
Organizational Culture as a Predictor for the Use of Electronic Health Records in the University of Benin Teaching Hospital, Edo State, Nigeria

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ABSTRACT

This study examined organizational culture as a predictor of the use of Electronic Health Records among health information managers in the University of Benin Teaching Hospital, Edo State, Nigeria. A descriptive survey research design was employed, and data were collected using a structured questionnaire administered to health information managers. The use of EHRs was measured in terms of purpose of use and frequency of use, while organizational culture was assessed using four dimensions: clan, adhocracy, hierarchy, and competing cultures. Data were analyzed using descriptive statistics and regression analysis. The findings revealed a high level of adoption and use of EHRs, particularly for patient documentation, clinical coding, follow-up registration, and tracking of patient health information (Mean = 3.24). Results further showed that hierarchy and adhocracy cultures were more dominant within the hospital than clan and competing cultures, indicating an organizational environment characterized by structured procedures, accountability, and adaptability to change. Regression analysis demonstrated that organizational culture had a significant influence on the adoption and use of EHRs, with hierarchy and adhocracy cultures contributing more strongly to EHR utilization (Beta = .622, t= 5.021, p<0.05). The study concludes that organizational culture is a critical determinant of effective EHR use in teaching hospitals. It recommends strengthening adaptive and well-structured cultural practices through continuous training, supportive leadership, and clear operational guidelines to enhance sustainable EHR utilization and improve health information management outcomes.

Keywords: *Organizational Culture Use of Electronic Health Records EHR*

INTRODUCTION

The effective use of Electronic Health Records (EHRs) is critical to improving healthcare service delivery, data management, and clinical decision-making in modern hospitals. However, beyond technological availability, organizational factors particularly organizational culture play a significant role in determining the extent to which EHR systems are adopted and utilized. The adoption and effective use of Electronic Health Records (EHRs) in healthcare institutions has become a global priority due to their potential to enhance patient care quality, improve clinical decision-making, and reduce medical errors. EHR systems centralize patient

information, streamline workflows, and support integrated care delivery (Nguyen, Bellucci, & Nguyen, 2014). Despite these advantages, the use of EHRs in many developing countries, including Nigeria, remains suboptimal, with challenges arising from socio-technical, infrastructural, and organizational factors. Specifically, the purpose for which clinicians use EHRs (for example, clinical documentation, decision support, reporting) and the frequency of their use (daily, weekly, etc.) are key indicators of successful system adoption and reflect the extent to which EHRs are integrated into routine healthcare processes (Ajami & Bagheri-Tadi, 2013).

Among the determinants of EHR utilization, organizational culture plays a central role in shaping how health professionals perceive, accept, and use technology. Organizational culture encompasses the shared values, beliefs, norms, and behavioural expectations within an institution, influencing staff attitudes toward innovation, communication patterns, and readiness for change (Schein, 2010). The Competing Values Framework (CVF) categorizes organizational culture into four types namely, Clan, Adhocracy, Hierarchy, and Market (Competing) each with distinct implications for technology use. Clan culture emphasizes teamwork, mentorship, and participation, fostering an environment where staff support and collaboration may encourage EHR adoption. Adhocracy culture values innovation, agility, and risk-taking, which can enhance openness to new technologies like EHRs. Hierarchy culture focuses on formal rules, control, and stability, potentially supporting structured EHR implementation but possibly hindering flexibility. Finally, Competing (Market) culture is driven by results, competitiveness, and targets, which may either motivate efficient use of EHRs for performance or create pressure that discourages thoughtful engagement with new systems (Cameron & Quinn, 2011).

Empirical studies in healthcare contexts underscore the influence of organizational culture on health information technology outcomes. For instance, strong clan and adhocracy cultures have been linked with greater clinician satisfaction and higher system utilization while rigid hierarchical cultures are associated with resistance to change and lower engagement with digital systems (Scott, Mannion, Davies, & Marshall, 2003; Sun, Yazdani, & Rosenthal, 2017). In Nigeria's healthcare facilities, research indicates that organizational readiness, including culture, leadership support, and staff engagement, significantly predicts the success of EHR implementation (Onyema et al., 2020). However, there is limited empirical evidence specifically examining how cultural typologies within Nigerian tertiary hospitals, such as the University of Benin Teaching Hospital (UBTH), influence the purpose and frequency of EHR use. Accordingly, this study investigates organizational culture as a predictor of EHR use in UBTH, articulating how variations in cultural orientations may shape clinicians' engagement with electronic health information systems.

Electronic Health Records (EHRs) have become a cornerstone of modern healthcare systems due to their capacity to improve clinical efficiency, patient safety, and continuity of care. A comprehensive review by Adeniyi et al. (2024) established that EHR adoption significantly enhances patient care outcomes by improving documentation accuracy, facilitating timely access to patient data, and supporting evidence-based clinical decisions. Similarly, Ebbers et al. (2024) demonstrated that embedding structured care pathways within

EHR systems improves data quality while reducing documentation burden among clinicians, thereby strengthening workflow efficiency.

In developing country contexts, studies highlight both progress and persistent challenges in EHR utilization. Msiska, Kunitawa, and Kumwenda (2017) found that while EHR systems were available in Malawian central hospitals, utilization was constrained by inadequate infrastructure, limited technical support, and user resistance. In Nigeria, Akobe, Yacim, and Kareem (2024) reported that the availability of EHR systems positively influenced healthcare delivery in a general hospital setting; however, inconsistent usage patterns limited their overall impact. These findings align with Elikwu, Igbokwe, and Emokhare (2020), who observed that electronic health information systems improved records management practices in public healthcare institutions but required supportive organizational structures to achieve optimal outcomes.

Beyond clinical efficiency, privacy and security concerns remain central to EHR discourse. Nowrozy et al. (2024) emphasized that safeguarding patient data is critical for sustaining trust in EHR systems, noting that privacy-preserving mechanisms influence users' willingness to engage consistently with electronic records. This underscores the importance of organizational commitment to ethical and secure information management practices. EHR utilization is commonly assessed through the purpose of use, such as clinical documentation, reporting, and decision support, and frequency of use, which reflects how deeply systems are embedded in routine practice. Adedeji et al. (2018) found that Nigerian nurses primarily used EHRs for documentation and patient monitoring, with frequency of use strongly influenced by training and managerial support. Similarly, Zayyad and Toykan (2018) reported that healthcare professionals' sustained use of e-health technologies depended on perceived usefulness, ease of use, and institutional encouragement.

Training has also been identified as a critical enabler of frequent and meaningful EHR use. Nwankwo and Sambo (2018) demonstrated that targeted training programs significantly improved data management practices among healthcare workers, leading to more consistent system usage. These findings suggest that utilization is not solely a technological issue but one embedded in broader organizational and cultural contexts. Organizational culture refers to shared values, beliefs, norms, and practices that shape employee behaviour and organizational functioning. Akpa, Asikhia, and Nneji (2021) emphasized that organizational culture is a key determinant of performance across sectors, including healthcare. Using Denison's model, Abane, Adamtey, and Ayim (2022) confirmed that strong, adaptive cultures enhance employee productivity, while misaligned cultures impede performance.

In the era of digital transformation, human resource management and organizational culture have become increasingly intertwined with technology adoption. Fenech, Baguant, and Ivanov (2019) argued that digital transformation reshapes organizational roles and requires cultures that support learning, flexibility, and innovation. Tholen (2023) further noted that organizational fit influences how employees adapt to institutional expectations, including the acceptance of new technologies. Empirical evidence strongly links organizational culture to the success of EHR implementation and utilization. Ojo (2013) identified leadership support, communication patterns, and institutional norms as critical organizational factors associated

with successful electronic health information management systems in Nigerian teaching hospitals. Similarly, Liman, Uengbu, and Owolabi (2021) emphasized that beyond technological readiness, organizational culture determines staff commitment to EHR adoption and sustained use.

In Nigeria, Abubakar (2022) found that supportive organizational cultures enhanced quality service delivery among health information managers in teaching hospitals. Owoeye and Unegbu (2024) further demonstrated that participatory and flexible cultures were positively associated with effective service delivery in federal teaching hospitals. These findings resonate with Hossain et al. (2025), whose study in Indonesian hospitals revealed that a strong recordkeeping culture fostered consistent EHR usage and compliance with documentation standards. Additionally, Adebayo et al. (2020) argued that integrated organizational cultures promote sustainability and performance, suggesting that cohesive cultural frameworks can equally support long-term EHR utilization. Collectively, these studies indicate that organizational culture, whether hierarchical, collaborative, or innovation-oriented, plays a decisive role in shaping how frequently and purposefully EHR systems are used in healthcare institutions.

The adoption and effective use of electronic health records (EHR) in healthcare institutions have become essential for improving patient care, enhancing efficiency, and ensuring data security. However, the success of EHR implementation is influenced by several organizational and individual factors, particularly organizational culture in hospitals. In the context of the University of Benin Teaching Hospital (UBTH), Edo State, challenges related to EHR adoption and utilization continue to persist, raising concerns about the role of these factors in determining the effectiveness of its implementation. Organizational culture, which encompasses shared values, norms, and practices within a healthcare institution, plays a crucial role in shaping how employees interact with new technologies. A culture that supports innovation, collaboration, and adaptability may facilitate EHR acceptance, while a rigid, bureaucratic culture may hinder its use. In UBTH, issues such as resistance to change, hierarchical decision-making, and lack of adequate training may be influencing the level of EHR adoption among healthcare professionals.

Despite investments in health information technology, anecdotal evidence suggests that UBTH still experiences challenges, such as inconsistent use of EHR, documentation errors, resistance from healthcare personnel, and inefficient data retrieval processes. This raises fundamental questions about the interaction between organizational culture, individual personality traits, and the use of EHR. Addressing these issues is crucial to optimizing healthcare delivery, reducing medical errors, and ensuring the sustainability of digital health transformation in the hospital. Therefore, this study seeks to investigate how organizational culture influences the adoption, implementation, and use of EHR in UBTH, Edo State. By understanding these factors, policymakers and hospital administrators can develop strategies to foster a supportive work environment and tailor interventions that enhance the efficiency and effectiveness of EHR usage.

The objectives of the study are to:

- i. access the level of electronic medical record use by health information managers in University of Benin Teaching Hospital, Edo State;
- ii. examine the most prevalent organizational culture practiced by health information managers in University of Benin Teaching Hospital, Edo State;
- iii. determine the influence of organizational culture on electronic medical records use among health information managers in University of Benin Teaching Hospital, Edo State;

These questions guided this study:

1. What is the level of electronic medical record use by health information managers in University of Benin Teaching Hospital, Edo State?
2. What is the most prevalent organizational culture practiced by health information managers in University of Benin Teaching Hospital, Edo State?

Hypothesis

H⁰1: There is no significant influence of organizational culture on electronic medical records use among health information managers in University of Benin Teaching Hospital, Edo State.

METHOD

A descriptive survey research design was employed. The population comprised all 126 information managers at the University of Benin Teaching Hospital, Edo State. The total enumeration approach was used. Descriptive statistics of frequency counts, simple percentages, mean and standard deviation were used to analyse research questions. Inferential statistics, such as simple linear regression was used for the test of hypotheses.

RESULTS AND DISCUSSION

The demographic characteristics of the respondents reveal a predominantly female and professionally experienced health information management workforce. Gender distribution shows that 93 respondents (73.8%) were female, compared to 33 (26.2%) male, indicating strong female dominance in the field, which reflects broader gender patterns in health information and administrative roles in Nigeria. In terms of age, none of the respondents was below 20 years, while the majority were within the active working-age bracket, with 42 (33.3%) aged 31–40 years and 51 (40.5%) aged 41–50 years; collectively, 57.2% fell within the 31–50 years range, suggesting a mature, mid-career workforce with substantial professional experience. Academic qualifications further indicate a highly educated workforce, as most respondents possessed HND (26.2%) or B.Sc. degrees (50.0%), accounting for 76.2% of the sample, alongside a small proportion with postgraduate qualifications, reflecting ongoing professional advancement. Analysis of work experience shows that most respondents (57.2%) had between 6 and 15 years of experience, highlighting a well-seasoned group with considerable exposure to health information systems and electronic health records. Overall, the

demographic profile depicts a skilled, experienced, and academically qualified workforce capable of supporting effective health information and EHR management.

Table 1: Level of Electronic Medical Record Use by Health information Managers

Items	VH	H	L	VL	\bar{X}	Std. dev
Purpose of Use						
I use electronic records for documentation of new patients	42 (33.3%)	69 (54.8%)	15 (11.9%)	--	3.21	0.65
I use Electronic Records (ER) for registration of new patients	45 (35.7%)	54 (42.9%)	27 (21.4%)	--	3.14	0.87
I use ER for health statistical input	33 (26.2%)	36 (28.6%)	33 (26.2%)	24 (19.0%)	2.62	0.94
I use ER for follow-up patient registration	42 (33.3%)	78 (61.9%)	3 (2.4%)	3 (2.4%)	3.26	0.97
I use ER for clinical coding of diagnoses	39 (31.0%)	84 (66.7%)	3 (2.4%)	-	3.29	0.87
I use ER for clinical coding of procedure	42 (33.3%)	72 (57.1%)	12 (9.5%)	-	3.24	0.91
I use ER for tracking of patient health information	48 (38.1%)	57 (45.2%)	18 (14.3%)	3 (2.4%)	3.33	0.73
Frequency of Use						
e-Registration of new patient is done by me in my hospital	Often 42 (33.3%)	Rarely 54 (42.9%)	Sometimes 27 (21.4%)	Never 3 (2.4%)	3.07	0.81
e-Documentation of patient is done by me in the department	24 (19.0%)	93 (73.8%)	6 (4.8%)	3 (2.4%)	3.10	0.83
e-indexing of diagnoses is done by me in the department	18 (14.3%)	102 (81.0%)	3 (2.4%)	3 (2.4%)	3.07	0.86
e-Clinical coding of procedure is done by me on regular basis for all discharged patients in the wards	30 (23.8%)	93 (73.8%)	3 (2.4%)	--	3.21	0.94
frequently update or correct patient records in the EHR system	27 (21.4%)	93 (73.8%)	3 (2.4%)	3 (2.4%)	2.93	0.94

Decision Rule: *High* = 4.00-3.00, *Moderate* = 2.99-2.00, *Low* = 1.99-1.00, *Very Low* = 0.99-0.00.

Key: *Very High* (VH)=4, *High* (H)=3, *Low* (L)=2 *Very Low* (VL)=1

Source: Field Survey (2025)

The table presents respondents' use of electronic health records (EHRs) based on purpose and frequency of use, indicating generally high utilization across most functions. For *purpose of use*, mean scores ranged from 2.62 to 3.33, showing that EHRs were used to a high extent for key activities such as tracking patient health information (mean = 3.33), clinical coding of diagnoses (mean = 3.29), follow-up patient registration (mean = 3.26), clinical coding of procedures (mean = 3.24), and documentation of new patients (mean = 3.21). Use of EHRs for health statistical input recorded the lowest mean (2.62), suggesting comparatively lower engagement in this area. Regarding *frequency of use*, mean scores ranged from 2.93 to 3.21, indicating that respondents often or regularly performed core EHR tasks such as electronic documentation, registration, indexing of diagnoses, clinical coding of procedures, and updating patient records. Overall, the mean values and relatively low standard deviations suggest consistent and frequent use of EHR systems by respondents, particularly for clinical documentation and coding functions, reflecting a high level of EHR utilization in routine hospital operations.



Table 2: Most prevalent organizational culture practiced by health information managers

Items	SA	A	D	SD	\bar{X}	Std. dev
Clan						
I establish a clear, overarching goal or vision for the team	42 (33.3%)	57 (45.2%)	24 (19.0%)	3 (2.4%)	3.10	0.80
I establish specific targets and objectives, with deadlines	39 (31.0%)	69 (54.8%)	18 (14.3%)	--	3.17	1.07
In team meetings, continually remind members of team objectives	60 (47.6%)	60 (47.6%)	6 (4.8%)	--	3.43	1.04
Average Mean				3.23		
Adhocracy						
The organization values adaptability and is quick to respond to changes	54 (42.9%)	63 (42.9%)	6 (4.8%)	3 (2.4%)	3.33	0.87
The organization embraces change and adapts quickly to new trends.	54 (42.9%)	63 (50.0%)	3 (2.4%)	6 (4.8%)	3.31	0.91
I get feedback about my work and learn from my mistakes	51 (40.5%)	57 (45.2%)	9 (7.1%)	9 (7.1%)	3.19	0.73
Average Mean				3.28		
Hierarchy						
Employees are encouraged to be creative, take initiatives, and adapt to change	57 (45.2%)	63 (50.0%)	6 (4.8%)	--	3.40	0.81
There is a strong focus on productivity, competition, and performance measurement.	57 (45.2%)	60 (47.6%)	9 (7.1%)	--	3.38	0.83
The management style encourages teamwork, participation, and consensus-building	51 (40.5%)	69 (54.8%)	6 (4.8%)	--	3.40	0.86
Average Mean				3.39		
Competing						
This organisation establishes clear priorities for employees	54 (42.9%)	57 (45.2%)	9 (7.1%)	6 (4.8%)	3.26	0.94
I am being rewarded and get compensated for small wins	39 (31.0%)	66 (52.4%)	15 (11.9%)	6 (4.8%)	3.10	
The organization values high performers and results-driven employees.	33 (26.2%)	51 (40.5%)	21 (16.7%)	21 (16.7%)	2.76	
					3.04	

Decision Rule: *High* =4.00-3.00, *Moderate* =2.99-2.00, *Low* =1.99-1.00, *Very Low* = 0.99-0.

Key: *Strongly agree* (SA)=4, *Agree* (A)=3, *Disagree* (D)=2 *Strongly disagree* (SD)=1.

Source: Field Survey (2025)

Table 2 shows respondents' perceptions of organizational culture across four dimensions: clan, adhocracy, hierarchy, and competing, using mean scores and standard deviations. The clan culture recorded an average of 3.23, indicating a high presence of shared goals, clear objectives, and frequent reinforcement of team vision. Adhocracy culture had an average of 3.28, reflecting a strong emphasis on adaptability, responsiveness to change, and learning through feedback. The hierarchy culture emerged as the most prominent, with the highest average of 3.39, suggesting that structured management practices, productivity focus, teamwork, and performance measurement are strongly emphasized within the organization. In contrast, the competing culture recorded the lowest average of 3.04, though still within the high range, indicating that while clear priorities and reward systems exist, recognition of high performers



and strong results-driven practices are comparatively less emphasized. Overall, the mean scores show that all four cultural dimensions are present to a great extent, with hierarchy and adhocracy cultures being more dominant than clan and competing cultures.

Table 4.6: Influence of organizational culture on electronic medical records use among health information managers

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.622 ^a	.387	.371	3.80634

a. Predictors: (Constant), Organizational Culture

The result yielded a coefficient of multiple regressions $R = 0.622$, and multiple R-square = 0.387. This suggests that the measures of organizational culture factors combined accounted for 38.7% variance in the prediction of electronic medical records use. The other factors accounting for the remaining variance are beyond the scope of this study. Therefore, the null hypothesis that there will be no significant influence of organizational culture on electronic medical records use among health information managers in the University of Benin Teaching Hospital, Edo State, is hereby rejected. The study found a high level of adoption and use of electronic medical records among health information managers in the University of Benin Teaching Hospital, Edo State. Secondly, the study found that hierarchy and adhocracy cultures are more dominant than clan and competing cultures. More so, the study found that organizational culture has a significant influence on the adoption and use of electronic medical records among health information managers in the University of Benin Teaching Hospital, Edo State.

The findings of this study align strongly with existing literature on electronic medical records (EMR) adoption and the role of organizational culture in healthcare settings. The high level of adoption and use of electronic medical records among health information managers at the University of Benin Teaching Hospital reflects a growing reliance on digital health information systems to support efficient documentation, coding, data retrieval, and continuity of care. Previous studies have consistently shown that EMRs enhance the quality of patient care, improve data accuracy, and support better clinical and administrative decision-making when effectively utilized (Adeniyi et al., 2024; Akobe, Yacim, & Kareem, 2024; Elikwu, Igbokwe, & Emokhare, 2020). Similarly, research in Nigerian and other developing-country contexts indicates that increased exposure, training, and system availability contribute significantly to sustained EMR use among health professionals (Msiska, Kunitawa, & Kumwenda, 2017; Zayyad & Toykan, 2018).

The dominance of hierarchy and adhocracy cultures over clan and competing cultures further explains the high level of EMR adoption observed in the study. A strong hierarchy culture emphasizes formal structures, clear procedures, accountability, and standardization, which are critical for the successful implementation and routine use of EMR systems in hospital environments (Ojo, 2013; Liman, Uengbu, & Owolabi, 2021). Such a culture supports compliance with data standards, confidentiality requirements, and workflow integration, all of which are essential for effective electronic records management. At the same time, the



prominence of adhocracy culture characterized by adaptability, innovation, and openness to change creates an enabling environment for embracing new technologies and responding to evolving digital health demands (Hossain et al., 2025; Rachlin, 2022). This combination suggests that while the hospital maintains structured control, it also encourages flexibility and learning, which enhances EMR utilization.

Furthermore, the significant influence of organizational culture on EMR adoption and use corroborates earlier findings that technology success in healthcare extends beyond technical infrastructure to include cultural and human factors. Studies have shown that supportive leadership, openness to innovation, and clear organizational values significantly predict successful health information system adoption (Adedeji et al., 2018; Abubakar, 2022; Owoeye & Unegbu, 2024). Hierarchical clarity helps institutionalize EMR use as a routine responsibility, while adhocracy fosters continuous improvement and user engagement with system features. In contrast, weaker clan and competing cultures suggest that interpersonal bonding and reward-driven competition, though present, play a less central role in driving EMR usage compared to structural control and innovation-oriented values.

The findings reinforce the view that organizational culture is a critical determinant of electronic medical record adoption and sustained use. Hospitals that balance structured governance, with adaptability are more likely to achieve effective digital transformation and maximize the benefits of EMR systems (Akpa, Asikhia, & Nneji, 2021; Liman et al., 2021). The results therefore, underscore the need for hospital management to consciously align cultural practices with digital health initiatives to ensure long-term success. The study found a high level of adoption and use of electronic medical records among health information managers in the University of Benin Teaching Hospital, Edo State. Secondly, the study found that hierarchy and adhocracy cultures are more dominant than clan and competing cultures. More so, the regression analysis found that organizational culture has significant influence on the adoption and use of electronic medical records among health information managers in the University of Benin Teaching Hospital, Edo State.

CONCLUSION

The hierarchy culture emerged as the most prominent, with the highest suggesting that structured management practices, productivity focus, teamwork, and performance measurement are strongly emphasized within the organization. In contrast, the competing culture recorded the lowest, though still within the high range, indicating that while clear priorities and reward systems exist, recognition of high performers and strong results-driven practices are comparatively less emphasized. The study concluded that when the organizational culture of the organization is accommodating and warm, health information managers tend to be more productive, as this could in turn enhance the use of electronic medical records for their intended purposes.

RECOMMENDATIONS

Based on the findings of the study, below are the recommendations:

1. To increase the level of electronic medical record use by health information managers, regular, hands-on training and capacity-building programs should be implemented to enhance user competence and confidence in EMR operations. Emphasis should be placed on advanced EMR functionalities, including statistical analysis, data retrieval, and reporting tools.
2. To enhance the electronic medical record by health information managers, hospitals should develop and enforce clear EMR usage policies and standard operating procedures, ensuring that all health information managers follow uniform data management practices. This should include frequency of data updates, access to control, accountability and documentation.
3. To enhance the level of organizational culture, health information managers should establish a clear, overarching goal or vision for the team. They should get feedback about their work and learn from my mistakes.
4. To enhance the level of organizational culture, organisation should establish clear priorities for employees and value high performers and results-driven employees.

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