
Electronic Medical Records Usage among Health Information Management Practitioners: A Scoping Review

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ABSTRACT

The study presents the findings of a scoping review aimed at charting the range and scope of EMR adoption and use among HIM professionals in various contexts, identifying the drivers of this use, and highlighting how the roles and responsibilities of HIM professionals are evolving. The review is based on the 2005 framework by Arksey and O'Malley and reported following the PRISMA extension for scoping reviews (PRISMA-ScR), with data drawn from peer-reviewed empirical literature and from other review papers on adoption, competencies, and organisation roles relevant to the HIM workforce. Our results suggest that there are interconnected factors influencing EMR adoption and HIM professionals, including technology literacy, readiness of infrastructure, institutional support, availability of training, perception of utility and the regulatory climate. Our review reveals HIM professionals shifting away from their role as records managers toward one involving data management, quality assurance, informatics, although such shifts are more advanced in high-income settings compared to low-and middle-income settings. The paper concludes with a series of recommendations for health information management education, certification bodies and health system policy.

Keywords: *Electronic medical records, electronic health records, health information management, health records officers, EMR adoption, health informatics*

INTRODUCTION

Electronic medical records (EMRs) are an integral part of health information systems today and have revolutionized the capture, storage, retrieval and transfer of patient information between providers. At the nexus of this evolution are health information management (HIM) professionals. For them, traditional records management roles-filing, coding, indexing and protecting the records of patients-are in transition as records become digital. There is a wealth of literature on EMR/EHR adoption among health professionals, yet there has been limited synthesis of how HIM professionals are involved, how they use the technology, what training they need and the consequences for the workforce.

The healthcare sector globally is witnessing a sustained transition from paper-based documentation to digital systems for capturing, storing, and sharing health information through time and across space. While electronic medical records (EMRs), defined as digitally stored records created by one provider in one organization for one episode of care, have different scopes and levels of integration from electronic health records (EHRs, which aggregate information from multiple providers, care sites, and organizations) and personal health records (PHRs, which are controlled by the individual patient) (Zeng et al., 2009), the distinction between the terms has practical relevance in health information management (HIM). As health professionals, HIM practitioners have unique responsibilities for accuracy, completeness, security, and accessibility based on the information management system in use.

Nonetheless, any shift to electronic documentation creates opportunities and challenges for HIM professionals whose identity traditionally has been associated with the physical stewardship of the medical record. HIM practitioners (depending on country and organizational context, also known as health records managers, medical records technicians, or health information technologists) are trained professionals authorized to manage all aspects of the patient medical record throughout its lifecycle. In many countries, they are statutorily licensed. Historically, their roles included filing and retrieving paper case records, abstracting data for statistics and research, assigning medical codes to conditions and procedures (International Classification of Diseases, for example), indexing patients by disease, and managing the claims and reimbursement processes. As healthcare systems become electronic, HIM professionals are being asked to deploy, troubleshoot, audit, secure, and quality control EMRs and related systems and are becoming proficient in managing information integrity within a context in which information security concerns and solutions are qualitatively different from those associated with physical paper records (Zeng et al., 2009).

Despite considerable literature on EMR and EHR adoption, the unit of analysis has been almost exclusively physicians, nurses, or a mixed-group of “health professionals” who often did not differentiate HIM practitioners’ experience from the clinicians’ (Akwaowo et al., 2022; Oo et al., 2021; Zayyad & Toycan, 2018). While IT literacy, technological readiness, and EMR use has been studied extensively, there are few investigations of EMR use and EHR experiences specifically for HIM practitioners, despite their dual role as both end-users and custodians, administrators, and quality assurers of these information systems.

Statement of the Problem

Health systems, particularly in low- and middle-income countries (LMICs), continue to report uneven and often incomplete transitions from paper to electronic recordkeeping (Mugauri et al., 2025). Where EMR systems have been introduced, adoption and sustained usage among the health workforce remain inconsistent, hampered by infrastructural deficits, inadequate computer literacy, limited training, and resistance to changes in established workflows (Akwaowo et al., 2022; Zayyad & Toycan, 2018). HIM practitioners sit at the intersection of these challenges: they are expected to lead institutional data quality and information governance functions, yet many enter the workforce with training curricula that have not kept pace with digital transformation, and they often work within facilities that operate hybrid

paper-electronic systems for extended periods (Alhassan et al., 2025). Without a synthesis of what is known about how HIM practitioners actually use EMR systems, what competencies they bring or lack, and what organizational and policy conditions support or inhibit their engagement with these systems, efforts to strengthen HIM education, professional regulation, and health information governance risk being poorly targeted.

Rationale for a Scoping Review

A scoping review was selected as the appropriate methodology for this inquiry because the topic is characterized by a heterogeneous and dispersed evidence base rather than a narrow, well-defined intervention question amenable to systematic review and meta-analysis (Munn et al., 2018). Scoping reviews are indicated when the objective is to map the extent, range, and nature of existing evidence, to clarify concepts, and to identify gaps in a body of literature that spans multiple study designs, populations, and geographic contexts (Arksey & O'Malley, 2005; Munn et al., 2018). Because the literature on EMR usage among HIM practitioners specifically is fragmented across health informatics, public health, library and information science, and medical education journals, and because it includes cross-sectional surveys, qualitative studies, systematic reviews, and grey literature, a scoping approach allows for a broad and inclusive synthesis that a narrower systematic review would not accommodate.

Purpose of Research and Questions

The purpose of this scoping review is to map and synthesize existing literature on the extent and nature of EMR usage among HIM practitioners, the factors that facilitate or constrain that usage, and the implications for the evolving scope of HIM practice. The review is guided by the following research questions:

1. What is the extent and nature of EMR/EHR usage reported among HIM practitioners across the reviewed literature?
2. What competencies, including ICT literacy and technical skill levels, are documented among HIM practitioners in relation to EMR systems?
3. What barriers and facilitators shape EMR usage and adoption among HIM practitioners?
4. How is the professional role of the HIM practitioner evolving in response to EMR implementation?
5. What gaps exist in the current evidence base that warrant further primary research?

METHOD

This review was conducted as a scoping review following the five-stage methodological framework originally proposed by Arksey and O'Malley (2005) and later refined by Peters et al. (2022), and it is reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco

et al., 2018). The five stages comprise identifying the research question, identifying relevant studies, study selection, charting the data, and collating, summarizing, and reporting the results. Each stage is described below.

Stage 1: Identifying the Research Question

Consistent with scoping review guidance, the research question was framed broadly to permit comprehensive mapping of the literature: "What is known from the existing literature about the usage of electronic medical records among health information management practitioners?" This overarching question was operationalized into the five sub-questions presented above, which guided both the search strategy and the subsequent charting of data.

Stage 2: Identifying Relevant Studies

A search strategy was developed using key concepts relating to (a) electronic medical/health records, (b) health information management practitioners, and (c) usage, adoption, competency, or readiness. Search terms included combinations such as "electronic medical record," "electronic health record," "health information management," "health records officer," "medical records personnel," "HIM practitioner," "adoption," "usage," "utilization," "competence," and "readiness," combined using Boolean operators. Databases and sources consulted included PubMed/MEDLINE, PLOS ONE, Frontiers journals, PeerJ, Global Health Action, Discover Public Health, and Google Scholar, supplemented by hand-searching of reference lists of retrieved articles and relevant professional body publications, including materials from the American Health Information Management Association (AHIMA) tradition of e-HIM scholarship. No lower date limit was imposed, given the relatively recent emergence of the topic, and the search was restricted to English-language sources. The search and screening process yielded a broad corpus of records relating to EMR/EHR adoption among health workers generally, from which the subset addressing HIM practitioners, health records officers, or health information management functions specifically was retained for full review.

Stage 3: Study Selection

Eligibility was determined using inclusion and exclusion criteria developed iteratively as familiarity with the literature grew, consistent with the iterative nature of scoping review methodology (Arksey & O'Malley, 2005). Studies were included if they (a) addressed electronic medical or health record systems, (b) reported on usage, adoption, competency, readiness, roles, or perceptions among health information management practitioners, health records officers, or closely related cadres, or discussed the broader health workforce in a way that yielded transferable findings for HIM practice, and (c) were published in English as peer-reviewed articles, theses, or credible professional/organizational publications. Studies were excluded if they focused exclusively on patient-facing personal health records without reference to institutional health information practice, or if they addressed EMR system engineering and software architecture without reference to the human workforce dimension. Title and abstract screening was followed by full-text review of potentially eligible records against these criteria.

Stage 4: Charting the Data

A structured charting form was used to extract descriptive and thematic information from each included source, comprising author(s) and year, country or region of study, study design and sample, population studied, key findings relating to EMR usage, and reported barriers, facilitators, or competency gaps. Charted data were organized thematically rather than by individual study, consistent with the descriptive-analytical approach recommended for scoping reviews (Peters et al., 2022).

Stage 5: Collating, Summarizing, and Reporting Results

Charted data were grouped into recurring thematic categories generated inductively from the literature: (a) characteristics of the included literature, (b) extent of EMR usage, (c) competencies and readiness, (d) evolving professional roles, (e) barriers to usage, (f) facilitators of usage, (g) training and capacity-building needs, and (h) data quality, privacy, and governance implications. These themes structure the Results section that follows. Because the purpose of a scoping review is to map the breadth of available evidence rather than to appraise the certainty of pooled effect estimates, no formal quality appraisal or meta-analysis was undertaken, consistent with standard scoping review methodology (Munn et al., 2018; Tricco et al., 2018).

RESULTS

Characteristics of the Included Literature

The literature retained for this review spans cross-sectional surveys, systematic and scoping reviews, and professional/organizational commentary published between 2009 and 2025. Geographically, the evidence base is concentrated in sub-Saharan Africa (Nigeria, Ghana, Zimbabwe, and related regional syntheses) and South and Southeast Asia (Myanmar), with foundational conceptual contributions originating from the United States through AHIMA-affiliated scholarship (Zeng et al., 2009). This distribution reflects the reality that much of the recent empirical interest in EMR/EHR adoption among the health workforce, including HIM-adjacent cadres, has been generated in LMIC contexts where the paper-to-electronic transition is still underway, whereas high-income countries such as the United States moved through this transition earlier, driven substantially by the Health Information Technology for Economic and Clinical Health (HITECH) Act incentives (Akwaowo et al., 2022). Study designs are predominantly cross-sectional and descriptive, employing structured questionnaires administered to health professionals, including records officers, alongside qualitative approaches and multi-study scoping and systematic reviews that synthesize findings across facilities and countries (Mugauri et al., 2025; Alhassan et al., 2025).

Extent and Nature of EMR Usage among HIM Practitioners

Across the reviewed literature, EMR usage among HIM-related cadres is best characterized as partial and unevenly distributed rather than uniformly high or low. In Nigeria, health

information managers are reported to be centrally involved in EMR implementation, overseeing the transition from manual to electronic recordkeeping, supervising records staff, and managing coding, indexing, and claims functions within increasingly digitized departments (Profolio, 2026a, 2026b). At the same time, facility-level assessments in the same country describe hybrid environments in which paper archives and digital databases are managed simultaneously, indicating that full electronic usage has not been achieved even where systems have been introduced (Profolio, 2026b). Comparable patterns are reported in Myanmar, where overall readiness for EMR adoption among health professionals was found to be only moderate, with core and engagement readiness scores below two-thirds of the maximum possible level (Oo et al., 2021). In Ghana, a dedicated scoping review of EHR acceptance and utilization among healthcare professionals found that despite national e-health initiatives, utilization remains inconsistent across facilities and cadres, shaped by variable infrastructure and support (Alhassan et al., 2025).

Notably, several studies document a persistent gap between the availability of EMR systems and their actual use in routine practice. This gap is attributed less to outright rejection of the technology and more to intermittent system access, unreliable electricity and internet connectivity, and incomplete integration of electronic modules into daily workflow, all of which affect HIM practitioners directly because their statistical, coding, and quality-assurance functions depend on consistent system availability (Akwaowo et al., 2022; Zayyad & Toyacan, 2018).

Competencies, ICT Literacy, and Readiness

A recurring theme across the literature is that computer literacy and related digital competencies among the health workforce, including records personnel, are frequently intermediate at best. In the Nigerian multi-state study by Akwaowo et al. (2022), the majority of respondents demonstrated only intermediate computer literacy, a finding the authors linked to earlier evidence that only a minority of health workers in a Nigerian teaching hospital were sufficiently skilled to perform advanced computer-based tasks. Similarly, a facility-level study in southwestern Nigeria found that healthcare workers, including records and administrative staff, were proficient mainly in basic applications such as word processing, email, and messaging platforms, but not in the more specialized functions required for full EMR utilization, and the authors argued that critical thinking, data interpretation, and technical proficiency together form a holistic competency set necessary to leverage EMR systems effectively (Sibiya et al., 2023).

In Myanmar, ICT literacy and EMR-specific knowledge were both found to be low among a substantial proportion of health professionals, with only about one-fifth demonstrating high ICT literacy and about one-quarter demonstrating high EMR knowledge; professional category, educational attainment, length of service, and English-language proficiency were all significantly associated with literacy and knowledge levels (Oo et al., 2021). These findings are directly relevant to HIM practitioners because their professional functions, particularly coding accuracy, data validation, and system administration, depend on a competency floor that many of the cited studies suggest is not yet reliably met across the workforce. The evidence

further suggests that postgraduate qualification and longer duration of service are associated with greater readiness, implying that foundational pre-service HIM education and continued in-service exposure both matter for competency development (Oo et al., 2021).

Evolving Professional Roles: From Records Custodian to Information Governor

There is also a literature stream focused on the fact that professional roles for HIM professionals are changing or being redefined rather than merely augmented by digital information systems. Zeng et al. (2009) explained this directly with the vision of “e-HIM”, with three goals: first, to facilitate the transition from paper to electronic structures of health information; second, to redefine management practices of institution-wide and personal health information; and third, to generate a quantifiable impact on cost and quality of care through better information management. According to this vision, the responsibilities of the HIM profession should extend from the old record room to new roles as joint clinician-system educators, health information technology project managers, workflow analysts, privacy and security officers, EHR program managers and data management and analytics experts (Zeng et al., 2009).

Modern day workforce profiles for Nigerian and Kenyan HIM professionals are reinforcing this shift: the description of health information managers already reflects many future requirements including: “e-EMR implementation,” “International Classification of Diseases coding and use of systems such as,” “disease index, and,” “health insurance claims” as well as data quality assurances; with more senior individuals to assist in strategic guidance in “data governance strategies” (Profolio, 2026a).

In Kenya, health records and information officers’ roles already involve working with both manual and electronic records, but, given ongoing national digitizing initiatives including moving away from the National Hospital Insurance Fund towards the Social Health Authority, an increased need for expertise in managing digital data for facilities across counties can be assumed (ICMHS, 2026).

Barriers to EMR Usage among HIM Practitioners

The reviewed literature converges on a consistent, if not identical, set of barriers to EMR usage. Infrastructural constraints are the most frequently cited: unreliable electricity supply, inadequate internet bandwidth, insufficient hardware, and poor technical support are repeatedly identified as inhibiting successful EMR use in Nigerian and other LMIC contexts (Akwaowo et al., 2022; Zayyad & Toycan, 2018). Financial constraints, including the cost of procuring and maintaining EMR systems and the absence of dedicated budget lines for digital health infrastructure, compound these infrastructural gaps, particularly in the sub-Saharan African region more broadly (Mugauri et al., 2025).

A second cluster of barriers relates to human factors: limited computer literacy, insufficient hands-on training, and resistance to changes in established recordkeeping routines. Zayyad and Toycan (2018) found that healthcare professionals in Nigerian hospitals frequently perceived e-health technologies as complex and poorly aligned with existing workflows, which dampened sustained adoption even where systems were technically available. Akwaowo et al.

(2022) similarly found that the perceived usefulness of the technology was among the strongest predictors of willingness to adopt EMR, implying that where practitioners, including HIM staff, do not clearly perceive a workflow benefit, usage tends to remain superficial or inconsistent. A third barrier concerns data privacy and security concerns, which are heightened in electronic environments relative to paper systems and which HIM practitioners are professionally obligated to manage even as they may lack specific training in digital security protocols (Zeng et al., 2009).

Finally, several sources point to policy and regulatory gaps, including the absence of harmonized national standards for health data exchange, inconsistent enforcement of data governance frameworks, and limited alignment between HIM professional curricula and the digital competencies required in practice (Mugauri et al., 2025; Alhassan et al., 2025).

Facilitators of EMR Usage among HIM Practitioners

However, several enabling conditions for EMR implementation are found repeatedly throughout the literature where EMR use has been more successful. Both institutional and top-management support, involving leadership commitment to digital transformation and investment in infrastructure and training, were widely cited as significant facilitators of EMR adoption (Akwaowo et al., 2022). Higher levels of formal education and attainment of post-graduate qualifications are positively correlated with increased EMR readiness and favourable perceptions of EMRs (Oo et al., 2021), indicating that a strengthened HIM practitioner talent pipeline, encompassing formal education and additional credentials, may be an adoption driver in itself. Similarly, EMR usefulness and ease of use, aligned with the use of a framework such as the Technology Acceptance Model discussed in various pieces of literature here, were identified as crucial facilitators and users more frequently adopt and sustain usage where they can perceive real improvements in workflow efficiency, data access speed, and reduced duplication of records (Akwaowo et al., 2022; Mugauri et al., 2025).

Finally, where HIM is formally licensed, regulation appears to have been a facilitator, the profession is licensed in Nigeria via a national health records officers registration board, dictating standard qualifications and professional registration prior to any health care setting EMR implementation, ensuring standard levels of competency across all workers in Nigeria Profolio, 2026a. Similar statutory bodies that exist elsewhere also function as a vehicle for incorporating contemporary EMR-related learning requirements into the HIM curriculum and through continued professional development efforts (ICMHS, 2026).

Training and Capacity-Building Needs

One finding repeated throughout the reviewed sources was the importance of training as both a gap and an intervention. Oo et al. (2021) for example, provided training as a concrete recommendation to be provided to EMR users, specifying hands-on training and a localization of EMR training materials and content as essential elements of preparing health professionals to use the technology. Sibiya et al. (2023) noted that “to enhance the holistic competence (technical, communication and ethical skills) needed for optimal utilization of EMR,” countries should invest in “purpose-driven training programs, workshops and continuing professional

development activities” rather than “general computing literacy.” This pattern was observed in other research regarding EMR adoption in the broader sub-Saharan African region, with insufficient training often listed as the “most common reported barrier to EHR implementation” along with the need to invest in personnel in addition to technological infrastructure (Mugauri et al., 2025). Regarding HIM professionals specifically, training should go beyond general computer literacy to include specific skills related to EMR systems: “health information managers need to be competent in information technology, data audits in the system, data protection and security” and involved in “designing and developing the system according to [their institution’s] workflows and in accordance with international standards,” since this participatory approach to EMR development helps to mitigate the risks of poor design, usability, and excessive mental demands on EMR users in a workflow

Data Quality, Privacy, and Governance Implications

The findings from the literature concerning EMR data management are therefore especially pertinent to HIM practitioners, given the profession's historic role in data quality assurance. While regional analyses have documented that successful EHR implementation contributes to reduced documentation errors, as well as improved patient record accuracy and availability (Mugauri et al., 2025), these gains are only realised if practitioners have the expertise to establish and track system-level data validity rules – a role that is often allocated to HIM professionals as system maturity increases. Like privacy, security is a fundamental consideration. As Zeng et al. (2009) contend, "HIM practitioners have an ethical duty to assure their health care organizations' use of information systems and information technology adhere to existing privacy law and regulations" (33) and that practitioners be vigilant when participating in "the development and operation of the organization's health information system" (34). The literature reveals a consistent deficit in training to support these responsibilities in digital privacy and security, indicative of ongoing challenges in health information governance.

DISCUSSION OF FINDINGS

The purpose of this scoping review was to explore existing knowledge regarding HIM practitioners and EMR adoption. Several cross-cutting conclusions were apparent in the synthesis of the evidence: First, EMR adoption among HIM personnel is best understood as a graduated and imperfect process rather than a simple dichotomy of adopt versus not-adopt, governed concurrently by infrastructure, capacity and institutional support factors. This aligns with principles found in technology adoption and diffusion theory, cited within much of the literature, which note that factors such as perceived usefulness, ease of use and facilitating conditions jointly predict sustainable use of technologies (Akwaowo et al., 2022; Zayyad & Toycan, 2018).

Second, there is a geographic asymmetry within the literature that mirrors trends in global health information technology literature broadly. Significant specific evidence regarding EMR use among HIM-associated cadre staff arises from LMIC undergoing active digital transitions, particularly in sub-Saharan Africa and Southeast Asia; in contrast, conceptual work

that defined the evolving role of HIM professionals comes from the United States, where the transition to EMR has occurred for longer due to incentives through the HITECH Act (Akwaowo et al., 2022; Zeng et al., 2009). Therefore, while there may be a conceptual consensus on the path to the adoption of e-HIM roles, it appears that relatively less empirical evidence exists across varying regions about how well these expanded roles have been taken up by HIM practitioners except in a few settings.

Third, there is evidence of a competency gap, perhaps greater than anticipated, given the centrality of managing health information for the HIM role. Several papers reported low to intermediate levels of computer skills and EMR specific skills among health workforce samples that included medical records staff (Oo et al., 2021; Sibiya et al., 2023), indicating that EMR curriculum in pre-service and continuing professional education may not be adequate. These gaps have direct consequences for data quality and reliability at a health systems level because HIM personnel are responsible for information coded accurately, statistically valid, and secure.

Fourth, with respect to facilitating factors, the evidence suggests that policymakers and training institutions can act to strengthen these factors-namely, institutional leadership, professional regulation, and system design including staff involvement in system implementation and use. By contrast, structural barriers to adoption, such as the national electricity infrastructure, are outside the immediate control of HIM practitioners. This distinction suggests that while advocacy for larger investment in digital infrastructure is certainly important, HIM professional interventions such as curriculum enhancements, the establishment of formal licensing requirements contingent on digital skills, and robust in-service training may be more readily attainable actions by professional bodies and those responsible for professional education (Profolio, 2026a; ICMHS, 2026).

Implications for Practice and Policy

There are a number of pragmatic applications to this synthesis. For HIM training institutions, curricula should be adapted so that graduates not only attain fundamental computer literacy skills but also practical competencies in the administration of EMR systems, electronic data quality auditing, and digital privacy and security management aligned with e-HIM competencies defined by Zeng et al. (2009). For Professional credentialing organizations (such as national health records officer registration boards), inclusion of digital competency benchmarks into licensure and continuing education criteria would serve as a structural tool for ensuring practicing HIM professionals remain current on evolving EMR technology (Profolio, 2026a).

For Health facility administrators, the review highlights the necessity of directly engaging HIM practitioners in the decision-making processes concerning EMR selection, configuration, and customization given the HIM practitioner's in-depth knowledge of coding standards, documentation workflows and compliance related standards and regulations. For national and regional health policy planners, especially those of low-and-middle income countries (LMICs), the findings lend support to continued investment in the basic underlying structure: power, connectivity, hardware infrastructure – upon which meaningful use of any

EMR system may depend, while also noting that only a subset of such investment is likely to have a measurable impact without concurrent investments in workforce development and change management (Mugauri et al., 2025; Zayyad & Toycan, 2018).

CONCLUSION

There are some inherent limitations to both the scoping review methodology employed in this research and to the nature of the evidence base investigated. Firstly, in line with typical scoping review practices, we conducted no formal quality appraisal of the included studies and thus, both weaker and stronger methodological contributions were equally weighted in our thematic synthesis (Munn et al., 2018; Tricco et al., 2018). Secondly, our search was limited to English-language literature, and thus important findings may have been missed in literature not published in this language, such as those from Francophone and Lusophone Africa where EMR adoption is also underway. Thirdly, the available evidence often discussed 'health professionals' or 'healthcare workers' generically and without disaggregating HIM professionals from clinical ones. As a result, our ability to make precise inferences specific to this profession is limited; we used the next most relevant groups available (e.g. Health records officers; records/administrative staff) in the absence of explicit distinction between these professions and accordingly adjusted our inferences. Finally, there is an uneven geographic distribution of the available evidence. Evidence is sparser from high-income countries apart from theoretical conceptual papers and limited from Latin America and regions of the Middle East and Asia.

This scoping review mapped the literature on the use of EMRs among HIM professionals, yielding an evidence base that is growing and consistent in indicating a profession undergoing transformation. HIM professionals are expected to evolve beyond their traditional role of guardians of paper records to become active stakeholders in EMR implementation, data management, quality control and health informatics. However, published accounts of computer literacy, EMR expertise, and organizational readiness within this workforce generally do not keep pace with these aspirations, especially in lower and middle income countries. Lack of infrastructure, lack of training opportunities, and inconsistent professional regulatory environments add to these obstacles. Conversely, the strong influence of organizational leadership, investment in educational programming, and participatory design of information systems appear to be important contributors to bridging the gap between ideal and actual e-HIM practices. Additional research, with the ability to differentiate HIM professionals from other health sector staff (and particularly from lower and middle income countries) would go far in informing effective strategies moving forward.

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