Uniuyo Journal Of Communication Studies, UJCS Vol. 6, No. 1, November 2025

HEALTH INFORMATION AND INFORMED DECISIONS IN MANAGING HYPERTENSION AMONG NON-TEACHING STAFF OF UNIVERSITY OF DELTA, AGBOR

Emmanuel Onyeisi Morka

Abstract

This study examined how non-teaching staff in the University of Delta (UNIDEL) Agbor, accessed health information and made informed decisions on managing their hypertension (high blood pressure). Structured questionnaire was used to gather data for a cross-sectional survey design, and both descriptive and inferential statistics were used for analysis. The findings showed that 68.2% of the respondents mostly relied on social media for health updates, and 72.4% of respondents had limited access to trustworthy health information. Just 34.6% of respondents showed sufficient health literacy, and 78.9% said they made healthcare decisions without seeking advice from a professional. Significant correlations were observed between income level and healthcare decision-making patterns ($F = 12.87$, $p < 0.001$), age and digital health literacy ($r = -0.42$, $p < 0.001$), and educational level and access to health information ($\chi^2 = 45.23$, $p < 0.001$). It was found that several significant obstacles such as a lack of digital infrastructure (89.3%), a lack of communication between healthcare providers (76.8%), and a lack of health education initiatives (84.1%). These results demonstrated how urgently comprehensive health information systems and focused interventions were needed to enhance the health of Nigerian university non-teaching staff.

1. Introduction

Hypertension is one of the most pressing global health challenges of our time. It affects approximately 1.13 billion people worldwide and serving as a primary contributor to cardiovascular disease, stroke, and premature mortality (WHO, 2023). In Nigeria specifically, the prevalence of adult hypertension has reached alarming proportions at 28.9%, with substantial implications for healthcare systems and public health infrastructure (Ezeaka et al., 2025). This escalating burden underscores the critical importance of ensuring access to reliable, actionable health information for effective disease management, as hypertension control demands that patients make well-informed decisions, implement comprehensive lifestyle modifications, and maintain consistent monitoring protocols.

Contemporary digital health revolution has fundamentally transformed how individuals access, process, and utilize health information, with wearable technology and mobile health applications emerging as increasingly popular tools for cardiovascular risk management and health monitoring (Ahmed et al., 2023; Chen et al., 2022). These technological innovations have democratized access to health information and created unprecedented opportunities for real-time health tracking and decision support. However, significant disparities persist in the effectiveness and widespread adoption of these technologies across diverse populations,

particularly in developing countries where socioeconomic constraints, inadequate health literacy levels, and limited digital infrastructure continue to present formidable barriers (Chukwu et al., 2023).

Non-teaching staff at universities constitute a unique demographic group that faces distinctive challenges in accessing health information and making informed healthcare decisions. These individuals frequently experience elevated levels of work-related stress, which can significantly impact both their physical and mental well-being, and create a complex interplay between occupational factors and health outcomes (Yaseen et al., 2025). Research has established important connections between mental health status, cognitive flexibility, and mindfulness among university faculty members, and has highlighted how these psychological factors influence healthcare decision-making processes (Jiménez-Picón et al., 2021).

The adoption of wearable health technologies demonstrates particular complexity among older adults in developing nations, where digital health literacy emerges as a crucial determinant of successful technology integration and utilization (Eze et al., 2023). The incorporation of artificial intelligence into healthcare communication and policy development presents both significant opportunities and notable challenges for enhancing health outcomes in Nigeria, requiring careful consideration of implementation strategies and population-specific needs (Ezeaka, 2024). Understanding the multifaceted variables that influence health information access and decision-making processes becomes essential for developing targeted interventions capable of improving cardiovascular health outcomes.

The digital transformation of healthcare has simultaneously created unprecedented opportunities and significant challenges for health information access and utilization across diverse populations. In Nigeria, the integration of digital health technologies presents particular implementation challenges due to persistent infrastructure limitations, varying levels of digital literacy across different demographic groups, and pronounced socioeconomic disparities that affect technology access and utilization (Ezeaka, 2024). Non-teaching university staff represent a particularly interesting population that occupies a distinctive middle ground between highly educated academic staff and the general population, making their health information behaviors exceptionally important to understand and characterize.

Modern healthcare increasingly expects patients to navigate increasingly complex information landscapes, critically evaluate source credibility, and make autonomous decisions that directly impact their health outcomes (Kim et al., 2021). This expectation proves particularly challenging for individuals managing chronic conditions like hypertension, which

necessitates continuous monitoring, sustained lifestyle modifications, and ongoing engagement with healthcare systems across extended periods.

2. Statement of the Problem

The growing prevalence of hypertension in Nigeria, combined with the rapid digitization of health information systems, creates a complex and often challenging landscape for health information access and utilization. Non-teaching university staff occupy a unique position within this landscape, typically having better access to technology and educational resources compared to the general population, yet potentially lacking the specific health literacy skills necessary to effectively navigate sophisticated digital health information systems.

The work environment characteristic of university non-teaching staff presents specific challenges that significantly impact their health information seeking behaviors and decision-making processes. These challenges include irregular work schedules that may conflict with healthcare appointments, high job demands that create stress and limit time for health-related activities, limited autonomy in work arrangements that may affect healthcare planning, and potential stress related to job security and career advancement opportunities. These environmental factors collectively influence both their motivation to proactively seek health information and their practical ability to implement health-related recommendations effectively.

The challenge becomes more complex when considering that hypertension is frequently termed a "silent killer" due to its characteristically asymptomatic nature during early stages of development. This particular characteristic makes it especially important for individuals to proactively seek comprehensive health information and engage in consistent preventive behaviors, rather than adopting a reactive approach that waits for symptoms to manifest. The effectiveness of such proactive behavioral approaches depends heavily on sustained access to reliable health information sources and the development of skills necessary to make informed decisions based on that information.

Despite increased focus on digital health interventions and the proliferation of multiple health information sources, significant knowledge gaps exist regarding how non teaching of University of Delta, Ashor, access, process, and effectively utilize health information for managing high blood pressure.

3. Research Questions

The following research questions provided guidance for this investigation:

1. What are the primary sources of health information regarding hypertension among non-teaching staff of University of Delta, Agbor?

2. What is the current level of digital literacy concerning hypertension among non-teaching staff of University of Delta, Agbor?
3. What are the significant barriers to accessing health information about hypertension among non-teaching staff of University of Delta, Agbor?
4. What is the existing level of knowledge about hypertension among non-teaching staff of University of Delta, Agbor?
5. What are the current health management practices related to hypertension among non-teaching staff of University of Delta, Agbor?
6. What are the health seeking behaviours demonstrated against hypertension among non-teaching staff of University of Delta, Agbor?
7. What specific challenges do non-teaching staff of University of Delta, Agbor face in effectively managing hypertension?

4. Hypotheses

The following hypotheses were formulated:

H_1: There exists a significant relationship between educational level and digital health literacy among non-teaching staff of University of Delta, Agbor.

H_2: There exists a significant association between age and health information seeking behavior patterns among non-teaching staff of University of Delta, Agbor.

H_3: There exists a significant correlation between income level and healthcare decision-making patterns among non-teaching staff of University of Delta, Agbor.

H_4: There exists a significant relationship between access to reliable health information and hypertension management practices among non-teaching staff of University of Delta, Agbor.

5. Review of Related Literature

Health Information Access in the Digital Age

The digital revolution has fundamentally transformed how individuals access and process health information across in diverse contexts. Ahmed et al. (2023) conducted extensive research exploring the effectiveness of wearable health devices for cardiovascular risk management in developing nations, highlighting both the significant opportunities and persistent challenges presented by these emerging technologies. Their comprehensive research indicated that while digital health tools provide unprecedented access to health information and sophisticated monitoring capabilities, their overall effectiveness remains significantly

influenced by critical factors including digital literacy levels, infrastructure availability, and socioeconomic status.

The proliferation of mobile health applications and wearable devices has established new paradigms for health information access and patient engagement. Chen et al. (2022) conducted a systematic review examining the prediction of atrial fibrillation using AI-powered smartwatches, and successfully demonstrated the substantial potential of these technologies for early detection and effective management of cardiovascular conditions. However, their research simultaneously highlighted significant gaps in adoption and utilization rates, particularly among populations with limited technological exposure or insufficient economic resources.

Digital Health Literacy and Its Determinants

Digital health literacy has emerged as a critical factor determining the effectiveness of health information access and utilization across diverse populations. Eze et al. (2023) examined digital health literacy and adoption patterns of wearable health gadgets among older adults in Nigeria, revealing significant disparities based on age, educational attainment, and socioeconomic status. Their findings strongly suggest that successful implementation of digital health interventions requires carefully targeted approaches that systematically address specific literacy gaps within different population segments.

Kim et al. (2021) investigated factors influencing the adoption of mobile health applications for stroke prevention among Korean older adults, discovering that digital health literacy served as a stronger predictor of successful adoption than traditional health literacy measures. This finding emphasizes the evolving nature of health literacy in digital environments.

6. Theoretical Framework

This study is anchored on two complementary theoretical perspectives: the Health Belief Model (HBM) and Information Processing Theory. The Health Belief Model, originally developed by Rosenstock (1966), provides a comprehensive framework for understanding how individuals make decisions about health behaviors based on their perceptions of personal susceptibility, condition severity, potential benefits, and existing barriers. In this study's context, the HBM helps explain how non-teaching staff perceive their hypertension risk, understand the condition's severity, recognize benefits of seeking health information, and identify barriers preventing effective health information access.

Information Processing Theory complements the HBM by providing insights into how individuals acquire, process, and utilize information for effective decision-making, particularly relevant for understanding how digital health literacy influences health information behaviors and outcomes.

7. Methodology

7.1 Research Design

A cross-sectional survey design was employed to investigate health information access and decision-making patterns among non-teaching staff at the University of Delta, Agbor.

A sample size of 384 participants was determined using Yamane's formula with 95% confidence level and 5% margin of error:

A structured questionnaire with six main sections was developed. The sections included: socio-demographic characteristics (10 items), health information access patterns (15 items), digital health literacy assessment (12 items), healthcare decision-making practices (18 items), barriers to health information access (14 items), and hypertension knowledge and management (16 items). Data analysis utilized SPSS version 26.0, employing descriptive statistics and inferential statistics including chi-square tests, correlation analysis, and ANOVA to examine relationships and test hypotheses, with statistical significance set at $p < 0.05$.

8. Data Presentation and Analysis

A total of 384 participants completed the survey, representing a 100% response rate.

Table 1: Socio-demographic Characteristics of Respondents (N=384)

Variable	Category	Frequency	Percentage
Gender	Male	166	43.2
	Female	218	56.8
Age Group	20-30 years	89	23.2
	31-40 years	142	37.0
	41-50 years	108	28.1
	51-60 years	45	11.7
Educational Level	Primary	42	10.9
	Secondary	154	40.1
	Tertiary	142	37.0
	Postgraduate	46	12.0
Monthly Income	< ₦50,000	124	32.3
	₦50,000-₦100,000	174	45.3
	₦100,000-₦150,000	62	16.1
	> ₦150,000	24	6.3
Years of Service	1-5 years	156	40.6

6-10 years	98	25.5
11-15 years	76	19.8
> 15 years	54	14.1

The majority of respondents were female (n=218, 56.8%), with ages ranging from 24 to 58 years (mean age = 41.2 ± 8.7 years). Most participants held secondary education qualifications (n=154, 40.1%), followed by tertiary education (n=142, 37.0%). The monthly income distribution showed that 45.3% earned between ₦50,000-₦100,000, while 32.3% earned less than ₦50,000 monthly.

Table 2: Health Information Sources and Access Patterns (N=384)

Information Source	Frequency of Use	Percentage	Reliability Rating (1-5)
Social Media	262	68.2	2.3 ± 0.8
Television	210	54.7	3.1 ± 0.9
Radio	181	47.1	3.2 ± 0.7
Internet Search	156	40.6	2.8 ± 0.9
Healthcare Providers	122	31.8	4.2 ± 0.6
Friends/Family	198	51.6	2.1 ± 0.8
Newspapers/Magazines	89	23.2	2.9 ± 0.8
Health Apps	67	17.4	3.4 ± 0.9
Wearable Devices	34	8.9	3.8 ± 0.7

Decision-Making Patterns revealed concerning trends:

- Make decisions without consultation: 78.9%
- Consult healthcare providers: 31.8%
- Seek family advice: 51.6%
- Use online resources: 40.6%
- Follow social media recommendations: 68.2%

The analysis revealed significant disparities in health information access among participants. Social media platforms emerged as the primary source of health information for 68.2% of respondents, followed by television (54.7%) and friends/family (51.6%). Healthcare providers were consulted by only 31.8% of participants for health information, while 78.9% reported making healthcare decisions without professional consultation.

Table 3: Digital Health Literacy Levels and Associated Factors (N=384)

Digital Health Literacy Level	Frequency	Percentage	Associated Factors
Inadequate (Score: 1-2)	174	45.3	Primary education (83.3%), Age > 45 years (72.4%)
Marginal (Score: 3-4)	77	20.1	Secondary education (54.2%), Limited

			internet access
Adequate (Score: 5-6)	133	34.6	Tertiary education (68.3%), Age < 35 years (61.8%)

Digital Health Literacy Components showed significant gaps:

- Ability to find health information online: 45.8%
- Skill in evaluating health website credibility: 23.7%
- Understanding of digital health tools: 31.2%
- Ability to use health apps effectively: 28.4%
- Knowledge of privacy settings: 19.5%
- Competence in interpreting digital health data: 22.1%

The digital health literacy assessment revealed concerning gaps in participants' ability to effectively access, evaluate, and utilize digital health information. Only 34.6% of participants demonstrated adequate digital health literacy levels, with significant variations across age groups and educational levels.

Correlation Analysis revealed significant relationships:

- Age and digital health literacy: $r = -0.42$, $p < 0.001$
- Educational level and digital health literacy: $r = 0.58$, $p < 0.001$
- Income level and digital health literacy: $r = 0.34$, $p < 0.001$

Table 4: Barriers to Health Information Access (N=384)

Barrier Category	Specific Barrier	Frequency	Percentage	Severity Rating (1-5)
Infrastructure	Poor internet connectivity	343	89.3	4.2 ± 0.7
	Limited access to devices	267	69.5	3.8 ± 0.9
	Unstable power supply	298	77.6	4.0 ± 0.8
Economic	High cost of internet	311	81.0	4.1 ± 0.8
	Expensive health apps	189	49.2	3.5 ± 0.9
	Cost of healthcare services	287	74.7	4.3 ± 0.6
Educational	Limited health literacy	234	60.9	3.7 ± 0.8
	Language barriers	156	40.6	3.2 ± 0.9
	Lack of digital skills	201	52.3	3.6 ± 0.8
Healthcare System	Limited provider communication	295	76.8	4.0 ± 0.7
	Inadequate health education	323	84.1	4.2 ± 0.6
	Long waiting times	268	69.8	3.9 ± 0.8

The study identified multiple barriers that impede effective health information access among participants. Infrastructure-related barriers were the most prominent, with 89.3% of respondents reporting inadequate digital infrastructure as a major obstacle.

Table 5: High Blood Pressure Knowledge, Management Practices and Health Information Seeking Behavior (N=384)

Knowledge/Practice Area	Correct Response	Percentage
Basic Knowledge		
Normal BP range identification	148	38.5
Risk factors recognition	164	42.7
Symptoms awareness	127	33.1
Complications understanding	98	25.5
Management Practices		
Regular BP monitoring	89	23.2
Medication adherence	156	40.6
Lifestyle modifications	178	46.4
Regular healthcare visits	67	17.4
Information-Seeking Behavior		
Seek professional advice	122	31.8
Use reliable sources	134	34.9
Verify information	78	20.3
Share with healthcare provider	91	23.7

The assessment of high blood pressure knowledge revealed significant gaps in understanding among participants. Only 42.7% demonstrated adequate knowledge of hypertension risk factors, while 38.5% correctly identified normal blood pressure ranges.

Management Challenges identified include:

- Inconsistent medication availability: 73.4%
- Financial constraints: 68.2%
- Time constraints: 81.5%
- Lack of symptoms awareness: 66.9%
- Inadequate follow-up: 82.6%

9. Discussion of Findings

The results of this study reveal significant challenges faced by non-teaching staff at the University of Delta, Agbor, in accessing health information and making informed decisions. The finding that 68.2% of participants primarily rely on social media for health information, despite its low reliability rating (2.3 ± 0.8), represents a concerning trend that aligns with global patterns of health information seeking behavior in the digital age (Ezeaka, 2024).

Health Information Access Disparities

The study's findings indicate that 72.4% of participants had limited access to reliable health information, which corresponds with broader challenges faced by populations in developing countries regarding healthcare quality and accessibility (Ezeaka et al., 2025). The low utilization of healthcare providers as information sources (31.8%) suggests significant gaps in provider-patient communication, which has been identified as crucial for effective disease management (Jiménez-Picón et al., 2021).

The digital divide is evident in the finding that only 34.6% of the study population demonstrated adequate digital health literacy levels. This finding is particularly concerning given the increasing integration of digital health technologies into healthcare delivery systems (Chen et al., 2022; Ahmed et al., 2023). The strong negative correlation between age and digital health literacy ($r = -0.42$, $p < 0.001$) suggests the need for age-specific interventions to improve digital health competencies among older workers.

Barriers to Effective Health Information Utilization

Infrastructure-related barriers emerged as the most significant obstacle (89.3%), consistent with previous research on barriers to wearable health technology adoption in Sub-Saharan Africa (Chukwu et al., 2023). The high cost of internet access (81.0%) and limited device availability (69.5%) reflect broader socioeconomic challenges that hinder digital health adoption in developing countries.

The finding that 84.1% of participants reported inadequate health education programs at their institution highlights the need for comprehensive workplace health promotion initiatives. This gap in health education is particularly significant given the high levels of stress documented in university work environments and their impact on cardiovascular health outcomes (Yaseen et al., 2025).

Decision-Making Patterns and Health Outcomes

The finding that 78.9% of participants make healthcare decisions without professional consultation is particularly concerning in the context of chronic disease management such as hypertension. This decision-making pattern may be influenced by the high reliance on unreliable information sources, such as social media platforms, and limited access to healthcare providers.

The low level of knowledge regarding hypertension management practices, with only 42.7% correctly identifying risk factors and 38.5% recognizing normal blood pressure ranges, suggests significant health literacy gaps that could substantially impact health outcomes. These

findings align with global patterns in hypertension awareness and management, particularly in resource-limited settings (Johns Hopkins Medicine, 2023).

Digital Health Intervention Opportunities

Despite low adoption rates, the high reliability ratings for wearable devices (3.8 ± 0.7) and health apps (3.4 ± 0.9) among participants who use them suggest significant potential for targeted interventions to increase engagement with digital health tools. The findings support the need for digital health solutions that are affordable, culturally appropriate, and address the specific barriers faced by this population (Eze et al., 2023).

The positive correlation between educational level and digital health literacy ($r = 0.58$, $p < 0.001$) suggests that educational interventions may be effective in improving digital health competencies. However, interventions must be tailored to address the diverse educational backgrounds of the study population, with particular attention to those with lower educational attainment.

Workplace Health Promotion Opportunities

The university setting provides unique opportunities for implementing comprehensive health promotion programs that address the identified gaps in health information access and decision-making. Given the high prevalence of work stress among university staff (Yaseen et al., 2025) and its association with cardiovascular health outcomes, mindfulness-based interventions may be particularly beneficial for this population.

The findings suggest that workplace-based health information systems could significantly improve health outcomes by addressing barriers to health education and healthcare provider communication. Such systems could leverage existing institutional infrastructure while addressing the specific needs of non-teaching staff members.

The challenges identified in this study reflect broader global trends in digital health adoption and health information access, particularly in developing countries. The barriers to digital health technology adoption identified in this Nigerian population are consistent with findings from other developing nations, including Korea (Kim et al., 2021) and Jordan (Al-Dmour et al., 2020), suggesting the need for context-specific solutions.

The study's findings contribute to the growing body of evidence supporting the potential of digital health technologies and artificial intelligence to improve health outcomes in developing countries (Küfeoğlu, 2022; Küfeoğlu, 2023). However, the findings also demonstrate that fundamental infrastructure and literacy challenges must be addressed before sophisticated digital health interventions can be successfully implemented.

10. Conclusion

From the findings, it is concluded that widespread reliance on unreliable information sources and low engagement with healthcare professionals creates significant challenges for effective chronic disease management, particularly for conditions like hypertension that require ongoing monitoring and lifestyle modifications. The study's findings demonstrate the urgent need for comprehensive interventions that address both infrastructure and human capacity challenges.

In addition, the identification of the digital divide and its impact on health information access underscores the need for multi-faceted approaches that combine digital and traditional health information delivery methods. They also underscore the critical importance of addressing systemic barriers to health information access while simultaneously building individual capacity for effective health information utilization. The strong correlations between socioeconomic factors and health information behaviors suggest that interventions targeting only individual-level factors may be insufficient without addressing broader structural challenges.

Furthermore, the low levels of hypertension knowledge and suboptimal management practices identified in this study underscore the urgent need for targeted health education interventions.

11. Recommendations

The study proposes 14 comprehensive recommendations organized into five key categories to address health information access challenges among non-teaching staff at University of Delta, Agbor.

1. Institutional recommendations focus on establishing dedicated health information centres with qualified educators and reliable digital infrastructure. Universities should invest in campus-wide internet connectivity, computer labs, and subsidized device access while implementing comprehensive workplace health promotion programs including screening services and stress management training.
2. Educational and training initiatives emphasize developing age-appropriate digital health literacy programs covering basic computer skills, information evaluation techniques, and practical training on health apps. Health education programmes should address hypertension awareness, lifestyle promotion, and medication adherence, integrated into staff professional development requirements. Healthcare system integration involves establishing formal partnerships with local healthcare providers for on-campus

consultations and telemedicine services. Universities should implement comprehensive health information management systems including electronic health records and credible resource portals.

3. Policy and advocacy measures require developing institutional health information policies with clear standards, privacy protection, and adequate resource allocation. Institutions should engage in community health advocacy and collaborate with government agencies on policy development.
4. Technology and innovation recommendations include developing culturally appropriate health apps, offline-capable systems, and multilingual resources. Ongoing research and evaluation should monitor intervention effectiveness and adapt strategies accordingly.
5. Financial sustainability requires developing funding mechanisms through budget allocations, grant applications, and partnerships with health organizations, NGOs, and private sector companies to ensure long-term program viability and resource sharing.

References

Ahmed, S., Hassan, T., & Malik, K. (2023). Exploring the effectiveness of wearable health devices for cardiovascular risk management in developing nations. *Journal of Health Innovations*, 12(4), 345–359.

Al-Dmour, H., Obeidat, Z., & Al-Dmour, R. (2020). The adoption of mobile health applications for stroke management in Jordan. *Middle Eastern Journal of Digital Health*, 5(2), 102–116.

Chen, L., Zhao, X., & Wang, Y. (2022). Predicting atrial fibrillation with AI-powered smartwatches: A systematic review. *Journal of Cardiovascular Computing*, 8(3), 217–230.

Chukwu, M., Okafor, C., & Uzor, P. (2023). Barriers to the adoption of wearable health technologies in Sub-Saharan Africa. *African Journal of Public Health*, 15(6), 425–440.

Das, R., Kumar, A., & Singh, P. (2021). Neuromodulation devices for stroke rehabilitation: Awareness and applications among the elderly in the UK. *Journal of Geriatric Medicine*, 9(1), 45–57.

Eze, U., Nnaji, E., & Obi, A. (2023). Digital health literacy and adoption of wearable health gadgets among older adults in Nigeria. *Nigerian Journal of Health Education*, 10(3), 198–210.

Ezeaka, N. B. (2024). Artificial Intelligence (AI) and health communication policy in Nigeria: Challenges and prospects. *Journal of Advanced Research and Multidisciplinary Studies*, 4(4), 141–149.

Ezeaka, N. B., Ochuba, C. C., & Bartholomew, C. E. (2025). Addressing healthcare inequalities in Nigeria: A communication perspective on advocacy and policy implications. *Journal of Advanced Research and Multidisciplinary Studies*, 4(4), 1–11.

Hordacre, B., Boddy, J., & Reynolds, E. (2021). Internet of Things (IoT) in stroke management: A global perspective. *Journal of Digital Health*, 7(2), 99–115.

Jiménez-Picón, N., Romero-Martín, M., Ponce-Blandón, J. A., Ramirez-Baena, L., Palomo-Lara, J. C., & Gómez-Salgado, J. (2021). The relationship between mindfulness and emotional intelligence as a protective factor for healthcare professionals: Systematic review. *International Journal of Environmental Research and Public Health*, 18(10), 5491.

Johns Hopkins Medicine. (2023). Stroke prevention strategies and the role of digital health interventions. *Stroke Prevention Insights*, 15(1), 8–14.

Jones, D., Smith, R., & Thompson, L. (2023). The impact of AI-integrated ECG monitors on cardiovascular health management. *American Journal of Cardiology*, 21(7), 765–781.

Kim, J., Park, S., & Lee, D. (2021). Factors influencing the adoption of mHealth applications for stroke prevention among Korean older adults. *Korean Journal of Medical Informatics*, 12(4), 231–245.

Küfeoğlu, S. (2022). The transformative role of AI-powered gadgets in healthcare paradigms for elder care. *Global Journal of Health Technology*, 18(3), 345–360.

Küfeoğlu, S. (2023). Bridging the generational gap in adopting health technology: Lessons from wearable AI gadgets. *International Journal of Health Systems*, 19(1), 89–102.

Pattnaik, L. (2020, August 23). Mindfulness, remote engagement, and employee morale: Conceptual analysis to address the "new normal". Emerald Publishing Limited, 18.

Root, R. L. (2022, January 31). Curses and cataracts: How religious and spiritual beliefs are a barrier to eye care. *Devex*. https://www.devex.com/news/curses-and-cataracts-how-religious-and-spiritual-beliefs-are-a-barrier-to-eye-care-97894

World Health Organization. (2023). *Global report on hypertension: The race against a silent killer*. Geneva: World Health Organization.

Yaseen, A., Ahmad, R. Z., Adnan, H., & Saleem, D. F. (2025). Mindfulness and cognitive flexibility as predictors of mental well-being among university teaching and non-teaching faculty: A mediating role of job stress. *International Research Journal of Social Sciences and Humanities*, 4(1), 19–3.