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Organizational behavior in the healthcare environment: A study of psychiatric services

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ARTICLE INFO	ABSTRACT
	Climate change has significantly impacted various sectors, including public health, and information has become an essential aspect of daily life. This research study aims to explore the informational and organizational behavior of employees in the healthcare sector, focusing on their perception of information literacy in a constantly changing environment. The study was conducted within the department of psychiatrics at the General Hospital of Katerini focusing on its workforce. The results showed that employees demonstrated a strong sense of duty and pleasure in their work and exhibited commendable information literacy. Primary sources of information used by employees included the internet, media outlets, colleagues' insights, printed materials, and online search engines. Job satisfaction and information literacy are notably high, with individuals over 36 showing stronger commitment to their roles. Education plays a significant role, with secondary education graduates valuing the resources available in the work environment in enhancing employee engagement and performance. **Keywords:** public health, healthcare sector, job satisfaction, climate change, hospital organizational, organizational behavior, self-perceived performance

INTRODUCTION

Understanding how individuals seek and process information is critical in today's rapidly evolving healthcare landscape, organizational culture brings to the behavior of individuals [1]. Organizational behavior and culture play a fundamental role in shaping workplace dynamics, influencing not only professional interactions but also the ability of employees to navigate and adapt to changing environments [2, 3]. This study explores the relationship between organizational culture, information literacy, and workplace behavior within psychiatric healthcare services. In healthcare settings, particularly in psychiatric institutions, employees must continuously engage with new medical knowledge, information literacy and its relationship with the health sector was considered very important [4, 5]. Policies and technological advancements to provide quality care. Information literacy–the ability to locate, evaluate, and apply relevant information–is an essential skill that influences decision-making and professional effectiveness [6].

While organizational culture provides a framework for workplace values and norms, individual informational behavior determines how professionals seek, interpret, and use information in their roles [7]. Organizational culture is a pervasive topic among policymakers, business consultants and researchers in academia [8].

In an effort to distinguish members of one group from another, organizational culture gives identity to organizations, groups and individuals [9, 10]. It is worth noting that there is no specific definition, which defines the concept of organizational culture [11], for this reason there are several ways to approach the concept through examples such as that organizational culture is a way of thinking that helps introduce a new member to a group from another member, on the basis of cognitive thinking [11]. In addition, the researchers global [12-16], noted that organizational culture refers to a guiding towards success, which is based on different values and rules, making it more effective [17]. Despite their interconnectedness, the relationship between information literacy and informational behavior remains underexplored in healthcare research.

Key research areas include:

1. The impact of organizational culture on healthcare workers' information-seeking behaviors [13, 14].

2. Barriers that prevent healthcare professionals from effectively accessing and utilizing information [15].

3. The role of education and self-perceived confidence in shaping information literacy in psychiatric healthcare settings [16].

4. The connection between job satisfaction and access to accurate and reliable health information [17, 18].

Prior studies suggest that higher levels of information literacy are associated with improved job performance and decision-making [19, 20]. However, healthcare workers often face barriers such as time constraints, lack of resources, and information overload, which may hinder their ability to seek and apply information effectively [21, 22]. Additionally, self-confidence plays a crucial role–individuals who perceive themselves as less competent in information retrieval may hesitate to engage with new knowledge, ultimately affecting their professional growth [19, 23]. Given the increasing reliance on digital health resources, online medical databases, and artificial intelligence (AI) in healthcare decision-making, understanding how professionals interact with these tools is essential [24, 25]. By examining informational behavior, literacy levels, and organizational influences within psychiatric healthcare services, this study seeks to provide insights that can enhance professional training, policy development, and overall workplace efficiency in the health sector [26].

This study focuses on psychiatric healthcare professionals at the General Hospital of Katerini (GHK), examining how their access to information, perceived barriers, and organizational culture influence their professional behavior and job satisfaction. By analyzing the sources of information used, challenges in information-seeking, and the role of education and self-confidence in shaping information literacy, this research aims to fill an important gap in literature.

METHODOLOGY

Study Design and Objectives

This study aims to bridge the gap in existing literature by examining the relationship between informational and organizational behavior among healthcare workers. To achieve this, we designed a structured questionnaire as the primary tool for data collection. The questionnaire was developed based on insights from prior research and tailored to meet the specific objectives of this study. Before full-scale distribution, the questionnaire underwent a pilot test with a small group of participants to ensure clarity and relevance. This step allowed identifying and addressing any ambiguities or misunderstandings in questions. Once validated, the finalized questionnaire was distributed to healthcare professionals working in the psychiatric sector structures of the GHK.

Ethical Approval and Participant Consent

The school of social science of Hellenic Open University, administration department issued an official letter, which the first author and researcher submitted to granted ethical clearance for the study, and the approved data collection through a formal permission letter. Ethical approval for the study and research proposal approval from Full Review Committee and was secured from the Board of Ethical Review at the Hellenic Open University. Additionally the study received also ethical approval from the Scientific Board of the Ministry of Health of the 3rd Health Sanitarian Region (approval no. 22729/17-12-2018 and protocol no. Δ3β/49894/27-12-2018). Participation was entirely voluntary, and all respondents provided informed consent before data collection with explicit assurances that they could withdraw from the study at any time. To protect participants' privacy and confidentiality, responses were anonymized, and individuals had the option to withdraw at any time without consequences.

Study Population and Data Collection

The research was conducted in December 2018, targeting healthcare professionals employed in the psychiatric sector structures at GHK. The study aimed to collect data from 140 participants, with a planned margin of ±20 respondents. Ultimately, 126 complete questionnaires were received.

Eligibility criteria include:

1. Employment in the psychiatric sector of the hospital.
2. Age 18 and above.
3. Proficiency in Greek, ensuring respondents could fully comprehend the questionnaire.

Questionnaire development and structure

The questionnaire was carefully designed based on a literature review and the specific needs of this study. It consisted of six major sections, each focusing on different aspects of informational behavior, organizational behavior, and workplace dynamics.

1. Section A. Socio-demographic and professional background
   - Gender, age, education level, years of experience, employment history.
   - The Internet usage for health-related decision-making.
   - Perceived importance of access to digital health resources.
2. Section B. Workplace motivation and organizational interest
   - Factors influencing professional motivation.
   - Organizational culture and its impact on employee engagement.
3. Section C. Information-seeking behavior
   - Frequency of internet use for professional inquiries.
   - Preferred sources of health information (e.g., online databases, colleagues, printed materials) .
   - Barriers to accessing reliable medical information.
4. Section D. Information literacy assessment
   - Participants' ability to search, evaluate, and apply health-related information.
   - Self-reported confidence in handling digital medical resources.
5. Section E. Altruistic behavior
   - The extent to which employees share knowledge and assist colleagues.
   - Workplace dynamics related to collaborative information exchange.
6. Section F. Self-perceived performance
   - Employees' self-assessment of job performance.
   - The impact of access to information on professional efficiency.

Reliability testing and statistical analysis

The questionnaire underwent statistical reliability testing using Cronbach's alpha, ensuring internal consistency.
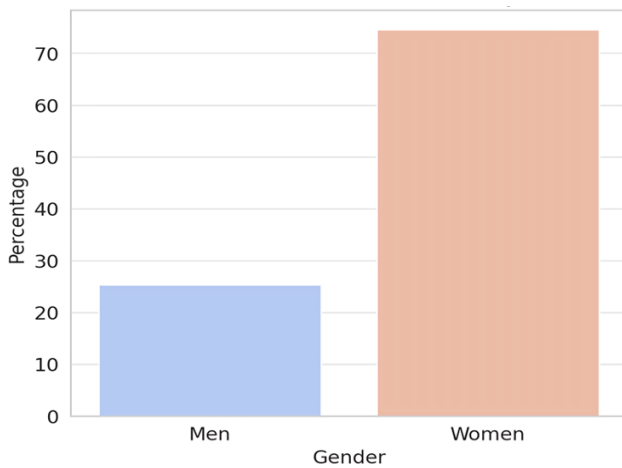
Figure 1. Gender distribution of participants (Source: Authors' own elaboration, using IBM SPSS v.26)
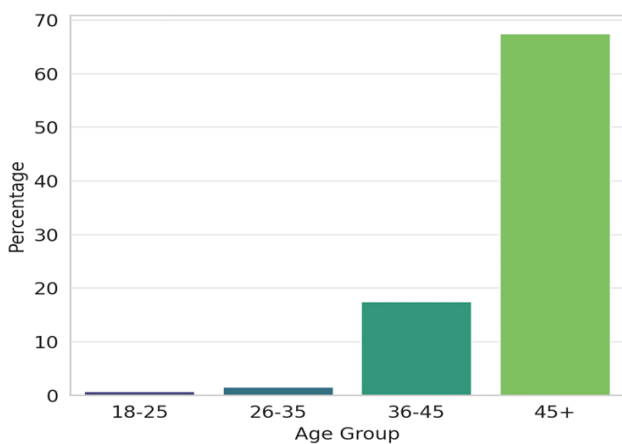

Figure 2. Age distribution of participants (Source: Authors' own elaboration, using IBM SPSS v.26)

1. Overall reliability score: 0.917 (high reliability).
2. Subsection reliability scores ranged between 0.890 and 0.933, confirming strong reliability.
3. Two sections (altruism and self-perceived performance) had acceptable reliability values of 0.619 and 0.674, respectively.

For data analysis, we used IBM SPSS statistics v.23, employing descriptive statistics, correlation analysis, and inferential testing to assess the relationships between informational behavior, organizational culture, and employee performance.

RESULTS

Participant Demographics

The study included 126 participants, with 32 men (25.4%) and 94 women (74.6%) (**Figure 1**).

The majority of respondents (67.5%) were over 45 years old, followed by 17.5% in the 36-45 age group, while only a small percentage (1.6%) were between 26-35 years old, and 0.8% were aged 18-25 years (**Figure 2**). Regarding educational background, most participants (38.1%) held a secondary education degree (gymnasium or lyceum), while 32.5% had completed a technological educational institute degree. Also,
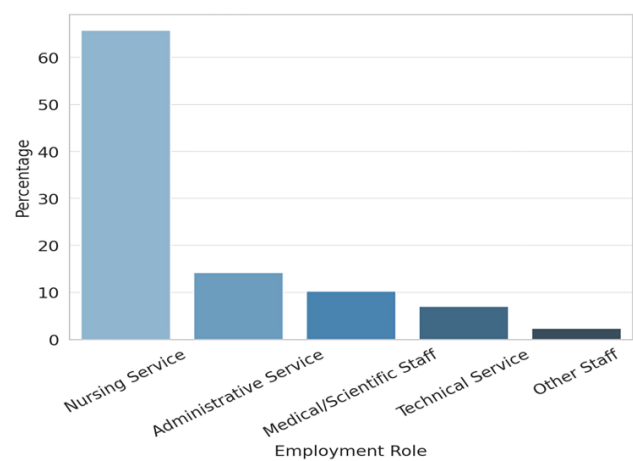

Figure 3. Employment role distribution (Source: Authors' own elaboration, using IBM SPSS v.26)

15.9% held a university degree, 4% had a master's degree, and 7.9% reported an alternative educational background.

Work experience and job tenure

Most participants had substantial work experience:
1. 81.7% had more than 15 years of professional experience.
2. 8.7% had worked for 11-15 years.
3. 5.6% had 6-10 years of experience.
4. A small number (1.6%) had 1-5 years of experience,
5. 2.4% reported having no work experience at all.

Regarding their tenure at their current workplace:
1. 69.8% had worked at the same institution for over 15 years.
2. 12.7% had 6-10 years of experience at the institution.
3. 7.1% had 1-5 years of experience.
4. 1.6% had 11-15 years in their current role.
5. 7.9% had no prior experience at this institution.

When considering their specific job positions:
1. 35.7% had worked in their current role for over 15 years.
2. 23.8% had 1-5 years of experience.
3. 21.4% had 6-10 years of experience.
4. 8.7% had 11-15 years of experience.
5. 9.5% had no prior experience in their current position.

Employment roles

Among the participants:
1. 65.9% worked in nursing services.
2. 14.3% were in administrative roles.
3. 10.3% were medical or scientific staff.
4. 7.1% worked in technical services.
5. 2.4% were categorized as "other staff" (**Figure 3**).

The Internet use and information-seeking behavior

Participants were asked about their use of the Internet for professional decision-making, particularly in the healthcare sector (**Figure 4**).
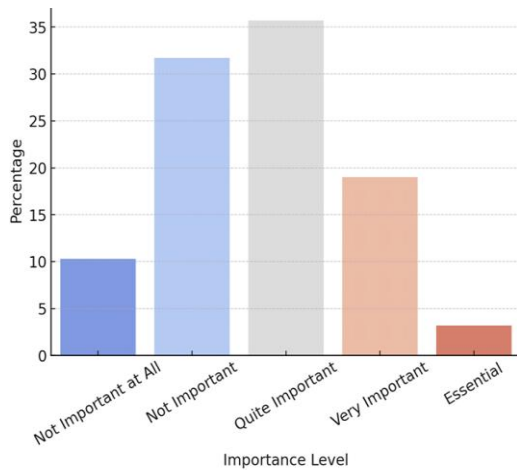
Figure 4. Importance of the Internet in decision-making (Source: Authors' own elaboration, using IBM SPSS v.26)
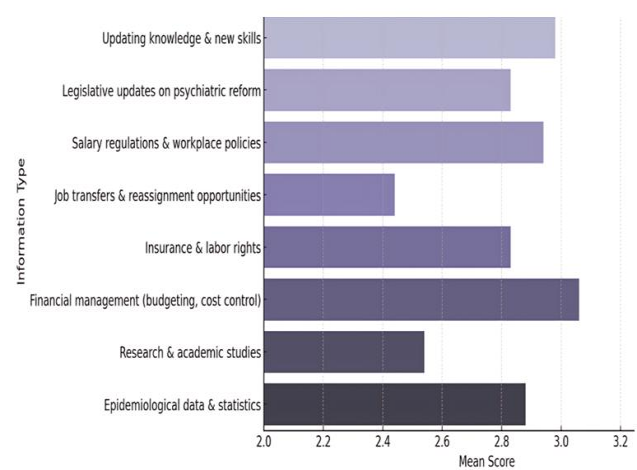

Figure 5. Frequency of the Internet use for workplace information (Source: Authors' own elaboration, using IBM SPSS v.26)

Table 1. Descriptive analysis of sources and needs

	Frequencies (valid percentage): n (%)					VN	MD	M	SD
	AA	L	E	V	T				
Updating knowledge–New skills	9 (7.1)	23 (18.3)	55 (43.7)	22 (17.5)	17 (13.5)	126	3	2.98	1.258
Public administration psychiatric reform (legislation, circulars, opinions, etc.)	6 (4.8)	32 (25.4)	48 (38.1)	22 (17.5)	18 (14.3)	126	3	2.83	1.146
Staff regulations (salary matters, changes in service, register, etc.)	8 (6.3)	38 (30.2)	43 (34.1)	27 (21.4)	10 (7.9)	126	3	2.94	1.045
Reassignment-opportunities (transfers, secondments, new positions, etc.)	31 (24.6)	43 (34.1)	26 (20.6)	17 (13.5)	9 (7.1)	126	2	2.44	1.204
Insurance-labor	16 (12.7)	39 (31.0)	30 (23.8)	33 (26.2)	8 (6.3)	126	3	2.83	1.146
Financial management (budget, costing, etc.)	32 (25.4)	31 (24.6)	29 (23.0)	10 (7.9)	1 (0.8)	125	2.5	3.06	5.529
Opportunities for further training (conferences, workshops, postgraduate courses, specializations, etc.)	17 (13.5)	29 (23.0)	39 (31.0)	21 (16.7)	20 (15.9)	126	3	2.98	1.258
Research	28 (22.2)	41 (32.5)	27 (21.4)	21 (16.7)	9 (7.1)	126	2	2.54	1.211
Statistical data (appropriations, funds, morbidity, epidemiology, etc.)	36 (28.6)	37 (29.4)	28 (22.2)	19 (15.1)	5 (4.0)	126	3	2.88	1.211
Organizational issues in the psychiatric sector (organizational chart, regulation of operation, etc.)	15 (11.9)	40 (31.7)	31 (24.6)	25 (19.8)	15 (11.9)	125	3	2.88	1.211
Diagnosing people with mental illness	14 (11.1)	22 (17.5)	33 (26.2)	39 (31.0)	18 (14.3)	126	3	3.20	1.213
Treatment of people with mental illness	10 (7.9)	28 (22.2)	27 (21.4)	34 (27.0)	27 (21.4)	126	3	3.32	1.256
Medication information	22 (17.5)	22 (17.5)	36 (28.6)	31 (24.6)	14 (11.1)	125	3	3.02	1.256
Epidemiology	24 (19.0)	27 (21.4)	41 (32.5)	22 (17.5)	12 (9.5)	126	3	2.73	1.311
Educational material for patients/instructions/protocols	23 (18.3)	30 (23.8)	37 (29.4)	24 (19.0)	12 (9.5)	126	3	2.78	1.226
Teaching work/training of colleagues	27 (21.4)	33 (26.2)	34 (27.0)	20 (15.9)	12 (9.5)	126	3	2.66	1.247
Rules of conduct	13 (10.3)	32 (25.4)	24 (19.0)	40 (31.7)	17 (13.5)	126	3	3.13	1.233
Clinical issues	19 (15.1)	28 (22.2)	36 (28.6)	31 (24.6)	12 (9.5)	126	3	2.91	1.207
Administrative matters	28 (22.2)	32 (25.4)	25 (19.8)	28 (22.2)	13 (10.3)	126	3	2.73	1.311

Note. AA: At all; L: Little; E: Enough; V: Very; T: Too; VN: Valid N; MD: Median; M: Mean; & SD: Standard deviation

Results indicated that

1. 35.7% found the internet quite important for making health-related decisions.
2. 31.7% considered it not important.
3. 19% rated it as very important.
4. 3.2% said it was essential.
5. 10.3% felt the internet was not important at all.

When asked about the importance of online access to health-related resources (**Figure 5**):

1. 31.7% found it quite important.
2. 27% viewed it as highly important.
3. 15.1% considered it very important.
4. 23.8% regarded it as of little importance.
5. 2.4% found it not important at all.

The Internet usage for work-related information

Participants reported varying levels of internet use for accessing workplace-related information.

Table 1 summarizes the most commonly searched topics and their reported frequency of use. Observations from **Table 1** suggest that updating professional knowledge and legislative changes were frequently researched. Job transfers, financial management, and epidemiology-related searches had lower engagement levels. Interest in salary regulations and labor rights was moderately high.

Self-Perceived Performance & Motivation

Participants also assessed their **own job performance** based on **self-reported measures** (**Figure 6**).
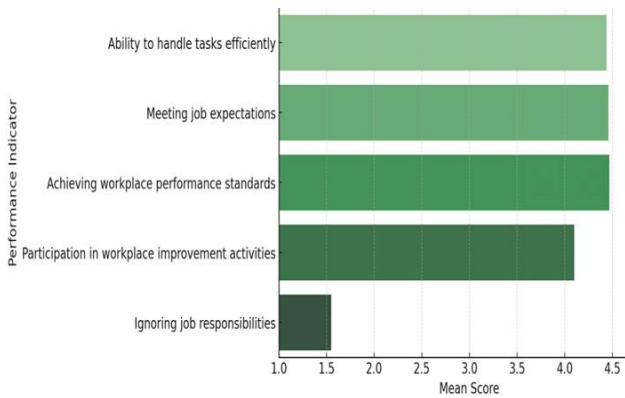
Figure 6. Self-perceived job performance ratings (Source: Authors' own elaboration, using IBM SPSS v.26)

Table 2 shows key findings. Observations from **Table 2** show:

1. Most participants (over 80%) consistently met job expectations.
2. A high proportion (42.9%) actively participated in improving workplace operations.
3. Only a small percentage (1.6%) reported struggling with their responsibilities.

To search for the statistically significant variations and correlations between the variables examined in the context of the present research, it was considered useful to perform a regularity or non-regularity test of the distribution of the variables studied. For this purpose, the regularity tests of Kolmogorov-Smirnov and Shapiro-Wilk were used, for each variable of the individual modules of the research tool used in the context of this study. The regularity tests satisfy the assumptions of the parametric statistical tests, while it is useful to note that the assumptions are formulated as follows.

H1. The sample is distributed normally.

H2. The sample is not distributed normally.

It is useful to note that the null hypothesis is rejected when the control value is higher than the critical value, at a level of statistical significance equal to $\alpha = 5\%$. According to the results of the present study, the Kolmogorov-Smirnov and Shapiro-Wilk regularity tests led to the rejection of the null hypothesis. For this reason, non-parametric tests were performed during the statistical analysis in the present study. The goal of factor analysis is to search for common factors among a group of variables. In this way, it is achieved to reduce the dimension of the problem, to interpret the correlation that is likely to exist in the data, to create new variables that may explain some measurable concepts and finally to create a set of factors whose variables are not correlated with each other. The most appropriate method for estimating factors is that of principal component analysis, which is widely used and essentially seeks the linear combination of variables, in order to explain from the factors the greatest possible variability of the variables.

Table 3 presents the estimates for the value of Kaiser-Meyer-Olkin (KMO) and Bartlett's test of sphericity. According to the values presented, it becomes clear that variables can be used in factor analysis as long as the value of KMO > 0.6 and the value of Bartlett's test of sphericity < 0.05.

Table 4 presents the communalities, with the percentage of variability of each variable, which is explained by the number of factors used. When using the principal component analysis method, the first column is assigned to a value of 1.

It is observed that the adjusted model interprets only 44.7% for the variable "many times I feel that I want to work in my free time", 47.1% for the variable "when I work on something, I do it for myself" and just 25% for the variable "the hospital where I work is interested in my opinions". Suggests that the model that has been adapted is not particularly good. The initial Eigenvalues column shows the eigenvalues and the percentage of variance that each eigenvalue can interpret. The column extraction sums of squared loadings gives the percentage of variance that each factor can explain if the Kaiser criterion is used to determine the factors.

Figure 7 shows the scree plot "internal motivation and organizational interest".

Final Thoughts

The results highlight strong information-seeking behaviors among psychiatric healthcare workers, with a clear preference for digital resources related to professional development and workplace regulations. Additionally, self-reported job performance and engagement levels were high, indicating a well-adapted workforce.

Table 2. Descriptive analysis of self-perceived performance

|	Frequencies (valid percentage): n (%)					VN	MD	M	SD
	AA	L	E	V	T				
I am coping adequately with the tasks assigned.	2 (1.6)	1 (0.8)	16 (12.7)	49 (38.9)	58 (46.0)	126	1	1.50	1.063
I fulfill the obligations provided by my job description.		1 (0.8)	13 (10.3)	41 (32.5)	71 (56.3)	126	5	4.44	0.711
I perform the activities expected of me.			13 (10.3)	42 (33.3)	71 (56.3)	126	5	4.46	0.677
I meet the typical performance requirements of my work.			10 (7.9)	47 (37.3)	69 (54.8)	126	5	4.47	0.641
I participate in activities that directly affect my performance evaluation.	3 (2.4)	3 (2.4)	27 (21.4)	39 (31.0)	54 (42.9)	126	4	4.10	0.975
I ignore parts of the job I am.	90 (71.4)	20 (15.8)	4 (3.1)	7 (5.5)	5 (3.9)	126	1	1.55	1.063

Note. AA: At all; L: Little; E: Enough; V: Very; T: Too; VN: Valid N; MD: Median; M: Mean; & SD: Standard deviation

Table 3. KMO & Bartlett's test of sphericity on "internal motivation and organizational interest"

KMO and Bartlett's test of sphericity		
KMO measure of sampling adequacy		0.853
Bartlett's test of sphericity	Approximate Chi-square	1,042.618
	df	78
	Mr.	0.000

Table 4. Communalities on "internal motivation and organizational interest"

Communalities	Initial	Extraction
My work gives me beautiful feelings.	1.000	0.700
I do my job with great pleasure.	1.000	0.554
I feel happy during my work.	1.000	0.732
I am cheerful when I work.	1.000	0.713
Many times I feel that I want to work in my free time.	1.000	0.447
I work because I enjoy it.	1.000	0.530
When I work on something, I do it for myself.	1.000	0.471
I am motivated by the work itself, not by its remuneration.	1.000	0.807
The hospital where I work is interested in my views.	1.000	0.250
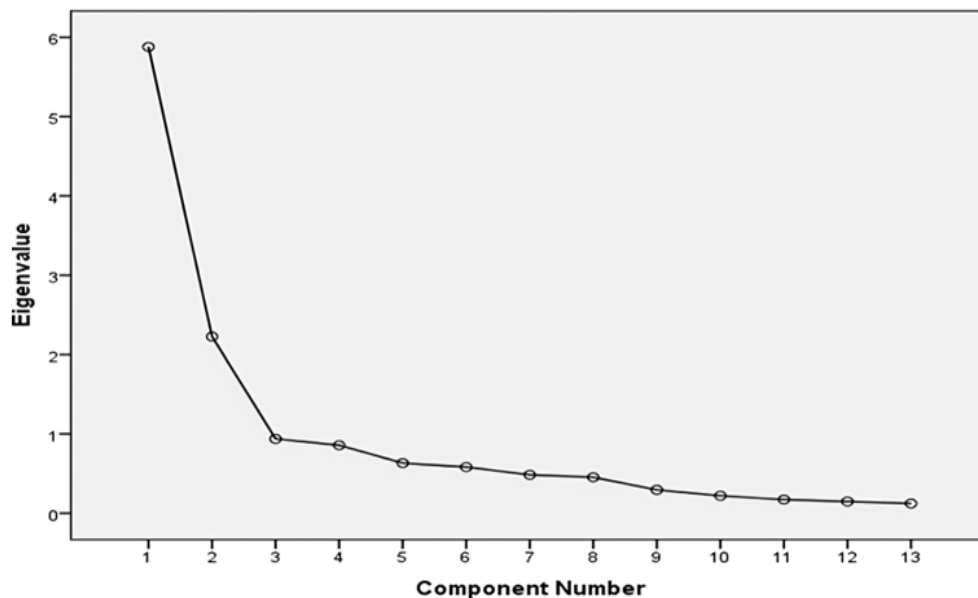
Figure 7. Scree plot "internal motivation and organizational interest" (Source: Authors' own elaboration, using IBM SPSS v.26)

DISCUSSION

The findings of this study provide valuable insights into the organizational and informational behavior of healthcare professionals working at the GHK. The results indicate that the majority of participants reported high levels of job satisfaction, largely due to the sense of fulfillment and purpose derived from their roles. Many employees expressed that their work fosters positive emotions, which enhances their engagement and commitment to professional responsibilities. However, financial incentives were identified as a significant motivating factor, as participants noted that a salary reduction would negatively impact on their willingness to remain in their positions. A study on health issues found that a lack of understanding and skills can lead to a lack of interest in the topic [27]. Low-skilled participants doubted the quality of information found online, primarily due to their own doubts [28]. They easily extracted irrelevant information and spent time confirming their initial thoughts, highlighting the importance of developing these skills to effectively address health issues [29]. The study reveals that pay is a strong incentive for employees, as it motivates them to continue working and contributes to their overall well-being [30].

Employees at the GHK have a neutral attitude towards their work, their goals, and the interest of their employment agency. Regarding the use of resources and human resources needs, a significant proportion of survey participants use the internet to update their knowledge [31], learn new skills, and search for information about public administration of psychiatric reform [32]. They also search for information on staff status, possibilities for further development [33], diagnosis of people with mental illness, medication information, epidemiology, educational material for patients, teaching work, and training of colleagues [29, 34-37]. Additionally, workshops and seminars, media, printed materials, colleagues, and online search engines are frequently used as sources of information [30]. Environmental factors, climate change, and the occupational workplace during pandemics have correlated burnout syndrome with job satisfaction [2, 4, 9, 11, 31, 32]. While job satisfaction was generally high, there was neutrality regarding intrinsic motivation, with some participants indicating that their work did not inherently inspire them [3]. Furthermore, there was a perceived lack of institutional support, particularly regarding professional development, well-being, and employee engagement [7, 32]. This suggests a potential disconnect between organizational leadership and workforce engagement strategies, which could impact long-term retention and workplace morale [10, 37].

The study also highlights the use of digital resources and information-seeking behavior in psychiatric healthcare settings. The majority of participants reported frequent reliance on the internet for professional development and decision-making, particularly in relation to policy updates, clinical guidelines, and psychiatric reform legislation. The growing dependence on digital platforms underscores the increasing role of AI, online medical databases, and digital health literacy in modern psychiatric care [5, 32].

However, while the internet was the primary resource, workshops, seminars, printed materials, and consultations with colleagues remained relevant sources of information [10, 38]. This indicates that a hybrid approach to knowledge acquisition–combining digital and traditional methods–is still preferred in psychiatric healthcare.

Health information literacy was also a key focus of the study. The majority of participants demonstrated strong digital literacy skills, with a clear understanding of how to locate, assess, and apply online health information [39]. Evaluating the credibility of online medical sources is particularly crucial in ensuring evidence-based psychiatric practice, reinforcing the need for continuous training in digital literacy to enhance information accuracy and clinical decision-making [5, 40]. The integration of AI-driven healthcare solutions is rapidly transforming psychiatric healthcare workflows. AI-powered clinical decision support systems, predictive analytics, and natural language processing algorithms are being increasingly used to enhance health information retrieval and provide personalized, evidence-based recommendations [41]. Machine learning models can analyze patient records and behavioral patterns, allowing for early detection of mental health deterioration, prediction of relapse risks, and the development of targeted treatment plans. AI-enabled tools are also improving clinical efficiency by automating administrative tasks, reducing physician workload, and supporting mental health screening and diagnostics [24, 32]. The successful adoption of AI in psychiatric care requires a structured framework, with psychiatric professionals receiving proper training and access to reliable AI-assisted decision-making tools. Hospital administrators should work closely with AI developers, policymakers, and legal experts to ensure ethical and regulatory compliance. AI-powered predictive analytics can enhance resource management, optimize patient care, and identify mental health crisis trends. Interdisciplinary collaboration between AI researchers, data scientists, and psychiatric professionals is crucial for maintaining clinical relevance and user-friendliness. Engaging psychiatric staff in the co-development and validation of AI tools can address practical challenges and increase adoption and trust in AI-driven decision-making in psychiatric care.

The study also examined altruistic tendencies among psychiatric healthcare professionals, with findings indicating that a significant number of participants were willing to assist both colleagues and patients beyond their formal job responsibilities. However, when it came to financial assistance, there was hesitation in lending money to colleagues, suggesting that altruism in the workplace is expressed primarily through non-monetary forms of assistance, such as knowledge-sharing, mentoring, and community support. The self-perceived performance of psychiatric employees was largely positive, with most participants reporting that they were able to meet their professional obligations and carry out their expected duties efficiently. The highest levels of engagement were observed among participants aged 36-45 years, particularly in their ability to perform assigned tasks, contribute to workplace initiatives, and evaluate their own professional growth. Participants with higher levels of education also demonstrated greater confidence in assessing online health information and applying it in clinical settings, reinforcing the importance of education and training in improving workforce efficiency and information literacy.

Limitations

This study aimed to investigate the organizational and informational behavior of employees at the GHK, focusing on the psychiatric sector structure. However, initial preparation faced challenges in identifying bibliographic references, addressing insufficient literature on organizational interest in health, altruism and information, and self-perceived performance in health. Participants' ignorance of research importance, delay in obtaining permission from the 3rd Health Region of Macedonia, and corrections to questionnaires were also issues.

CONCLUSIONS

This study investigated the informational and organizational behavior of employees working in the psychiatric sector of the GHK. A structured questionnaire was distributed among adult employees in this department, designed based on established frameworks from international literature. The primary objectives were to examine informational behavior, organizational dynamics, and digital literacy, as well as to understand how employees in different hospital departments seek and utilize information in their professional roles. The study employed an exploratory approach with an explanatory focus, aiming to identify key factors that shape both informational and organizational behavior among healthcare professionals. A quantitative methodology was selected to enhance the understanding of how hospital employees engage with organizational structures and information literacy, particularly regarding the search for health-related information. Findings revealed high levels of job satisfaction, with most respondents expressing that their work provides them with a sense of fulfillment and motivation. Employees reported positive emotions associated with their roles, which in turn enhanced their engagement and productivity. Regarding information literacy, participants identified multiple sources for obtaining professional knowledge, with the internet, printed materials, colleagues, and media being the most frequently utilized. Most participants demonstrated a strong understanding of available online health information resources and exhibited confidence in locating and using necessary medical knowledge. These results suggest that healthcare workers in this setting are well-equipped to access and evaluate digital health information, reinforcing the role of technological literacy in modern healthcare environments. Additionally, the study explored altruistic behaviors among employees, revealing that while participants frequently engaged in acts of kindness and professional support, there was reluctance when it came to lending money to others. This indicates that workplace generosity is primarily expressed through non-monetary means, such as helping, providing information, and supporting colleagues in daily tasks. The self-perceived performance of employees was also evaluated, with findings showing that the majority felt confident in their ability to fulfill assigned tasks and meet job expectations. Educational background emerged as a significant factor influencing workplace perceptions, with secondary and tertiary education graduates reporting varying perspectives on their roles and institutional support. For instance, secondary school graduates placed greater emphasis on the hospital library as a resource, whereas higher education graduates demonstrated greater confidence in evaluating

online health information sources. Overall, this study highlights the interplay between job satisfaction, information literacy, and organizational culture in a psychiatric healthcare setting. The findings underscore the importance of continuous professional development, access to reliable information, and a supportive work environment in enhancing employee engagement and performance. Future research should explore how digital transformation in healthcare further influences organizational behavior and information-seeking practices across different hospital departments.

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Ethical statement: The authors stated that the study was approved by the Scientific Board of the Ministry of Health of the 3rd Health Region with approval number 22729/17-12-2028 and the protocol number Δ3β/49894/27-12-2018. Written informed consents were obtained from the participants.

Declaration of interest: No conflict of interest is declared by the authors.

Data sharing statement: Data supporting the findings and conclusions are available upon request from the corresponding author.

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