

The Influence of Work Culture and Digital Information Resources Use on Knowledge Sharing Practices of Health Professionals in State Owned Hospitals in Oyo State, Nigeria

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Abstract

Knowledge sharing in healthcare is crucial for enhancing clinical practices and patient care. This study investigates the impact of work culture and the use of digital information resources on knowledge sharing among health professionals in state-owned hospitals in Oyo State, Nigeria. Employing a survey research design, the study sampled 234 out of 596 health professionals using a validated questionnaire with a 100% response rate. The findings indicate a high level of knowledge sharing, with an overall mean score of 3.33 (SD = 0.598) on a 4point scale. Health professionals actively share knowledge on medical procedures, drug administration, best practices, and digital health technologies. Face-to-face interactions and mobile phones are the predominant channels for sharing, with 100% utilization reported. Despite moderate engagement with digital resources (M = 3.01, SD = 0.768), barriers such as inadequate technology use and lack of incentives affect knowledge sharing. Work culture significantly influences knowledge sharing, accounting for 55.6% of the variance, with hierarchical structures and criteria for success having positive effects. Digital resources use has a minimal influence (Adj. $R^2 = 0.069$). The study concludes that fostering a supportive work culture and enhancing digital resource accessibility are essential for improving knowledge sharing practices. It recommends frequent seminars and workshops and the establishment of online messaging platforms to facilitate continuous knowledge exchange.



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INTRODUCTION

Knowledge sharing within healthcare settings is vital for improving patient outcomes, enhancing clinical practices, and fostering evidence-based decision-making. In hospitals, where professionals come from diverse specialties, sharing knowledge can lead to more informed decisions and better patient care. Knowledge sharing in healthcare involves the clarification and dissemination of up-to-date health information to employees, decision-makers, and stakeholders via interactive communication platforms (Wubante et al., 2022). This process contributes to the continuous improvement of clinical practices and helps medical professionals stay abreast of the latest research and treatments, thus minimizing medical errors and improving patient outcomes.

In resource-constrained environments like Nigeria, effective knowledge sharing is often impeded by limited access to information and communication technologies. Healthcare professionals are inundated with a vast amount of medical information, clinical guidelines, and research findings, making it challenging to manage and synthesize this information effectively (Oyeyemi et al., 2020). Furthermore, knowledge sharing is crucial in healthcare settings for integrating new insights into clinical practices, which is essential for advancing patient care and safety (Xu et al., 2022). The integration of digital information resources has become increasingly important in healthcare. Technologies such as electronic health records, telemedicine, and mobile health apps are reshaping healthcare delivery and enhancing patient engagement (Topol, 2019). These resources help healthcare professionals access a wealth of current and relevant information, which supports evidence-based practices and improves patient care. Digital health technologies, including databases like Medline, PubMed, and CINHAL Plus, provide access to critical health information that aids in research and clinical decision-making (Muhammed et al., 2021; Adesoye & Amusa, 2013).

However, the effectiveness of knowledge sharing is significantly influenced by the work culture within healthcare institutions. In healthcare settings, a positive work culture that promotes collaboration, open communication, and support is crucial for facilitating effective knowledge sharing. For example, a work culture that fosters psychological safety and encourages team collaboration can enhance the exchange of ideas and best practices among healthcare professionals (Li et al., 2021).

Digital information resources (DIRs) play a critical role in the knowledge-sharing process. In today's healthcare environment, DIRs such as electronic health records and online databases are

essential for providing timely and accurate information to healthcare professionals. These resources help in managing and disseminating vast amounts of data, which is crucial for making informed clinical decisions and improving patient outcomes (Jafer & Quadri, 2015). The rapid growth of digital resources has transformed how healthcare professionals' access and utilize information, making it more efficient and effective (Baro, Endouware & Ubogu, 2011). Despite the advantages of digital resources, the use of such resources is still evolving, particularly in resource-limited settings like Oyo State, Nigeria. Effective use of DIRs requires a supportive work culture that encourages the use of these technologies and integrates them into daily practices. Healthcare institutions must prioritize creating a work environment that supports the use of digital information resources and fosters a culture of knowledge sharing (Daniel & Agba, 2021).

The interplay between work culture and the use of digital information resources significantly affects knowledge sharing practices among healthcare professionals. A work culture that promotes collaboration, open communication, and support enhances the effectiveness of knowledge sharing, while a culture that lacks these elements can hinder it. Additionally, the integration of digital resources provides healthcare professionals with the tools needed to access and utilize information effectively. For healthcare institutions in Oyo State, Nigeria, it is essential to create a supportive work culture and invest in digital information resources to improve knowledge sharing practices and ultimately enhance healthcare delivery.

1.2 Statement of the Problem

Knowledge sharing is a critical component in healthcare, particularly in knowledge-intensive settings like state-owned hospitals in Oyo State, Nigeria. Effective knowledge sharing facilitates the exchange of experiences and best practices, which is essential for improving patient outcomes (Adeyemi & Olla, 2020). However, there is evidence suggesting that knowledge sharing in these hospitals is suboptimal. Observations indicate that barriers related to work culture and the inconsistent use of digital information resources are prevalent. Many healthcare professionals appear to underutilize emerging digital tools designed to support collaborative health services, potentially due to human, institutional, and infrastructural constraints (Aboye, Simegn & Aerts, 2024). This underutilization of digital resources could impede effective knowledge sharing. Despite the critical role of these factors, there is a lack of comprehensive research on the interplay between work culture, digital information resources use, and knowledge sharing practices in state-

owned hospitals in Oyo State.

This study investigated the influence of work culture and digital information resources use on knowledge sharing practices of health professionals in state owned hospitals in Oyo State, Nigeria

1.3 Objective of the Study

- 1. ascertain the extent of knowledge sharing practices among health professionals in state owned hospitals in Oyo State;
- 2. find out the channels for knowledge sharing of health professionals in state owned hospitals in Oyo State;
- 3. determine the work culture prevalent in state owned hospitals in Oyo State;
- **4.** determine the extent of digital information resources use by health professionals in state owned hospitals in Oyo State;
- **5.** find out the influence of work culture on knowledge sharing practices of health professionals in state owned hospitals in Oyo State;
- **6.** determine the influence of digital information resources use on knowledge sharing practices of health professionals in state owned hospitals in Oyo State;
- **7.** find out the combined influence of work culture and digital information resources use on knowledge sharing practices of health professionals in state owned hospitals in Oyo State;
- **8.** identify the factors militating against knowledge sharing practices of health professionals in state owned hospitals in Oyo State.

1.4 Research Questions

- **1.** To what extent do health professionals participate in knowledge sharing practices in state owned hospitals in Oyo State?
- 2. What are the channels for knowledge sharing practices of health professionals in state owned hospitals in Oyo State?
- 3. What is the prevalent work culture in State owned hospitals in Oyo State?
- **4.** What is the extent of digital information resources use by health professionals in state owned hospitals in Oyo State?
- 5. What are the factors militating against knowledge sharing practices of health professionals in state owned hospitals in Oyo State?

1.5 Research Hypotheses

Ho1: There is no significant influence of work culture on knowledge sharing practices of health professionals in state owned hospitals in Oyo State;

H₀₂: There is no significant influence of digital information resources use on knowledge sharing practices of health professionals in state owned hospitals in Oyo State;

Ho3: There is no combined significant influence of work culture and digital information resources use on knowledge sharing practices of health professionals in state owned hospitals in Oyo State.

REVIEW OF LITERATURE

2.1.1 Knowledge Sharing among Health Professionals

Knowledge is a critical asset for organizations, enhancing decision-making, productivity, and competitive advantage. In healthcare, knowledge sharing, a fundamental aspect of knowledge management, involves the exchange of information between individuals and groups to improve patient care and organizational efficiency (Aljaaidis, Bagais & Almoataz, 2020; Wubante et al., 2022). This process includes both tacit knowledge (personal experiences and skills) and explicit knowledge (documented information such as reports and procedures) (Novitasari et al., 2021). Effective knowledge sharing relies on active interpersonal communication and social interactions among healthcare professionals (Fahmi et al., 2022). The significance of knowledge sharing extends to individual and organizational benefits. For individuals, it enhances job performance, career advancement, and personal satisfaction, while organizations experience increased efficiency, reduced training costs, and minimized risks (Al-Saffara & Obeidat, 2019). Knowledge sharing is crucial for organizations, including healthcare systems, to maintain competitiveness and improve service quality by facilitating the transfer of critical knowledge and technology (Kim, 2019; Yuan & Ma, 2022).

Healthcare organizations, being knowledge-intensive, benefit significantly from effective knowledge sharing. It supports continuous professional development, improves patient care, and reduces medical errors (Wu et al., 2021). For instance, in medical imaging departments, knowledge sharing enhances collaboration among professionals, leading to better case understanding and patient outcomes (Lisy et al., 2020). The value of knowledge sharing is evidenced in various studies, demonstrating its positive impact on organizational performance and healthcare delivery

(Lim et al., 2017; Butt et al., 2018). High levels of knowledge sharing within networks, such as the International Cancer Screening Network, illustrate the benefits across different income levels and regions, emphasizing the importance of effective knowledge management in achieving better health outcomes (Perin et al., 2019).

2.1.2 Work Culture in the Health Sector

In healthcare settings, work culture encompasses the shared behavioral patterns, values, beliefs, and expectations that influence staff interactions and performance (Spencer-Oatey, 2018). It plays a crucial role in organizational performance, job satisfaction, and problem-solving, affecting how well healthcare professionals collaborate and deliver patient care (Harhash et al., 2020). Positive work cultures foster trust, teamwork, and effective communication, enhancing patient care quality and staff satisfaction, while negative cultures can lead to disintegration and decreased performance (Dodwad, 2018). Leadership is essential in shaping and maintaining a positive work culture by aligning staff with organizational goals and addressing their needs (Sfantou et al., 2017). Effective management skills, including planning, organizing, and evaluating staff performance, are vital for improving patient care (McEwan et al., 2017). Teamwork, involving collaboration among all staff members, including ancillary services, is crucial for a positive work environment (André & Sjøvold, 2017). Challenges such as stress, burnout, and absenteeism must be managed effectively to maintain high performance and job satisfaction (Mijakoski et al., 2015; Mendoza, 2015; Nkomazana et al., 2015).

2.1.3 Digital Information Resources Use by Health professionals

Digital information resources (DIRs) are crucial for healthcare professionals, offering extensive access to medical knowledge and tools. Key resources include Medline and PubMed for biomedical literature, CINAHAL Plus for nursing and allied health, EMBASE for international research, and the Nursing Reference Center Plus for evidence-based practices (Muhammed, Buba & Song, 2021). DIRs support evidence-based practice by providing access to clinical guidelines and research studies, with platforms like PubMed and UpToDate aiding informed decision-making (Chang & Hsu, 2019). They also support continuing education through online materials and interactive modules (Smith & Johnson, 2018), and Clinical Decision Support Systems use DIRs to enhance patient care (Osheroff et al., 2019).

The growth of telemedicine highlights DIRs' role in virtual consultations and remote patient record

access, improving collaboration and care (Bashshur et al., 2021). However, challenges such as information overload, privacy issues, and the need for digital literacy persist (Bates et al., 2020). In Nigeria, DIRs like Hinari and Medline are widely used, with similar usage patterns and challenges observed in other regions (Adesoye & Amusa, 2013; Samuel et al., 2016; Tesfa et al., 2021).

2.2.1 Work Culture and Knowledge Sharing among Health Professionals

Research into work culture's impact on knowledge sharing in healthcare settings emphasizes its crucial role in shaping behaviors and interactions among health professionals (Chen et al., 2020). Work culture includes the values, norms, and behaviors defining an organization, and a positive culture—marked by collaboration, trust, and open communication—promotes effective knowledge sharing and enhances patient care quality (Cummings, 2018). Such environments facilitate the exchange of expertise and clinical insights, whereas negative cultures characterized by fear, hierarchy, or lack of psychological safety can impede sharing and hinder evidence-based care development (Chen et al., 2020). The integration of digital platforms, such as electronic health records and telemedicine, further transforms knowledge sharing by enabling rapid, secure information exchange and supporting patient-centered care (Majoor et al., 2021). Research by Adeyemi and Olla (2020) in Gombe State, Nigeria, identified key barriers to knowledge sharing, such as bureaucratic procedures and lack of trust, and recommended strengthening frequent channels like discussion groups and bulletin boards. Similarly, Adaji, Akor, and Abu (2022) highlighted the importance of credible knowledge for decision-making and recommended using professional social media platforms to enhance the quality of shared information in North-Central Nigeria's federal medical centers.

2.2.2 Digital Information Resources use and Knowledge Sharing among Health Professionals

Digital information resources have revolutionized healthcare by providing health professionals with unprecedented access to medical knowledge and facilitating new modes of collaboration. Key resources include electronic health records (EHRs), medical databases, clinical decision support systems (CDSS), and telemedicine platforms. These tools enable real-time access to research findings, clinical guidelines, and patient data, thereby supporting evidence-based decision-making and enhancing collaborative knowledge sharing across geographical boundaries (Hersh et al., 2013; Majoor et al., 2021). Telemedicine, for instance, allows remote consultations and real-time

collaboration on complex cases, fostering a culture of learning and knowledge transfer within healthcare teams (Bashshur et al., 2021). Despite their benefits, challenges such as information overload, data security concerns, and the need for digital literacy persist (Hersh et al., 2013). Digital resources, available in various formats like e-books, online publications, and bibliographic databases, enhance knowledge accessibility and interactivity (Okoro, 2008). Devices such as smartphones and tablets also support access to these resources (Obaseki & Amune, 2009). However, accessibility can vary based on specialty and institutional support, highlighting the need for health institutions to address barriers to ensure effective use of digital resources (Shanahan, 2009).

METHODOLOGY

Population of the Study

The study adopted survey research design. The population for this study according to Department of Planning, Research and Statistics (DPRS), Oyo State Hospital Management Board compromised 596 health professionals in state owned hospitals in Oyo state, Nigeria which comprise of 67 Doctors/Physician, 32 pharmacist, 55 Medical Records Officer and 442 Nurses across the 4 hospitals.

Sample size and sampling techniques

The sample size for this study was determined using krejie and Morgan (1970) table of sample size determination. For a population of more than 550 to 600, 234 is considered adequate sample using the above formula. The proportionate sampling technique was used to select the sample from the population.

4.1 Analysis and presentation of Research Questions

Research Question One: To what extent do Health Professionals participate in Knowledge Sharing Practices in State Hospitals in Oyo State?

Table 4.1

Knowledge sharing practices	VHE (%) 4	HE (%) 3	LE (%) 2	VLE (%) 1	Mean	SD
Information on best practices					3.31	.707
I actively share information about best practices in patient care with my colleagues within the hospital.	78(33.3)	145(62)	0	11(4.7)	3.24	.683
I am confident that the documentation of best practices is well-integrated into the hospital's	92(39.3)	127(54.3)	11(4.7)	4(1.7)	3.31	.643

Extent of Knowledge Sharing by Health Professionals

knowledge management system for easy access						
I actively participate in departmental training	120(51.3)	99(42.3)	0	15(6.4)	3.38	.790
sessions to stay updated on the latest evidence-		//(/	-			
based practices in healthcare						
I am confident that the hospital's culture	108(46.2)	111(47.4)	11(4.7)	4(1.7)	3.38	.659
promotes and values the sharing of information	~ /	. ,	. ,	× /		
on best practices for the benefit of patient care						
My colleagues are receptive to adopting and	104(44.4)	84(35.9)	46(19.7)		3.25	.763
sharing information on best practices in patient						
care.						
Ideas on drugs administration					3.41	.522
I share knowledge on drugs composition.	81(34.6)	153(65.4)	0		3.35	.477
I share knowledge on stock and arrivals of	79(33.8)	155(66.2)	0		3.34	.474
certain critical types of medicine.						
I share knowledge on procedures followed	117(50)	95(40.6)	22(9.4)		3.41	.657
when performing certain critical surgeries and						
support services.	100(46.2)	10((52.0)	0		2.46	500
I share knowledge on patients admission	108(46.2)	126(53.8)	0		3.46	.500
guidennes in the nospital.	115(40.1)	110(50.0)	0	+	2.40	501
related to drug administration with my	115(49.1)	119(30.9)	0		5.49	.501
colleagues within the hospital						
Experience on medical procedures					3.46	526
L regularly share my experiences with medical	61(26.1)	159(67.9)	14(6)	0	3 20	530
procedures during team discussions to	01(20.1)	155(67.5)	14(0)	0	5.20	.550
contribute to the collective knowledge within						
the hospital.						
I actively seek feedback from colleagues after	80(34.2)	139(59.4)	15(6.4)		3.28	.575
performing medical procedures to enhance my	~ /	. ,	× ,			
own knowledge and skills						
I believe that sharing experiences on medical	127(54.3)	96(41)	11(4.7)	0	3.50	.588
procedures is essential for fostering a culture of						
continuous improvement in patient care.						
I am open to learning from the experiences of	147(62.8)	87(37.2)		0	3.63	.484
my colleagues when it comes to handling						
specific challenges or complexities in medical						
procedures.	1(((70.0))	(0/20.1)		0	2.71	155
I believe that sharing experiences with medical	166(70.9)	68(29.1)		0	3.71	.455
procedures contributes to better teamwork and						
Knowledge on emerging digital health tech				0	2 1 /	620
& information resources				0	5.14	.039
I share knowledge on health-related policies of	86(36.8)	148(63.2)		0	3 37	483
international multilateral health organizations	00(00.0)	140(05.2)		0	5.57	05
such as WHO, etc.						
I share knowledge on research and publication	54(23.1)	151(64.5)	29(12.4)	0	3.11	.587
outlets with my colleagues.	< - · - /	- ()	. ()	-		
I share knowledge on health-related policies of	64(27.4)	132(56.4)	38(16.2)	0	3.11	.652
the State and Federal Government of Nigeria.						
I share knowledge on online information tools	51(21.8)	168(71.8)	4(1.7)	11(4.7)	3.11	.643
that can assist in digital information resources						
access and retrieval.						
I share knowledge on web-based-point-of-care	68(29.1)	114(48.7)	38(16.2)	14(6)	3.01	.834
resources among my colleagues.						
Overall Mean					3.33	.598

Source: Researchers' Field Work, 2024

Decision rule: 1-1.74= very low extent, 1.75-2.49= low extent, 2.5-3.24=high extent, 3.25-

4.00=very high extent

The results in Table 4.1 show that health professionals engage in knowledge sharing to a very high extent, with an overall mean score of 3.33 (SD = 0.598) on a 4-point scale. They actively share knowledge on various aspects, including medical procedures (M = 3.46), drug administration (M = 3.41), best practices (M = 3.31), and emerging digital health technology (M = 3.14). Specifically, sharing experiences with medical procedures enhances teamwork and collaboration (M = 3.71), while sharing ideas on drug administration and patient guidelines is prevalent (M = 3.49 and M = 3.46). Respondents also engage in sharing best practices and participating in training sessions (M = 3.38). Additionally, knowledge on digital health technologies includes sharing information on health policies and research outlets (M = 3.37 and M = 3.31). Overall, the data indicates a strong commitment to knowledge sharing among healthcare professionals.

Research Question two: What are the channels for Knowledge Sharing Practices of Health Professionals in State Hospitals in Oyo State?

Table 4.2

Channels used for Knowledge Sharing

	s (%)	(%)
ough face-to-face interaction and mobile phone	(100)	
rough Bulletin boards and Discussion board	8(86.8)	13.2)
rough deposition of knowledge in the organization knowledge repository	2(86.3)	13.7)
Through library blog and library portal	9(85)	15)
ough e-mail and newsletter	(74.4)	25.6)
ough Facebook, X (Twitter) and Yahoo! Messenger	6(66.7)	33.3)
ough Web forum	5(62)	38)
ers: Seminar	.1)	
WhatsApp	4.7)	

Source: Researchers' Field Work, 2024

The result on Table 4.2 reveals the channels used by Health Professionals in the sharing of knowledge. The result reveals that 234 (100%) of the respondents indicated that they use face to face interaction and mobile phone when sharing knowledge. It also shows that 203 (86.8%) of the respondents engage in knowledge sharing through bulletin boards and discussion boards. Similarly, 202 (86.3%) of the respondents indicated that they share knowledge through deposition of knowledge in the organization knowledge repository. While 199 (85%) of the participants

indicated that they use library blog and portal for sharing knowledge. As presented also, 174 (74.4%) of the respondents indicated that they use e-mail and newsletter, while 156 (66.7%), and 145 (62%) of the respondents use Facebook, X (Twitter), and Yahoo! messenger, and web forum in sharing knowledge. Some of the respondents added that they use WhatsApp when sharing knowledge as well as through seminar. It can therefore be deduced from the result in Table 4.3 that all the items listed are the channels used for knowledge sharing.

Research Question three: What is the prevalent Work Culture in State Hospitals in Oyo State? Table 4.3

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0.00

Work culture	AT	UT	ST	RT	NT	Mean	SD
	(%)	(%)	(%)	(%)	(%)		52
Dominant Characteristics	(,,,,)	(,,,)	(70)	(,,,,)	(,,,)	3.53	1.311
The hospital as an organization is a	64(27.4)	65(27.8)	6(2.6)	6(2.6)	93(39.7)	3.00	1.732
very personal place							
The hospital is a very dynamic	72(30.8)	96(41)	32(13.7)	21(9)	13(5.6)	3.82	1.131
entrepreneurial place	~ /	、 <i>,</i> ,					
The hospital is very result oriented	81(34.6)	89(38)	23(9.8)	27(11.5)	14(6)	3.84	1.193
The hospital is a very controlled and	43(18.4)	88(37.6)	62(26.5)	15(6.4)	26(11.1)	3.46	1.190
structured place							
Hierarchy						3.77	1.318
The leadership in the organization is	100(42.7)	49(20.9)	45(19.2)	17(7.3)	23(9.8)	3rarc	1.327
generally considered to exemplify						hy.79	
mentoring, facilitating, or nurturing							
The leadership in the organization is	91(38.9)	76(32.5)	13(5.6)	35(15)	19(8.1)	3.79	1.318
generally considered to exemplify							
entrepreneurship, innovation, or risk							
taking							
The leadership in the organization is	86(36.8)	81(34.6)	27(11.5)	18(7.7)	22(9.4)	3.82	1.269
generally considered to exemplify a							
no-nonsense, aggressive, results-							
oriented focus							
The leadership in the organization is	79(33.8)	84(35.9)	16(6.8)	27(11.5)	28(12)	3.68	1.360
generally considered to exemplify							
coordinating, organizing, or smooth-							
running efficiency.							
Management of Employees						3.73	1.335
The management style in the	100(42.7)	68(29.1)	37(15.8)	4(1.7)	25(10.7)	3.91	1.271
organization is characterized by							
teamwork, consensus, and							
participation	75(22.1)	0.6(41)		25(10.7)	20(12.4)	2.70	1.040
The management style in the	75(32.1)	96(41)	9(3.8)	25(10.7)	29(12.4)	3.70	1.348
organization is characterized by							
individual risk taking, innovation,							
The freedom, and uniqueness	00(42.2)	72(20.0)	12(5.6)	14(6)	26(15.4)	2 70	1 427
The management style in the	99(42.3)	12(30.8)	15(5.6)	14(0)	30(15.4)	5.79	1.437
driving compatitiveness hist							
demands and achievement							
running efficiency.Management of EmployeesThe management style in the organization is characterized by teamwork, consensus, and participationThe management style in the organization is characterized by individual risk taking, innovation, freedom, and uniquenessThe management style in the organization is characterized by individual risk taking, innovation, freedom, and uniquenessThe management style in the organization is characterized by hard- driving competitiveness, high demands, and achievement	100(42.7) 75(32.1) 99(42.3)	68(29.1) 96(41) 72(30.8)	37(15.8) 9(3.8) 13(5.6)	4(1.7) 25(10.7) 14(6)	25(10.7) 29(12.4) 36(15.4)	3.73 3.91 3.70 3.70	1.335 1.271 1.348 1.437

Prevailing Work Culture in State Hospitals

The management style in the	46(19.7)	121(51.7	9(3.8)	28(12)	30(12.8)	3.53	1.287
organization is characterized by)					
security of employment, conformity,							
predictability, and stability in							
relationships							
Organization Glue						3.90	1.176
The glue that holds the organization	104(44.4)	70(29.9)	31(13.2)	13(5.6)	16(6.8)	4.00	1.192
together is an emphasis on							
achievement and goal							
accomplishment.							
The glue that holds the organization	98(41.9)	59(25.2)	44(18.8)	14(6)	19(8.1)	3.87	1.251
together is loyalty and mutual trust.							
The glue that holds the personal	70(29.9)	108(46.2	27(11.5)	14(6)	15(6.4)	3.87	1.104
organization together is commitment)					
to work to innovate services and							
development							
The glue that holds the organization	76(32.5)	98(41.9)	35(15)	4(1.7)	21(9)	3.87	1.157
together is formal rules and policies							
Strategic Emphases						3.68	1.272
The hospital emphasizes human	102(43.6)	65(27.8)	42(17.9)		25(10.7)	3.94	1.257
development							
The hospital emphasizes acquiring	63(26.9)	94(40.2)	30(12.8)	24(10.3)	23(9.8)	3.64	1.253
new resources and creating new							
challenges							
The hospital emphasizes competitive	44(18.8)	105(44.9)	21(9)	27(11.5)	37(15.8)	3.39	1.342
actions and achievement							
The hospital emphasizes permanence	79(33.8)	84(35.9)	21(9)	36(15.4)	14(6)	3.76	1.237
and stability.							
Criteria of Success						3.71	1.380
The hospital defines success on the	103(44)	54(23.1)	25(10.7)	20(8.5)	32(13.7)	3.75	1.438
basis of development of human							
resources, teamwork, employee							
commitment, and concern for people.							
The hospital defines success on the	73(31.2)	88(37.6)	14(6)	23(9.8)	36(15.4)	3.59	1.412
basis of having the most unique or							
newest products.							
The hospital defines success on the	75(32.1)	86(36.8)	22(9.4)	31(13.2)	20(8.5)	3.71	1.278
basis of winning in the marketplace							
and outpacing the competition.							
The hospital defines success on the	99(42.3)	66(28.2)	17(7.3)	24(10.3)	28(12)	3.79	1.395
basis of efficiency.							
Overall mean						3.72	1.299

Source: Researchers' Field Work, 2024

Key: AT= Always True, UT=Usually True, ST=Sometimes true, RT= Rarely true, NT= Not true **Decision rule:** 1-1.79= Not true; 1.80-2.59 = Rarely true; 2.60-3.39 = Sometimes true; 3.40-4.19 = Usually true; 4.20 -5.0 = Always true

The result on Table 4.3 presents respondents view on prevalent work culture in State Hospitals in Oyo State. The result revealed that organization glue (M=3.90) is the most prevalent work culture in State Hospitals in Oyo State. After which are hierarchy (M=3.77), management of employees (M=3.73), and criteria for success (M=3.71). Under organizational glue, the participants indicated

that the glue that holds the organization together is an emphasis on achievement and goal accomplishment (M=4.00), as well as loyalty and mutual trust (M=3.87), commitment to work (M=3.87), and formal rules and policies (M=3.87).

Research Question four: What is the extent of Digital Information Resources Use by Health Professionals in State Hospitals in Oyo State?

Table 4.4

Digital resources	VHE	HE	LE	VLE	Mean	SD
	(%)	(%)	(%)	(%)		
Access Medicine	89(38)	125(53.4)	20(8.5)		3.29	.617
Up-to-date	76(32.5)	140(59.8)	18(7.7)		3.25	.585
Internet archives resources	116(49.6)	62(26.5)	49(20.9)	7(3)	3.23	.881
Global Health	77(32.9)	133(56.8)	24(10.3)		3.23	.618
Clinical Key	86(36.8)	105(44.9)	43(18.4)		3.18	.721
Medscape Drugs & Diseases	67(28.6)	137(58.5)	30(12.8)		3.16	.625
Online database	98(41.9)	78(33.3)	51(21.8)	7(3)	3.14	.860
Science Direct	75(32.1)	116(49.6)	43(18.4)		3.14	.698
Electronic data archives	90(38.5)	83(35.5)	61(26.1)		3.12	.795
Decision support in Medicine	72(30.8)	133(56.8)	15(6.4)	14(6)	3.12	.774
Medline Plus	76(32.5)	121(51.7)	20(8.5)	17(7.3)	3.09	.834
Nursing Reference Center	69(29.5)	124(53)	34(14.5)	7(3)	3.09	.744
Electronic Books	76(32.5)	102(43.6)	49(20.9)	7(3)	3.06	.808
Electronic newspaper	96(41)	60(25.6)	71(30.3)	7(3)	3.05	.914
Reference databases	49(20.9)	153(65.4)	25(10.7)	7(3)	3.04	.660
Clinical Evidence	57(24.4)	136(58.1)	34(14.5)	7(3)	3.04	.714
Anatomy.Tv	65(27.8)	124(53)	28(12)	17(7.3)	3.01	.831
Dynamed	34(14.5)	162(69.2)	38(16.2)		2.98	.556
ACP Smart Medicine	48(20.5)	145(62)	24(10.3)	17(7.3)	2.96	.774
Cochrane Clinical Answer	55(23.5)	138(59)	17(7.3)	24(10.3)	2.96	.848
BMJ Best Practice	45(19.2)	140(59.8)	42(17.9)	7(3)	2.95	.701
Electronic Journals	54(23.1)	116(49.6)	57(24.4)	7(3)	2.93	.769
Online Magazines	87(37.2)	62(26.5)	64(27.4)	21(9)	2.92	1.001
5 Minute Consult	47(20.1)	135(57.7)	35(15)	17(7.3)	2.91	.797
Compact Disc – Read Only Memory (CD-	53(22.6)	103(44)	78(33.3)		2.89	.742
ROM)						
Electronic theses and dissertations	40(17.1)	116(49.6)	67(28.6)	11(4.7)	2.79	.777
Online public access catalogue (OPAC)	57(24.4)	92(39.3)	61(26.1)	24(10.3)	2.78	.932
E-Images	44(18.8)	93(39.7)	90(38.5)	7(3)	2.74	.793
E-audio visual resources	38(16.2)	93(39.7)	92(39.3)	11(4.7)	2.68	.801
E-serials	46(19.7)	85(36.3)	82(35)	21(9)	2.67	.893
Overall Mean					3.01	.768

Extent of Digital Resources Use by Health Professionals

Source: Researcher's field work, 2024

Key: VHE = Very High Extent, HE = High Extent, LE = Low Extent and VLE = Very Low Extent Decision rule: if mean is 1-1.74= very low extent, 1.75-2.49= low extent, 2.5-3.24=high extent, 3.25-4.00=very high extent

The result on Table 4.4 reveals that extent of digital information resources use by health

professionals in state hospitals in Oyo state is high (M=3.01, SD=.768) on the scale of 4 this implies that health professionals in state hospitals are acquainted with digital information resources, and do utilize them. The result further reveals that online databases (M=3.14), science direct (M=3.14), electronic data archives (M=3.12), and decision support in medicine (M=3.12)are used to a high extent. In the same vein, the result shows that medline plus (M=3.09), nursing reference center (M=3.09), electronic books (M=3.06), electronic newspaper (M=3.05), and reference databases (M=3.04), are also used to a high extent.

Research Question five: What are the factors that militate against Knowledge Sharing Practices of Health Professionals in State Hospitals in Oyo State?

Table 4.5

Factors	Yes (%)	No (%)
Inability to use modern technology in knowledge sharing	152 (65)	82 (35)
There are no incentives or rewards for knowledge sharing	132 (56.4)	102 (43.6)
Individual factors	127 (54.3)	107 (45.7)
Lack of understanding how to effectively share knowledge	113 (48.3)	121 (51.7)
Lack of time	111 (47.4)	123 (52.6)
Reliance on technology	106 (45.3)	128 (54.7)
Lack of social networking skills	88 (37.6)	146 (62.4)
Failure to appreciate the value of sharing knowledge	88 (37.6)	146 (62.4)
Communication barrier skills	74 (31.6)	160 (68.4)

Challenges of Knowledge Sharing Practices among Health Professionals

Source: Researchers' Field Work

Table 4.5. The result reveals that 152 (65%) of the respondents indicated that inability to use modern technology in knowledge sharing was a barrier to knowledge sharing. Similarly, 132 (56.4%) agreed that lack of incentives or rewards prevented them for participating in sharing knowledge, while 127 (54.3%) indicated that there were individual factors that were barriers to knowledge sharing. On the contrary, 160 (68.4%) of the respondents did not agree that communication skills were a barrier to knowledge sharing, as well as failure to appreciate the value of sharing knowledge as indicated by 146 (62.4%). Another 146 (62.4%) also indicated that lack of social networking skills was not a factor militating knowledge sharing of health professionals.

4.3 **Test of Hypotheses**

Hypothesis one: There is no significant influence of Work Culture on Knowledge Sharing Practices of Health Professionals in State Hospitals in Oyo State

Table 4.6

Influence of Work Culture on Knowledge Sharing Practices of Health Professionals

Variables	B	Std. Error	B	T	Sig.	R ²	$Adj. R^2$	F(df)	Anova Sig.
(Constant)	65.778	.868		75.811	.000	.568	.556	(6, 227) 49.673	.000

Dominant	.195	.080	.169	2.442	. 015		
Characteristics							
Hierarchy	.901	.105	.907	8.571	.000		
Management of	.231	.154	.225	1.498	.136		
Employees							
Organizational	-1.228	.106	-1.112	-11.612	.000		
Glue							
Strategic Emphasis	534	.165	521	-3.245	.001		
Criteria of Success	.545	.088	.594	6.185	.000		

Dependent Variable: Knowledge Sharing Practices

Table 4.6 The analysis showed that work culture significantly impacts knowledge sharing, with an adjusted R² of 0.556, indicating that work culture accounts for 55.6% of the variance in knowledge sharing practices (F (6, 227) = 49.673, p < 0.05). The study identified that dominant characteristics ($\beta = 0.169$, t = 2.442, p < 0.05), hierarchy ($\beta = 0.907$, t = 8.571, p < 0.05), and criteria of success ($\beta = 0.594$, t = 6.185, p < 0.05) positively influence knowledge sharing. Conversely, organization glue ($\beta = -1.112$, t = -11.612, p < 0.05) and strategic emphasis ($\beta = -0.521$, t = -3.245, p < 0.05) have negative effects. Management of employees ($\beta = 0.225$, t = 1.498, p > 0.05) does not significantly impact knowledge sharing practices.

Hypothesis two: There is no significant influence of Digital Information Resources Use on Knowledge Sharing Practices of Health Professionals in State Hospitals in Oyo State.

Table 4.7

influence of digital resources use on knowledge sharing practices of neutin professionals									
Variables	В	Std.	В	Т	Sig.	R^2	Adj.	F(df)	Anova
		Error					R ²		Sig.
(Constant)	58.038	2.034		28.536	.000	.073	.069	(1, 232)	.000
								18.215	
Digital Resources	.095	.022	.270	4.268	.000				
Use									

Influence of digital resources use on knowledge sharing practices of health professionals

Dependent variable: Knowledge Sharing Practices

The result presented on Table 4.8 shows the influence of digital resources use on knowledge sharing practices of health professionals in state hospitals in Oyo state. The result reveals that digital resources use (*Adj.* R^2 =.069, *F* (1, 232) =18.215, *p* <.005) has significant influence on knowledge sharing practices of health professionals. The result implies that digital resources use has minimal capability to influence knowledge sharing among health professionals and can cause only 6.9% changes in knowledge sharing practices of health professionals, and that the remaining 93.1% can be accounted for by other variables not included in this study.

Hypothesis three: There is no joint significant influence of Work Culture and Digital Information Resources Use on Knowledge Sharing Practices of Health Professionals in State Hospitals in Oyo

State.

Table 4.8

Joint influence of Work Culture and Digital Resources Use on Knowledge Sharing Practices of Health Professionals

Variables	B	Std.	B	Τ	Sig.	R ²	Adj. R^2	F(df)	Anova
		Error							Sig.
(Constant)	65.076	1.804		36.076	.000	.568	.555	(7, 226)	.000
								42.454	
Dominant	.202	.081	.175	2.478	.014				
Characteristic									
Hierarchy	.901	.105	.907	8.557	.000				
Management of	.222	.156	.216	1.425	.156				
Employees									
Organization glue	-1.216	.110	-1.101	-11.089	.000				
Strategic	530	.165	517	-3.211	.002				
Emphasis									
Criteria of Success	.524	.101	.570	5.206	.000				
Digital Resources	.009	.020	.025	.444	.657				
Use									

Dependent Variable: Knowledge Sharing Practices

Table 4.8 The analysis shows a significant joint effect, with an adjusted R² of 0.555, indicating that work culture and digital resources together account for 55.5% of the variance in knowledge sharing practices (F (7, 226) = 42.454, p < 0.05). Positive significant influences on knowledge sharing were found for dominant characteristics ($\beta = 0.175$, t = 2.478, p < 0.05), hierarchy ($\beta = 0.907$, t = 8.557, p < 0.05), and criteria of success ($\beta = 0.570$, t = 5.206, p < 0.05). Negative significant influences were noted for organization glue ($\beta = -1.101$, t = -11.089, p < 0.05) and strategic emphasis ($\beta = -0.517$, t = -3.211, p < 0.05). However, management of employees ($\beta = 0.216$, t = 1.425, p > 0.05) and digital resources use ($\beta = 0.025$, t = 0.444, p > 0.05) did not significantly impact knowledge sharing practices. The null hypothesis is rejected, confirming a significant joint influence of work culture and digital resources on knowledge sharing practices.

4.5 Discussion of Finding

This study explored how work culture and the use of digital information resources (DIRs) affect knowledge-sharing practices among health professionals in state hospitals in Oyo State. It found that health professionals are highly engaged in knowledge sharing, regularly exchanging information on medical procedures, drug administration, best practices, and emerging digital health technologies. This high level of participation aligns with Adeyemi and Olla's (2020) findings, which highlight knowledge sharing as a crucial element of knowledge management,

enhancing organizational capabilities through individual learning (Kim, 2019).

The study also examined the channels used by health professionals for knowledge sharing. It found that they primarily use face-to-face interactions and mobile phones, as well as bulletin boards and discussion boards. Additionally, they utilize organizational knowledge repositories, library blogs and portals, and digital communication tools such as email, newsletters, Facebook, Twitter, Yahoo Messenger, and web forums. This aligns with Majoor et al. (2021), who noted that digital platforms and health information systems significantly enhance knowledge sharing in healthcare by enabling secure and rapid information exchange across geographical boundaries. This finding is consistent with Adeyemi and Olla's (2020) observation that discussion groups and bulletin boards are common knowledge-sharing channels among healthcare providers.

The study investigated the prevalent work culture in state hospitals in Oyo State and identified "organization glue" as the dominant culture. This culture emphasizes achievement, goal accomplishment, loyalty, mutual trust, and adherence to formal rules, particularly in total patient care. This finding supports Dodwad's (2018) view that work culture significantly impacts the quality of patient care. The study also noted the prevalence of hierarchical structures, employee management, and success criteria, which enhance teamwork. According to André and Sjøvold (2017), effective teamwork supports a positive work culture, and Bayot et al. (2022) highlight its role in improving organizational performance and job satisfaction. The results align with Sfantou et al. (2017), who emphasize that harmonious relationships between staff and leaders boost performance and satisfaction. Positive work cultures should be nurtured, while lessons from negative cultures should be addressed to avoid future issues (Almost et al., 2015).

This study explored the extent of digital resource use by health professionals in state hospitals in Oyo State, finding that these resources are used extensively. Health professionals frequently access digital tools for clinical work, patient care, research, and updating their knowledge, with high utilization of resources such as HINARI, Medline, and electronic journals. This aligns with findings from Adesoye and Amusa (2013), Nwafor-Orizu and Onwudinjo (2015), and Samuel et al. (2016), who highlighted the extensive use of electronic health information resources (EHIRs) for various purposes. The study also corroborates Bashshur et al. (2021) on the benefits of digital platforms for virtual consultations and real-time collaboration. Additionally, resources like Access Medicine, UpToDate, and nursing reference centers are used, reflecting similar findings by

Vol. 20. No. 05. 2025

Muhammed et al. (2021) regarding the use of digital tools for health education and disease prevention.

On the barriers that affect knowledge sharing, the study found that inability to use modern technology in knowledge sharing was a major barrier to knowledge sharing. Similarly, that lack of incentives or rewards prevented them for participating in sharing knowledge. This finding supports that of Adeyemi and Olla (2020), who found that the main barriers to knowledge sharing included bureaucratic procedures involved in knowledge sharing, lack of open-minded sharing environment, lack of trust of other peoples' knowledge, no proper organizational guidelines for sharing, Lack of training, lack of team work and lack of reward schemes for knowledge sharing knowledge and lack of social networking skills were not factors militating against knowledge sharing of health professionals in the state.

The study tested three hypothetical assumptions, one of which was that work culture would not significantly influence knowledge sharing practices among health professionals. Contrary to this assumption, the study found that work culture significantly impacts knowledge sharing. Research indicates that a positive work culture enhances information exchange, facilitates learning, and fosters a sense of community (Chen et al., 2020). Effective work culture, defined by shared values, beliefs, and behaviors, shapes collaboration, learning, and patient care outcomes in healthcare settings (Cummings, 2018). Fostering a positive work culture is crucial for building trust, promoting communication, and ensuring high-quality patient care (Bakker et al., 2019).

The second hypothesis posited that digital resources would not significantly affect knowledge sharing practices among health professionals. However, the study found that digital resources do significantly influence these practices. Digital tools enhance access to information, facilitate collaboration, and support knowledge sharing among professionals, even across different locations. Resources such as telemedicine and digital platforms enable real-time consultations and discussions, improving knowledge dissemination and collaboration (Bashshur et al., 2021). This seamless communication fosters a collaborative learning environment, transcending geographical barriers and promoting effective knowledge transfer within healthcare teams.

The third hypothesis for this study investigated the combined influence of work culture indices and use of digital resources on the knowledge sharing practices. The study also established that work culture together with digital resources use, influences changes in knowledge sharing practices of health professionals. The study however, also found that when combined, digital resources use has no impact on knowledge sharing practices of health professionals.

5.1 Conclusion

This study examined how work culture and digital resource use affect knowledge sharing among health professionals in state hospitals in Oyo State. It found that knowledge sharing significantly enhances organizational capabilities, improves the quality of healthcare, and saves time by disseminating best practices and evidence-based procedures. Such sharing fosters continuous learning and improvement in patient care. The study also highlighted the importance of human interaction in quality healthcare, with face-to-face knowledge exchange being crucial. A positive work culture, characterized by commitment, innovation, and adherence to formal rules, supports the development of both human and medical resources. Additionally, digital resources were found to be essential for real-time service delivery and up-to-date information, underscoring their role in enhancing healthcare quality. The study concludes that a supportive work culture and effective use of digital tools are critical for improving knowledge sharing and overall healthcare delivery.

5.2 **Recommendations**

- The study identified face-to-face interactions and mobile phones as the primary channels for knowledge sharing among health professionals. To improve this, it recommends that health institutions regularly organize seminars and workshops to boost in-person knowledge exchange and establish online instant messaging platforms for continuous knowledge sharing.

- While digital information resources are used extensively, their use is not optimal. The study advises health professionals to increase their engagement with these resources to fully leverage the available knowledge.

- Modern technology adoption is a barrier to effective knowledge sharing in Oyo State. Therefore, the study suggests that health professionals should stay updated with current technologies to enhance their knowledge-sharing practices.

- Lack of incentives is another obstacle identified. The study recommends that hospital administrations implement incentive and reward systems to motivate knowledge sharing.

- The study also found that work culture significantly impacts knowledge sharing. It suggests fostering a positive work culture through favorable policies to support and enhance knowledge

sharing. Although digital resources have a weak yet significant influence on knowledge sharing, the study advises hospital management to promote their use to improve knowledge dissemination.

Conflicts of Interest

The authors have disclosed no conflicts of interest.

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REFERENCES

- Aboye G., Simegn G. & Aerts, J. (2024). Assessment of the Barriers and Enablers of the Use of mHealth Systems in Sub-Saharan Africa According to the Perceptions of Patients, Physicians, and Health Care Executives in Ethiopia: Qualitative Study. J Med Internet Res 2024;26:e50337
- Adaji, T. K., Akor, P. U. & Isa. A. O. (2022). Knowledge sharing and information credibility as correlate of decision making among health practitioners in Federal medical centre, North-Central Nigeria.
- Adesoye, A. E. & Amusa, O. I. (2013). Use of electronic resources in health sciences institutions in Ogun State, Nigeria. *PNLA Quarterly*, 77(3), 28-41.
- Adeyemi, E. A. & Olla, G. O. (2020). Knowledge sharing among healthcare providers in Gombe State, Nigeria. *Journal of Health Information and Librarianship*, 5(1), 26-42.
- Aljaaidis, K., Bagais, O. & Almoataz, E. (2020). Knowledge sharing and individuals' effectiveness in educational institutions. *Management Science Letters*. 10. 3477-3484. 10.5267/j.msl.2020.7.001.
- Almost, J., Wolff, A, Mildon. B, Price, S., Godfrey, C., Robinson, S. & Mercado-Mallari, S. (2015). Positive and negative behaviours in workplace relationships: a scoping review protocol. *BMJ open*, 5(2), e007685.
- André B. & Sjøvold, E. (2017). What characterizes the work culture at a hospital unit that

successfully implements change - a correlation study. *BMC Health Serv Res.* 14;17(1):486. [PMC free article] [PubMed]

- Abdul, N., Al-Saffar, G. & Obeidat, A. (2019). The effect of total quality management practices on employee performance: The moderating role of knowledge sharing. *Marketing Letters*. 10. 77-90. 10.5267/j.msl.2019.8.014.
- Bakker, A. B. Albrecht, S. L. & Leiter. M. P. (2019). Key questions regarding work engagement. *European Journal of Work and Organizational Psychology*, 28(4), 429-436.
- Baro, E. E., Endouware, B.-E. C., & Ubogu, J. O. (2011). Awareness and use of online information resources by medical students at Delta State University in Nigeria. Library *Hi Tech News*, 28(10), 11-17.
- Bates, D. W. Landman, A. Levine. D. M., & Wright, A. (2020). Electronic health records and health care transformation. *Health Affairs*, 39(4), 647-654.
- Bayot, M. L. Tadi, P. & Sharts-Hopko. N. C. (2022). Work culture. National Library of Medicine.
- Butt, I., Ahmad, R. & Shuib, S. (2018). Impact of knowledge sharing on organizational performance: The mediating roles of three antecedents of innovation. VINE Journal of Information and Knowledge Management Systems, 48(1), 2-16.
- Cameron, K. S. & Quinn, R. E. (2006). *Diagnosing and changing organizational culture: Based* on the competing values framework (rev. ed.). San Francisco, CA: Jossey-Bass Publishers
- Chang, P. & Hsu, W. (2019). A bibliometric analysis of digital health technologies research trends in PubMed and Scopus. *Journal of Medical Imaging and Health Informatics*, 9(3), 546-552.
- Chen, Y. Y., Huang, C. Y. & Chen, Y. H. (2020). Organizational culture, knowledge sharing, and innovation capability: an empirical study of Taiwan's semiconductor industry. *International Journal of Innovation Management*, 24(03), 2050016.
- Cummings, J. (2018). Building a positive work culture in healthcare. Healthcare Management Forum, 31(6), 243-246.
- Daniel, A. A. R. & Agba, U. M. (2021). Students' demographic variables as determinants of utilisation of information resources among undergraduates of universities in South-South Nigeria. *IP Indian Journal of Library Science and Information Technology*, 6(1), 33-39.
- Dodwad S. S. (2013). Quality management in healthcare. Indian J Public Health; 57(3):138-43.
- Fahmi, P., Supriyatno, P., Badawi Saluy, A., Safitri, E., Rivaldo, Y. & Endri, E. (2022). Work Stress Mediates Motivation and Discipline on Teacher Performance: Evidence Work from Home Policy. *Journal of Educational and Social Research*. 12. 80-89. 10.36941/jesr-2022-0068.
- Harhash, D. Ahmed, M. Z. & Elshereif, H. (2020). Healthcare Organizational Culture: A Concept Analysis. *Menoufia Nursing Journal*, 5(1), 65-77.
- Hersh, W. R., Weiner, M. G., Embi, P. J., Logan, J. R., Payne, P. R., Bernstam, E. V. & Saltz, J. H. (2013). Caveats for the use of operational electronic health record data in comparative effectiveness research. *Medical care*, 51(803), S30.
- Jafer, M. & Quadri, M. (2015). Health information retrieval through different approaches: A literature review. *Indian Journal of Medicine and Healthcare*. 4.
- Kim, S. & Lee, H. (2022). Mediating effects of knowledge sharing between organizational culture, leadership behavior, and healthcare performance in long-term care hospitals. *International Journal of Environmental Research and Public Health*, 19(3), 2188.
- Li, S., et al. (2021). A multilevel model of team psychological safety climate on knowledge sharing

behavior: Cross-level mediation of psychological empowerment and knowledge hiding. *Frontiers in Psychology*, 12, 698302.

- Lim, S. C., Tan, Y. C. & Goh, K. (2017). Enhancing knowledge sharing in healthcare through organizational culture and IS strategies. *International Journal of Information Management*, 37(6), 751-760.
- Lisy, K., Kent, J., Dumbrell, J., Kelly, H., Piper, A. & Jefford, M. (2020). Sharing cancer survivorship care between oncology and primary care providers: a qualitative study of health care professionals' experiences. *Journal of Clinical Medicine*, 9(9), 2991.
- Majoor, B. C. J., Sunaert, P. & Rahal, R. M. (2021). The Influence of Hospital Work Environment on Knowledge Sharing, Teamwork, and Patient Safety. *The Journal of Nursing Administration*, 51(2), 89–94.
- McEwan D., Ruissen G. R., Eys M. A., Zumbo, B. D. & Beauchamp, M. R. The effectiveness of teamwork training on teamwork behaviors and team performance: A Systematic Review and Meta-Analysis of Controlled Interventions. *PLoS One*. 2017;12(1):e0169604.
- Mendoza-Llanos, R. (2015). Job satisfaction and organizational culture as predictors of absenteeism. *Rev Med Chil.* 143(8):1028-33.
- Mijakoski D., Karadzinska-Bislimovska, J., Basarovska, V., Montgomery, A., Panagopoulou, E., Stoleski S. & Minov, J. (2015). Burnout, Engagement, and Organizational Culture: Differences between Physicians and Nurses. *Open Access Maced J Med Sci.*; 3(3):506-13.
- Muhammed, A.A., Buba, A.A. and Song, U.M. (2021). Factors influencing the information needs of nurses for healthcare delivery in Nigeria: a survey of general hospitals in Jigawa State, Nigeria. *Information Technologist*, 15(2).
- Nkomazana, O., Mash, R. & Phaladze, N. (2015). Understanding the organisational culture of district health services: Mahalapye and Ngamiland health districts of Botswana. *Afr J Prim Health Care Fam Med.;* 7(1):907.
- Novitasari, S., et al. (2021). Aluminum Pillared Clay (Al-PILC) for Adsorption of Dyes in Red Fruit Oil. Journal Kimia Sains dan Aplikasi, 24, 9-14. <u>https://doi.org/10.14710/jksa.24.1.9-14</u>
- Nwafor-Orizu, O. E. & Onwudinjo, O. T. (2015). Availability and Use of Health Information Resources by Doctors in Teaching Hospitals in South East Nigeria. *Information and Knowledge Management*, 5(9), 102-108
- Obaseki, T. I. & Amune, J. B. (2009). Electronic resources: avenue for information resources acquisition in the21st century Nigeria tertiary institutions. A paper presented at the AGM of NLA Cross River State Chapter conference at UNICAL Conference Hotel Calabar 9th-11th November.
- Okoro, H. C. (2008). Virtual library for students' research and study. In Achebe, N. (ed) Library information literacy for higher education. *Enugu: Nigeria Library Association*.
- Osheroff, J. A., Teich, J. M., Levick, D., Saldana, L., Velasco, F., Sittig, D. F. & Middleton, B. (2019). Improving Outcomes with Clinical Decision Support: An Implementer's Guide. Chicago: *HIMSS*.
- Oyeyemi, S. O., Wynn, R. & Lapão, L. V. (2020). Knowledge sharing in healthcare: A systematic review. Human Resources for Health, 18(1), 26.
- Perin, D. M., Vogel, R. L. & Taplin, S. H. (2019). A comparison of knowledge sharing in cancer screening among High, Middle and Low-Income Countries. *Journal of Global Oncology*, 5, 52s.

- Samuel S, Bayissa G, Asaminewu S & Alaro T. (2016). Electronic information sources access and use for healthcare services in governmental and non-governmental hospitals of western Oromia, Ethiopia: a cross-sectional study. *Ethiop J Health Sci.* 26(4):341–350.
- Sfantou, D. F., Laliotis, A., Patelarou, A. E., Sifaki-Pistolla, D., Matalliotakis, M. & Patelarou, E. (2017). Importance of leadership style towards quality-of-care measures in healthcare settings: a systematic review. *Healthcare (Basel)*. 14;5(4)
- Shanahan, M. (2009). Using e-Resources and Tools to Update Professional Knowledge in the Workplace. *Proceeding AsciliteAukland 2009: Full Paper: Shanahan*. Available at <u>http://www.ascilite.org.au/conferences/auckland09/procs/shanahan.pdf</u>. (Accessed 20 July 2023).
- Spencer-Oatey, H. (2018). Culture is a fuzzy set of basic assumptions, values, orientations to life, beliefs, policies, procedures and behavioural conventions. In The Oxford Handbook of Multimethod and Mixed Methods Research Inquiry (pp. 171-182). Oxford University Press.
- Tesfa, G. A., Kalayou, M. H., & Zemene, W. (2021). Electronic health-information resource utilization and its associated factors among health professionals in Amhara regional state teaching hospitals, Ethiopia. Advances in Medical Education and Practice, 195-202.
- Topol, E. J. (2019). High-performance medicine: The convergence of human and artificial intelligence. *Nature Medicine*, 25(1), 44-56.
- Wu, L., Cao, Z. & Zhang, W. (2021). Investigating the influence of employees' knowledge sharing on innovation capacity in Chinese healthcare industry. *Journal of Knowledge Management*, 25(2), 353-374.
- Wubante, S. M., Tegegne, M. D., Melaku, M. S., & Walle, A. D. (2022). Knowledge sharing practice and its associated factors among health professionals in Ethiopia: Systematic review and meta-analysis. *Informatics in Medicine Unlocked*, 31, 100967.
- Xu, J., Wang, Y., Huang, J. & Zhang, L. (2022). Knowledge sharing behavior among healthcare professionals in resource-constrained nations. *International Journal of Healthcare*, 8(2), 87-95.
- Yuan, H. & Ma, D. (2022). Gender differences in the relationship between interpersonal trust and innovative behavior: the mediating effects of affective organizational commitment and knowledge-sharing. *Behav. Sci. (Basel)* 12:145.