated relatively high professional competence (Mean = 17.93 ± 4.79) and favourable mentorship practices (Mean = 17.37 ± 4.23), whereas knowledge utilization was comparatively lower (Mean = 16.97 ± 3.15). There were no significant differences in knowledge utilization across gender ($t = -0.220, p = 0.826$) or other socio-demographic characteristics ($p > 0.05$). Correlation analysis revealed weak positive but non-significant relationships between knowledge utilization and mentorship practices ($r = 0.058, p = 0.631$), professional competence ($r = 0.171, p = 0.158$), and organizational factors ($r = 0.068, p = 0.577$). Multiple regression showed that the predictors jointly explained only 3.3% of the variation in knowledge utilization ($R^2 = 0.033$; $F(3,66) = 0.756, p = 0.523$). The study concludes that mentorship and professional competence alone are insufficient to improve knowledge utilization. It recommends institutionalized mentorship programmes, strengthened organizational support, continuous professional development, and robust knowledge management systems to enhance Health Information Management practice.

KEYWORDS: Mentorship, Knowledge Utilization, Health Information Management Professionals, Health Information Management Practice, Professional Development, Knowledge Management, Bayelsa State, Nigeria.

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1. INTRODUCTION

Health Information Management (HIM) has become an indispensable component of modern healthcare systems because of its critical role in the collection, processing, storage, retrieval, and utilization of health information for clinical decision-making,

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healthcare planning, policy formulation, research, and quality improvement. As healthcare systems increasingly embrace evidence-based practice and digital transformation, the ability of Health Information Management Professionals (HIMPs) to acquire, apply, and disseminate professional knowledge has become essential for improving healthcare outcomes and organizational performance. Effective knowledge utilization enables healthcare professionals to translate research evidence, professional experience, and organizational learning into routine practice, thereby enhancing service quality, patient safety, operational efficiency, and accountability. Consequently, knowledge utilization has emerged as a key determinant of healthcare performance and sustainable health system strengthening (World Health Organization [WHO], 2017). However, professional qualifications alone do not necessarily guarantee effective knowledge utilization, particularly in healthcare environments where structured professional support, organizational learning, and continuous capacity-building mechanisms are inadequate (Grol & Grimshaw, 2017). Such deficiencies may compromise the quality of health information generated and utilized for decision-making, thereby limiting the effectiveness of Health Information Management practice (WHO, 2018).

Mentorship is widely recognized as an important professional development strategy that facilitates continuous learning, knowledge sharing, career advancement, and the acquisition of practical competencies required for effective workplace performance. Through regular mentor–mentee interactions, mentorship provides opportunities for experiential learning, professional guidance, constructive feedback, and confidence building, all of which contribute to improved knowledge utilization and professional competence. Empirical evidence suggests that the availability of experienced mentors, frequent mentor–mentee engagement, and high-quality mentorship support enhance professional confidence, strengthen competence, improve the application of professional skills, and promote better utilization of health information systems (Eby et al., 2017; Nowell et al., 2017; Pfaff et al., 2019). Similarly, recent implementation science literature demonstrates that structured mentorship programmes, organizational capacity-building initiatives, supportive leadership, and collaborative learning environments facilitate evidence-informed practice and workforce development (King et al., 2024; McGuier et al., 2024; Ventimiglia et al., 2026). Nevertheless, there remains considerable debate regarding the independent contribution of mentorship to knowledge utilization. While some studies report that mentorship directly improves evidence-based practice and knowledge translation, others argue that its effectiveness is largely dependent on organizational culture, leadership support, continuing professional development, and institutional knowledge management systems rather than mentorship alone (Abdullah et al., 2014; Gagliardi et al., 2014; King et al., 2024; Marfo et al., 2026).

Despite growing evidence on mentorship and workforce development, empirical studies investigating these relationships among Health Information Management Professionals in Nigeria remain limited, with most existing research focusing on clinical personnel rather than HIM practitioners. This knowledge gap underscores the need for empirical evidence to guide organizational policies and professional development strategies aimed at improving Health Information Management practice. Therefore, this study investigated the influence of mentorship practices, professional competence, and organizational factors on knowledge utilization among Health Information Management Professionals in Bayelsa State, Nigeria. Specifically, the study examined the relationships among these variables, assessed the influence of socio-demographic characteristics on knowledge utilization, and evaluated the predictive contributions of mentorship practices, professional competence, and organizational factors. These findings will highlight the need for healthcare institutions to strengthen mentorship structured programmes, organizational learning systems, leadership support, and knowledge management strategies to improve Health Information Management practice and healthcare service delivery in Bayelsa state.

2. MATERIALS AND METHODS

Study Area

The study will be conducted in Bayelsa State, located in the South-South geopolitical zone of Nigeria within the Niger Delta region. Bayelsa State was created on 1 October 1996 from the old Rivers State and has its capital in Yenagoa. The State comprises eight Local Government Areas: Brass, Ekeremor, Kolokuma/Opokuma, Nembe, Ogbia, Sagbama, Southern Ijaw, and Yenagoa. It is bounded by Delta State to the north, Rivers State to the west and the Atlantic Ocean to the south and east. The State is characterized by riverine communities, mangrove forests, and extensive creeks that influence healthcare accessibility and health information management practices. The study population comprises Health Information Management professionals working in public healthcare institutions across Bayelsa State.

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Figure 1: Map of Yenagoa Metropolis showing study locations.
Source: Researcher's GPS survey (2026); administrative boundaries adapted from official geo-datasets; cartographic design by the researcher.

Study Design and Sample Collection

The study adopted a descriptive cross-sectional survey research design. The choice of the study design is to enable the collection of information from Health Information Management (HIM) professionals at a single point in time regarding knowledge utilisation and mentorship. The design was suitable for capturing respondents' experiences, opinions, and perceptions as they occur in real-life settings, using a structured questionnaire.

Study Population

The target population comprises 133 health information management professionals working in selected public healthcare facilities in Bayelsa State, Nigeria, with varying professional ranks, years of experience, and educational qualifications, which is considered appropriate for mentorship and knowledge and the quality of health information management practices in healthcare facilities.

Sampling and Sample Size

The study conducted between February and May, 2026, adopted stratified sampling technique to select healthcare facilities across Bayelsa state. Firstly, health facilities with ten and above licensed HIMPs across all the three level of healthcare will form the first stratum, secondly health facilities with functional and independent health information management departments form the second strata. And thirdly healthcare scope with ten or above specialized service, and patient volume of two thousand or more patient monthly was considered to form another stratum. Based on the above criterion forming each stratum, three healthcare facilities were selected such as; federal medical centre Yenagoa, Niger delta university teaching hospital and Diete koki memorial hospital. Within each stratum, participants was randomly selected using a lottery or computer-generated randomization technique, to ensure fairness and objectivity in participant selection while eliminating researcher bias.

The sample size for this study was determined using Krejcie and Morgan's (1970) table for finite populations, specifically Federal Medical Centre, Yenagoa 74, NDUTH 49, and Diete-Koki memorial hospital 10. Using Krejcie and Morgan's table, a population of 133 corresponds to a recommended minimum sample size of 97 respondents, which ensures statistically reliable and representative results. To achieve proportional representation across the selected hospitals, a stratified proportional random sampling technique employed shows expected respondents from FMC Yenagoa as 54, NDUTH 36 and DKMH 7, totaling 97 respondents for the study.

Statistical Analysis

Data obtained from the respondents was entered into Microsoft Excel and analyzed using Statistical Package for Social Sciences (SPSS) version 27. Descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics, including Cronbach's alpha, independent samples *t*-test, one-way ANOVA, Pearson correlation, and multiple linear regression at a 5% level of significance, were used to summarize the data.

The mean concentration of each parameter was calculated as:

$$\bar{X} = \frac{\sum fX}{N}$$

Where:

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- (1) $\bar{X}$ = Mean (or Weighted Mean) score
- (2) f = Frequency of responses for each response category
- (3) X = Weight assigned to each response category (e.g., 4, 3, 2, 1)
- (4) $\sum fX$ = Sum of the weighted responses
- (5) N = Total number of respondents

The grand mean for each construct (Mentorship, Awareness and Knowledge Utilization) formula is:

$$\text{Grand Mean} = \frac{\sum \bar{X}_k}{k}$$

Where:

- (1) $\sum \bar{X}_k$ = Sum of the mean scores for all items within the construct
- (2) k = Number of items in the construct

Instrument for Data Collection

The instrument for data collection was validated structured questionnaire, using 5-point Likert scale ranging from Strongly Agree (5) to Strongly Disagree (1), adopted from related literatures (Eby et al., 2017; Bears, 2018; van der Heijden *et al.*, 2019; Ipe, 2020; Burmeister et al., 2020, and Alavi *et al.* 2022). The instrument has section A to F, with statement item totaling 35 items.

Ethical Considerations

Ethical approval and site-specific permissions was obtained from the Federal medical centre, Niger Delta University teaching hospital and diette Koki Memorial hospital research ethics committees before fieldwork begins. Voluntary participation was emphasized, participants receive a clear, written information sheet explaining the study purpose, procedures, expected time commitment, potential risks and benefits, and how data will be used. Written informed consent was obtained from participant's preferred language with a witness signature. Participants were informed of their right to decline or withdraw at any time without penalty. The study pose no physical risk; psychological discomfort from sensitive questions was minimized by using neutral wording and offering participants the option to skip questions.

3. RESULTS

Out of the 97 copies of the questionnaire distributed to health information management professionals in tertiary and secondary hospitals in Bayelsa State, a total of 70 copies, representing 72.2%, were successfully retrieved and found suitable for analysis after proper screening and coding. The results, analysis, and interpretation presented in this study were therefore based on the data obtained from the 70 valid responses.

Table 1. Socio-demographic Characteristics of the Respondents (n = 70)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Male	38	54.3
	Female	32	45.7
Age (years)	20–29	16	22.9
	30–39	28	40.0
	40–49	21	30.0
	50+	5	7.1
Educational Qualification	ND	25	35.7
	HND	28	40.0
	B.Sc.	11	15.7
	M.Sc.	4	5.7
	PhD	2	2.9
Years of Professional Experience	1–5 years	29	41.4
	6–10 years	22	31.4
	11–15 years	12	17.1
	16 years and above	7	10.0
Place of Work	FMC, Yenagoa	36	51.4
	NDUTH, Okolobiri	28	40.0
	DKMH), Yenagoa	6	8.6
Professional Designation	Health Record Technician	39	55.7
	Senior Health Record Technician	9	12.9
	Principal Health Record Technician	10	14.3
	Chief Health Information Officer	8	11.4
	Assistant Chief Health Records Officer	4	5.7

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Table 1 present the findings of the socio-demographic characteristics of the respondents show that a total of 70 Health Information Management Professionals participated in the study. Male respondents constituted 54.3% (n = 38) of the study population, while females accounted for 45.7% (n = 32), indicating a relatively balanced gender distribution with a slight male predominance. The age distribution revealed that respondents aged 30–39 years constituted the largest proportion (40.0%), followed by those aged 40–49 years, whereas respondents aged 50 years and above represented the smallest proportion. Regarding educational attainment, the majority possessed either a National Diploma (ND) or Higher National Diploma (HND), while relatively fewer respondents had obtained bachelor's or postgraduate qualifications. Furthermore, most respondents had between one and ten years of professional experience, suggesting that the workforce largely consisted of early- and mid-career professionals. Health Record Technicians represented the highest professional cadre among the respondents, while senior professional categories constituted a comparatively smaller proportion of the study population. These findings indicate that the study involved a heterogeneous workforce with varying levels of education, experience, and professional responsibilities.

The socio-demographic profile of the respondents provides important context for interpreting the subsequent findings on mentorship, professional competence, and knowledge utilization. The predominance of respondents within the economically active age group and their moderate years of professional experience suggest that the participants are actively engaged in routine Health Information Management activities and are at a career stage where mentorship and continuous professional development are particularly relevant. Similarly, the relatively balanced gender distribution minimizes the likelihood of substantial gender bias in the overall findings, while the diversity in educational qualifications and professional designations provides an adequate basis for examining whether these characteristics influence knowledge utilization and professional competence. Overall, the characteristics of the respondents indicate that the study sample was sufficiently representative of the Health Information Management workforce within the selected health institutions in Bayelsa State, thereby providing a reasonable basis for drawing conclusions regarding mentorship, knowledge utilization, and professional practice.

Table 2. Descriptive Statistics of Mentorship, Knowledge Utilization, Professional Competence, and Factors Affecting Knowledge Utilization

Variable	Mean	SD	Minimum	Maximum
Knowledge Utilization	16.97	3.15	10	24
Mentorship Practices	17.37	4.23	10	32
Professional Competence	17.93	4.79	10	30
Factors Affecting Knowledge Utilization	10.60	2.99	5	18

Table 2 presents the descriptive statistics of the major study variables. The findings revealed that Professional Competence recorded the highest mean score (Mean = 17.93; SD = 4.79), indicating that respondents generally perceived themselves as possessing a relatively high level of professional knowledge, skills, and competencies required for effective Health Information Management practice. Mentorship Practices also recorded a relatively high mean score (Mean = 17.37; SD = 4.23), suggesting that respondents experienced moderate to favourable mentoring relationships within their workplaces. Knowledge Utilization had a slightly lower mean score (Mean = 16.97; SD = 3.15), indicating that although respondents possessed the required professional competence, the routine application of acquired knowledge in workplace activities was comparatively less pronounced. In contrast, Factors Affecting Knowledge Utilization recorded the lowest mean score (Mean = 10.60; SD = 2.99), implying that respondents perceived organizational and workplace barriers to knowledge utilization to be relatively less favourable. The relatively moderate standard deviations observed across all variables indicate that respondents' opinions were fairly consistent, suggesting minimal variability in their responses.

The pattern of the descriptive statistics demonstrates that professional competence and mentorship constitute important strengths among Health Information Management Professionals in Bayelsa State; however, these strengths may not necessarily translate into optimal knowledge utilization in routine professional practice. The comparatively lower mean score recorded for knowledge utilization suggests that possessing professional competence does not automatically guarantee the effective application of knowledge within healthcare organizations. This finding points to the possibility that workplace structures, institutional support, organizational culture, leadership practices, availability of continuous professional development opportunities, and other contextual factors may influence how acquired knowledge is translated into practice. Furthermore, the close proximity of the mean scores for mentorship and knowledge utilization indicates that although mentorship may contribute positively to professional development, additional organizational mechanisms may be required to maximize the practical utilization of knowledge among Health Information Management Professionals. Overall, the findings suggest that interventions aimed at improving organizational learning environments and strengthening institutional support systems may be necessary to complement existing mentorship practices and enhance effective Health Information Management practice.

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Table 3. Internal Consistency Reliability of the Study Constructs (n = 70)

Construct	Number of Items	Cronbach's α	Interpretation
Knowledge Utilization	10	0.633	Acceptable internal consistency
Mentorship Practices	10	0.667	Questionable/Moderate internal consistency
Professional Competence	10	0.744	Acceptable internal consistency
Factors Affecting Knowledge Utilization	5	0.625	Acceptable internal consistency

Table 3 presents the reliability statistics of the study instrument using Cronbach's alpha coefficient to determine the internal consistency of the study constructs. The findings indicate that Professional Competence demonstrated the highest level of internal consistency with a Cronbach's alpha coefficient of 0.744, indicating satisfactory reliability for measuring the construct among Health Information Management Professionals. Mentorship Practices also recorded an acceptable reliability coefficient ($\alpha = 0.667$), suggesting that the questionnaire items measuring mentorship were reasonably consistent in assessing respondents' perceptions. Also, Factors Affecting Knowledge Utilization yielded a relatively acceptable reliability coefficient ($\alpha = 0.625$), while Knowledge Utilization recorded a coefficient of ($\alpha = 0.633$), indicating comparatively strong internal consistency among the items measuring these constructs. Overall, the reliability coefficients suggest that the instrument demonstrated varying degrees of internal consistency across the four study variables, with much stronger reliability observed for professional competence and mentorship practices than for knowledge utilization and its associated organizational factors.

The variation in the reliability coefficients implies that respondents interpreted the questionnaire items measuring Professional Competence and Mentorship Practices more consistently than those assessing Knowledge Utilization and Factors Affecting Knowledge Utilization. This finding may indicate that the concepts of professional competence and mentorship were more clearly defined and uniformly understood by respondents, whereas perceptions relating to knowledge utilization may have been influenced by differences in workplace practices, institutional policies, professional responsibilities, and organizational environments across the participating health facilities. Although the reliability coefficient for Professional Competence satisfies the commonly accepted threshold for satisfactory internal consistency, the relatively lower coefficients observed for Knowledge Utilization and Factors Affecting Knowledge Utilization suggest that these constructs should be interpreted with some caution. Future applications of the instrument may therefore benefit from reviewing, refining, or expanding the questionnaire items measuring these domains to improve their internal consistency and enhance the precision of future assessments. Nevertheless, the reliability results provide an acceptable basis for proceeding with the subsequent inferential statistical analyses reported in the study.

Table 4. Independent Samples t-test Comparing Male and Female Respondents on Knowledge Utilization, Mentorship Practices, and Professional Competence

Variable	Male Mean $\pm$ SD	Female Mean $\pm$ SD	t	p-value	Decision
Knowledge Utilization	16.89 $\pm$ 3.17	17.06 $\pm$ 3.18	-0.220	0.826	Not Significant
Mentorship Practices	16.47 $\pm$ 4.24	18.44 $\pm$ 4.01	-1.977	0.052	Not Significant
Professional Competence	17.89 $\pm$ 4.78	17.97 $\pm$ 4.88	-0.064	0.949	Not Significant

Table 4 presents the independent samples *t*-test comparing male and female Health Information Management Professionals on knowledge utilization, mentorship practices, and professional competence. The findings revealed that male respondents recorded a mean score of 16.89 $\pm$ 3.17 for Knowledge Utilization, while female respondents recorded a slightly higher mean score of 17.06 $\pm$ 3.18. However, the observed difference was not statistically significant ($t = -0.220$, $p = 0.826$), indicating that both genders demonstrated similar levels of knowledge utilization. Similarly, female respondents reported a higher mean score for Mentorship Practices (18.44 $\pm$ 4.01) than their male counterparts (16.47 $\pm$ 4.24), but this difference did not attain statistical significance ($t = -1.977$, $p = 0.052$), although the result approached the conventional level of significance. Regarding Professional Competence, the mean scores were almost identical for male (17.89 $\pm$ 4.78) and female (17.97 $\pm$ 4.88) respondents, with no statistically significant difference observed ($t = -0.064$, $p = 0.949$). Overall, the findings indicate that gender was not significantly associated with variations in mentorship practices, professional competence, or knowledge utilization among the respondents.

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The absence of statistically significant gender differences suggests that male and female Health Information Management Professionals experienced comparable opportunities for professional development, mentorship, and knowledge application within the participating health institutions. Although female respondents recorded marginally higher mean scores in mentorship practices and knowledge utilization, these differences were too small to indicate meaningful variation between the two groups. Notably, the mentorship variable yielded a p -value of 0.052, which is very close to the 0.05 significance threshold, suggesting a possible trend that may become statistically significant in studies involving larger sample sizes or broader populations. Furthermore, the almost identical professional competence scores observed between male and female respondents indicate that competence development within the study setting is unlikely to be influenced by gender. These findings imply that institutional mentorship programmes, professional training opportunities, and workplace responsibilities may be implemented relatively equitably across both genders, thereby contributing to comparable levels of competence and knowledge utilization among Health Information Management Professionals in Bayelsa State.

Table 5. One-Way Analysis of Variance (ANOVA) of Socio-Demographic Characteristics and Knowledge Utilization among Health Information Management Professionals

Variable	F	p-value	Decision
Age group	1.430	0.242	Not Significant
Educational qualification	1.130	0.350	Not Significant
Years of experience	0.702	0.554	Not Significant
Place of work	0.503	0.607	Not Significant
Professional designation	0.617	0.652	Not Significant

Table 5 presents the one-way Analysis of Variance (ANOVA) examining differences in knowledge utilization across respondents' socio-demographic characteristics. The results revealed that age was not significantly associated with knowledge utilization ($F = 1.430$, $p = 0.242$), indicating that respondents across different age categories demonstrated comparable levels of knowledge utilization. Similarly, no statistically significant differences were observed based on educational qualification ($F = 1.130$, $p = 0.350$), suggesting that respondents with different academic qualifications reported similar levels of knowledge utilization. Likewise, years of professional experience did not significantly influence knowledge utilization ($F = 0.702$, $p = 0.554$), while place of work also showed no statistically significant variation ($F = 0.503$, $p = 0.607$). Furthermore, professional designation was not significantly associated with knowledge utilization ($F = 0.617$, $p = 0.652$). Since all probability values exceeded the 0.05 level of significance, the null hypothesis of no difference was retained for each socio-demographic characteristic examined.

The findings indicate that knowledge utilization among Health Information Management Professionals was relatively uniform irrespective of respondents' age, educational attainment, professional experience, work location, or professional designation. This suggests that the application of professional knowledge within the participating health institutions may be influenced more by shared organizational processes, institutional policies, and workplace practices than by individual demographic characteristics. The consistency observed across all respondent categories further implies that opportunities for acquiring and applying professional knowledge may be relatively similar within the study setting. Consequently, interventions aimed at improving knowledge utilization should focus less on demographic differences and more on strengthening organizational systems that support continuous learning, mentorship, access to professional resources, and evidence-informed practice. These findings also suggest that institutional strategies designed to improve knowledge utilization should be implemented across all professional groups rather than targeting specific demographic categories, since no subgroup demonstrated a statistically superior or inferior level of knowledge utilization.

Table 6. Pearson Product-Moment Correlation Matrix Showing the Relationship among Mentorship Practices, Professional Competence, Factors Affecting Knowledge Utilization, and Knowledge Utilization

Variable	1	2	3	4
1. Knowledge Utilization	1.000			
2. Mentorship Practices	0.058 ($p = 0.631$)	1.000		
3. Professional Competence	0.171 ($p = 0.158$)	0.087 ($p = 0.473$)	1.000	
4. Factors Affecting Knowledge Utilization	0.068 ($p = 0.577$)	0.060 ($p = 0.622$)	0.113 ($p = 0.351$)	1.000

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Table 6 presents the Pearson Product-Moment Correlation analysis examining the relationships among mentorship practices, professional competence, factors affecting knowledge utilization, and knowledge utilization among Health Information Management Professionals. The results revealed that mentorship practices had a weak positive relationship with knowledge utilization ($r = 0.058, p = 0.631$), indicating that an increase in mentorship practices was associated with only a marginal increase in knowledge utilization; however, this relationship was not statistically significant. Similarly, professional competence demonstrated a weak positive correlation with knowledge utilization ($r = 0.171, p = 0.158$), suggesting that respondents with higher levels of professional competence tended to report slightly higher knowledge utilization, although the association did not reach statistical significance. Likewise, factors affecting knowledge utilization showed a weak positive relationship with knowledge utilization ($r = 0.068, p = 0.577$), which was also not statistically significant. Since all probability values exceeded the 0.05 level of significance, the null hypotheses of no significant relationship between each independent variable and knowledge utilization were retained.

The findings indicate that although mentorship practices, professional competence, and organizational factors exhibited positive relationships with knowledge utilization, the observed associations were weak and insufficient to demonstrate meaningful statistical relationships within the study population. The positive direction of the correlation coefficients suggests that improvements in mentorship and professional competence may still contribute to better knowledge utilization; however, their influence appears to be limited and may depend on the interaction of other organizational, behavioural, technological, or managerial factors not captured in the present study. The weak correlation coefficients further imply that knowledge utilization is a complex phenomenon that cannot be explained solely by individual competence or mentoring experiences. Consequently, healthcare institutions should consider strengthening broader organizational systems, including leadership support, continuous professional development, knowledge-sharing mechanisms, supportive work environments, and institutional policies that facilitate the practical application of professional knowledge. Overall, the correlation analysis suggests that while mentorship and professional competence remain important professional attributes, they alone are insufficient to account for substantial variations in knowledge utilization among Health Information Management Professionals in Bayelsa State.

Table 7. Multiple Linear Regression Predicting Knowledge Utilization (n = 70)

Dependent variable: Knowledge Utilization

Predictor	B	SE	β	t	p	95% CI
Constant	13.999	2.356	—	5.942	<0.001	9.295, 18.703
Mentorship Practices	0.031	0.091	0.041	0.341	0.734	-0.150, 0.212
Professional Competence	0.107	0.080	0.160	1.324	0.190	-0.054, 0.267
Factors Affecting Knowledge Utilization	0.050	0.128	0.047	0.386	0.701	-0.207, 0.306

Model Summary

Statistic	Value
R ²	0.033
Adjusted R ²	-0.011
F (3,66)	0.756
Model p-value	0.523

Table 7 presents the results of the multiple linear regression analysis examining the extent to which mentorship practices, professional competence, and factors affecting knowledge utilization predict knowledge utilization among Health Information Management Professionals. The overall regression model was not statistically significant ($F(3, 66) = 0.756, p = 0.523$), indicating that the three predictor variables did not jointly make a significant contribution to explaining variations in knowledge utilization. The model produced a multiple correlation coefficient (R) of 0.181, with a coefficient of determination (R²) of 0.033, showing that the independent variables jointly explained only 3.3% of the total variance in knowledge utilization. Furthermore, the Adjusted R² of -0.011 indicates that, after adjusting for the number of predictors included in the model, the explanatory power of the regression model was negligible. Examination of the standardized regression coefficients revealed that Professional Competence recorded the largest positive effect ($\beta = 0.162, t = 1.327, p = 0.190$), followed by Factors Affecting Knowledge Utilization ($\beta = 0.047, t = 0.386, p = 0.701$) and Mentorship Practices ($\beta = 0.042, t = 0.341, p = 0.734$). However, none of these predictor variables independently reached statistical significance at the 0.05 level.

The regression findings suggest that although mentorship practices, professional competence, and organizational factors demonstrated positive predictive coefficients, their individual and combined effects on knowledge utilization were weak and statistically insignificant within the study population. The finding that Professional Competence had the highest standardized regression coefficient indicates that it contributed relatively more to predicting knowledge utilization than the other variables,

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although its contribution was insufficient to produce a statistically meaningful effect. The very low coefficient of determination further implies that approximately 96.7% of the variation in knowledge utilization was attributable to other factors not examined in the present study. This suggests that knowledge utilization among Health Information Management Professionals is likely influenced by a broader range of organizational, behavioural, technological, managerial, and policy-related factors beyond mentorship and professional competence alone. Consequently, future studies should incorporate additional explanatory variables such as organizational culture, leadership support, access to health information technologies, continuing professional development, motivation, availability of evidence resources, and institutional knowledge management practices to improve the predictive capacity of the regression model and provide a more comprehensive understanding of the determinants of knowledge utilization.

Table 8. Regression Diagnostics for the Multiple Linear Regression Model

Diagnostic	Value	Interpretation
Durbin–Watson	1.712	Residuals are reasonably independent (value close to 2.0).
Highest VIF	1.020	No evidence of multicollinearity.
Lowest Tolerance	0.981	Well above common concern thresholds (e.g., 0.20).
Omnibus test (p)	0.213	No strong evidence against residual normality.
Jarque–Bera test (p)	0.235	Residual distribution is broadly consistent with normality.

Table 8 presents the diagnostic statistics used to assess whether the assumptions underlying the multiple linear regression model were satisfied before interpreting the regression results. The findings showed a Durbin–Watson statistic of 1.712, indicating that the residuals were independent and that there was no evidence of serious autocorrelation in the regression model. Furthermore, the tolerance values for Mentorship Practices, Professional Competence, and Factors Affecting Knowledge Utilization were all above the recommended minimum threshold of 0.10, while the corresponding Variance Inflation Factor (VIF) values were close to 1.0 and substantially below the critical value of 10.0. These results indicate that multicollinearity was not present among the predictor variables, suggesting that each independent variable contributed unique information to the regression model without excessive overlap. Collectively, these diagnostic statistics confirm that the regression assumptions relating to independence of errors and absence of multicollinearity were adequately satisfied.

The satisfactory diagnostic results indicate that the regression model was statistically appropriate for examining the predictive influence of mentorship practices, professional competence, and factors affecting knowledge utilization on knowledge utilization. Consequently, the non-significant regression coefficients and the low explanatory power observed in the regression analysis cannot be attributed to violations of model assumptions or instability among the predictor variables. Instead, the findings suggest that the limited predictive performance of the model reflects the complex nature of knowledge utilization among Health Information Management Professionals, which is likely influenced by additional organizational, behavioural, technological, and policy-related factors not included in the present study. Therefore, future studies should consider incorporating broader institutional variables, including organizational culture, leadership support, access to health information technologies, research engagement, continuing professional development, and knowledge management practices, to develop more robust predictive models and improve understanding of the determinants of knowledge utilization in Health Information Management practice.

Table 9: Chi-square Analysis of Association between Respondents' Characteristics and Level of Knowledge Utilization

Variable	χ^2	df	p-value	Cramer's V	Decision
Sex (A1)	0.473	1	0.491	0.082	Not significant
Age Group (A2)	5.507	3	0.138	0.280	Not significant
Educational Qualification (A3)	4.354	4	0.360	0.249	Not significant
Professional Cadre (A4)	2.997	3	0.392	0.207	Not significant
Years of Experience (A5)	0.109	2	0.947	0.039	Not significant
Hospital/Practice Location (A6)	1.290	4	0.863	0.136	Not significant

Table 9 present the pearson's Chi-square analyses, which indicated that none of the demographic variables were significantly associated with respondents' level of knowledge utilization (all $p > 0.05$). The observed effect sizes, measured using Cramer's V, ranged from 0.039 to 0.280, indicating negligible to small practical associations.

These findings suggest that differences in knowledge utilization among respondents were not statistically explained by sex, age, educational qualification, professional cadre, years of experience, or hospital/practice location. This implies that knowledge utilization may be influenced more by organizational or professional factors than by demographic characteristics.

5. DISCUSSION

The present study demonstrated that Health Information Management (HIM) professionals perceived themselves as having relatively high professional competence (Mean = 17.93 ± 4.79) and favourable mentorship practices (Mean = 17.37 ± 4.23), although knowledge utilization was comparatively lower (Mean = 16.97 ± 3.15), while factors affecting knowledge utilization recorded the lowest mean score (Mean = 10.60 ± 2.99). These findings suggest that respondents possessed the professional capability required for effective practice, but organizational and contextual barriers may have limited the translation of acquired knowledge into routine professional activities. This interpretation is reinforced by the reliability analysis, which demonstrated acceptable internal consistency for Professional Competence demonstrated the highest level of internal consistency with a Cronbach's alpha coefficient of 0.744, indicating satisfactory reliability for measuring the construct among Health Information Management Professionals. Mentorship Practices also recorded an acceptable reliability coefficient ($\alpha = 0.667$), suggesting that the questionnaire items measuring mentorship were reasonably consistent in assessing respondents' perceptions. The findings are consistent with evidence that mentoring improves professional competence, confidence, communication skills, resilience, and workplace adaptation among healthcare professionals, but these benefits are optimized only when mentoring is embedded within supportive organizational systems and continuous professional development programmes (Ventimiglia et al., 2026; King et al., 2024; Abdullah et al., 2014; Gagliardi et al., 2014). Similarly, recent reviews have shown that structured mentoring programmes enhance professional growth and clinical performance through experiential learning and institutional support, while fragmented mentoring structures produce smaller improvements in knowledge application (Ventimiglia et al., 2026). Conversely, studies conducted in healthcare organizations with mature mentoring systems have reported stronger relationships between mentoring, professional competence, and evidence-based practice than were observed in the present study, suggesting that institutional investment, leadership commitment, and organizational learning culture largely determine whether professional competence translates into effective knowledge utilization (King et al., 2024; Gagliardi et al., 2014).

Another important finding was that gender did not significantly influence knowledge utilization, mentorship practices, or professional competence. Male respondents reported a knowledge utilization score of 16.89 ± 3.17 compared with 17.06 ± 3.18 among females ($t = -0.220, p = 0.826$), while professional competence scores were almost identical between males (17.89 ± 4.78) and females ($17.97 \pm 4.88; t = -0.064, p = 0.949$). Furthermore, knowledge utilization did not differ significantly across age ($F = 1.430, p = 0.242$), educational qualification ($F = 1.130, p = 0.350$), years of professional experience ($F = 0.702, p = 0.554$), place of work ($F = 0.503, p = 0.607$), or professional designation ($F = 0.617, p = 0.652$). Pearson's correlation analysis also revealed weak positive but non-significant relationships between knowledge utilization and mentorship practices ($r = 0.058, p = 0.631$), professional competence ($r = 0.171, p = 0.158$), and factors affecting knowledge utilization ($r = 0.068, p = 0.577$). These findings suggest that demographic characteristics and the measured professional attributes alone were insufficient to explain meaningful differences in knowledge utilization among HIM professionals. This observation agrees with implementation science literature, which emphasizes that successful knowledge translation depends more on organizational capability, leadership support, implementation facilitation, collaborative learning, and research–practice partnerships than on demographic characteristics or professional seniority (King et al., 2024). Likewise, systematic reviews have concluded that mentoring is most effective when combined with organizational support, protected learning time, implementation resources, and knowledge-sharing networks rather than functioning as an isolated professional activity (Ventimiglia et al., 2026; Abdullah et al., 2014). However, these findings contrast with reports from healthcare settings where higher educational attainment, greater clinical experience, and structured mentoring programmes significantly improved evidence-based practice and research utilization, suggesting that contextual differences in organizational culture, resource availability, and institutional support may explain the weaker associations observed in the present study (King et al., 2024). Also, a related study reported that older and younger employees can benefit from each other's non-redundant knowledge through knowledge transfer (Gerpott et al., 2017).

The regression analysis further demonstrated that mentorship practices, professional competence, and factors affecting knowledge utilization jointly explained only 3.3% of the variation in knowledge utilization ($R^2 = 0.033$; Adjusted $R^2 = -0.011$), while the overall model was not statistically significant ($F(3,66) = 0.756, p = 0.523$). Although Professional Competence exhibited the largest standardized regression coefficient ($\beta = 0.162$), it did not significantly predict knowledge utilization ($p = 0.190$), and neither Mentorship Practices ($\beta = 0.042, p = 0.734$) nor Factors Affecting Knowledge Utilization ($\beta = 0.047, p = 0.701$) emerged as significant independent predictors. Importantly, the regression diagnostics confirmed that the assumptions of multiple regression were satisfied, with a Durbin–Watson statistic of 1.712 and negligible multicollinearity, indicating that the weak explanatory power of the model reflected the complexity of knowledge utilization rather than methodological deficiencies. These findings suggest that knowledge utilization among HIM professionals is influenced by broader organizational and implementation factors beyond individual mentorship and competence. This interpretation is strongly supported by recent evidence indicating that knowledge translation capacity-building programmes are most effective when they combine education, implementation support roles, strategic research–practice collaborations, leadership engagement, and organizational learning systems (King et al., 2024). Similarly, systematic reviews have shown that mentoring contributes substantially to professional development, confidence, and career

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progression but produces sustainable improvements in organizational performance only when integrated into comprehensive institutional strategies for learning and evidence implementation (Ventimiglia et al., 2026; Gagliardi et al., 2014; Abdullah et al., 2014). Therefore, the present study extends existing evidence by demonstrating that mentorship and professional competence remain valuable professional resources among HIM professionals in Bayelsa State, but their influence on knowledge utilization is likely mediated by organizational leadership, institutional knowledge management systems, implementation climate, and continuing professional development. Healthcare managers should therefore prioritize formal mentoring frameworks, continuous capacity building, leadership support for evidence-informed practice, and organizational knowledge translation strategies to improve the routine application of professional knowledge in Health Information Management practice.

6. CONCLUSION

This study examined mentorship and knowledge utilization among Health Information Management Professionals (HIMPs) in Bayelsa State and found that respondents generally demonstrated favourable levels of professional competence and mentorship practices, with comparatively moderate levels of knowledge utilization. However, the findings further revealed that organizational factors affecting knowledge utilization remained relatively weak, suggesting that professional competence and mentorship alone are insufficient to ensure effective application of knowledge in routine Health Information Management practice. In addition, there were no statistically significant differences in knowledge utilization across respondents' socio-demographic characteristics, while mentorship practices, professional competence, and organizational factors jointly explained only a small proportion of the variation in knowledge utilization. These findings indicate that knowledge utilization among HIM professionals is a multidimensional process influenced by broader organizational and institutional factors beyond individual professional attributes. The study therefore concludes that strengthening organizational support systems, structured mentorship programmes, and institutional knowledge management strategies is essential for translating professional competence into improved Health Information Management practice and sustainable healthcare service delivery in Bayelsa State. This conclusion is consistent with the study's findings that mentorship was unevenly implemented, organizational support was modest, and knowledge utilization remained constrained despite respondents' professional capabilities.

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