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Smart Health Monitoring Devices with Artificial Intelligence-Driven Technologies for Health Promotion among University Faculty Members: A Qualitative Study

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Abstract

University lecturers or professors play a pivotal role in shaping the academic landscape, contributing significantly to research output and academic libraries' repositories. Their health status and behaviours are crucial not only for personal well-being but also for sustaining scholarly productivity. The advent of artificial intelligence technologies in healthcare introduces new avenues for improving health literacy among university academic faculty members. Artificial intelligence embedded in wearable devices, virtual assistants, predictive analytics, and diagnostic tools offers personalised health insights, empowering academic faculty members to make informed decisions about their well-being. This exploratory qualitative study, conducted among university teaching faculty in Ghana, investigated their utilisation of artificial intelligence-driven technologies to promote their health and well-being. Using purposive sampling procedure, semi-structured interviews were conducted with 20 academic faculty members aged 50 or younger with over 5 years of teaching experience who use artificial intelligence-driven technologies for health monitoring. The findings revealed that artificial intelligence-driven technologies have the potential to positively influence academic faculty members' health behaviours, promote proactive steps towards healthier lifestyles, and improve well-being. artificial intelligence-driven technologies provide users with early signals of potential health complications; the information they provide should be confirmed with a medical practitioner. The study further revealed academic faculty members and professors' concerns about privacy, potential health risks, and psychological consequences associated with constant self-monitoring using artificial intelligence-driven technologies. The study concludes that these technologies have the potential to promote health literacy, well-being, and behaviour change among university teaching staff.

Keywords: artificial intelligence, digital health technologies, higher education, lecturer well-being, smart health management.

1. Introduction

University lecturers, research fellows, and professors are major stakeholders in academic institutions, as they contribute significantly to the research output hosted by academic libraries. Although university faculty members play essential and demanding roles in teaching, research, and service, studies consistently show that only a small percentage maintain a normal body mass index, healthy eating, or engage in adequate levels of physical activity. For example, de Barros Rocha et al. (2023) observed that 70.3 % of university professors from a private educational institution in Brazil

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were overweight. In Jordan, Shnaigat et al. (2025) reported that 48.1 % of male and 50.0 % of female professors were overweight.

In addition to lifestyle-related challenges outlined, academic faculty in low-resource settings, such as Ghana, often experience high levels of work-related stress due to excessive workloads and limited institutional support (Lawer et al., 2025). Research indicates that, under these pressures, many faculty members resort to maladaptive coping strategies-approaches that may provide temporary relief but ultimately undermine their well-being. Due to demands of their job, university faculty experience a sedentary lifestyle, high risk for cardiometabolic conditions, and other related complications (Alinaitwe et al., 2024). In response to unhealthy lifestyles and adverse job demands, academic faculty members are now building health literacy (Abor, Tetteh, 2025).

According to the World Health Organization (2024), "health literacy means being able to access, understand, appraise and use information and services in ways that promote and maintain good health and well-being." Thus, health literacy is a determinant of health and an essential factor in health promotion (World Health Organization, 2024). As the world transitions into more advanced digital technologies, smart healthcare plays an impressive role in health literacy.

Smart healthcare refers to an artificial intelligence (AI)-driven system that uses technologies such as wearable devices, the Internet of Medical Things (IoMT), advanced machine learning tools, and wireless communication to easily access health data, connect people and resources, and respond more effectively and intelligently to health-related needs (Muhammad et al., 2021). Smart healthcare devices have become helpful for monitoring symptoms, diagnosing, treating, and preventing diseases, and for enhancing doctor-patient relationships, especially in cases of cardiometabolic health (Ullah et al., 2023).

These devices provide several key benefits, including the ability to track health in real time, identify problems early, support remote patient care, and inform decision-making (Ullah et al., 2023). AI-Driven technologies can be used to empower, monitor, receive, process and understand fundamental health information and services required to make good health decisions (Al Kuwaiti, 2023). For university academic faculty members to be health-conscious, there is a need for them to take advantage of AI-driven healthcare technologies that have proven to be game changers in healthcare delivery (Aggarwal et al., 2023; Bajwa et al., 2021).

It is noteworthy that academic faculty members with high health literacy can communicate more effectively about their health. Also, the use of AI technologies will give them easy access to information about their health risks and to healthcare promptly (Božić, 2024). Also, utilising these smart devices will promote remote care and health decision-making with accurate data. At the same time, they come with challenges, as concerns about data privacy, technical difficulties, and the need for clear regulations to ensure safe and effective use (Ullah et al., 2024).

Despite the widespread integration of AI into higher education and healthcare in resource-constrained settings like Ghana (Bervell et al., 2025; Sarfo, 2024; Sarfo et al., 2024), the utilisation of such technology to enhance academic faculty members' health literacy remains relatively understudied. This study aligns with several Sustainable Development Goals (SDGs); SDG 3 (Good Health and Well-Being) and SDG 4 (Quality Education), as healthier and more knowledgeable faculty enhance teaching quality and academic productivity. Additionally, the research reflects SDG 9 (Industry, Innovation and Infrastructure), SDG 10 (Reduced Inequalities), and SDG 17 (Partnerships for the Goals) by highlighting the need for collaboration among educational institutions, healthcare providers, and technology developers to implement such tools effectively.

Therefore, the objective of this research is to address this gap by examining the potential concerns associated with this phenomenon. Specifically, the study explored the use of AI-driven technologies, such as wearables, mobile applications, and software, to monitor academic faculty members' health statuses.

2. Methodology

Study Design

To gain a thorough understanding of the phenomena being investigated, the researchers used exploratory qualitative research technique. Exploratory qualitative research is beneficial in determining the complete nature of a little-understood phenomenon (Polit, Beck, 2012). This research approach is excellent for examining the health literacy of academic faculty members in Ghana.

Population

The study's population included academic faculty members in Ghana. The inclusion criteria included the following three criteria: (1) having taught for more than five years, (2) being under the age of 50 years, and (3) use AI-Driven technologies for health.

Sample and sampling procedure

The non-probability sampling method (purposive) was used to select 20 academic faculty members at saturation (Sarfo et al., 2021). According to Morse (2015), saturation in the qualitative data is reached after conducting 12 interviews, and broader themes emerge after six interviews. Regarding their ages, they were aged 50 or younger with over five years of teaching experience who use artificial intelligence-driven technologies for health monitoring. Participants used various AI-driven technologies, including heart rate monitors, blood pressure monitors, step trackers, calorie monitors, weight trackers, body mass index monitors, and pedometers. These monitors were integrated with smartwatches, which were further connected with apps that were integrated with smartphones.

Data Collection

Following ethics approval, participants were contacted, informed about the purpose of the study, and their consent was obtained. Participants were assured of their confidentiality and anonymity. Using a semi-structured interview guide, we conducted individual face-to-face interviews with our participants. During data collection, all interviews were audio recorded. Note-taking during the data collection phase allowed the researchers to capture key points, observations and insights in real time during the interview process. Additionally, the researchers ensured qualitative rigour along with reflexivity (Sarfo, Attigah, 2025). Most academic faculty members were interviewed on the spot in their offices, whereas appointments were scheduled for those who preferred to be interviewed later. Interviews lasted between 35 and 50 minutes. Data were collected over two weeks (14th to 29th February 2024).

Data Analysis

The audio-recorded interview data from the participants were transcribed using the Whisper software and exported to Microsoft Word. Reflexive thematic analysis of the transcribed data was done by following Braun et al.'s (2023) six-phase approach, noting researchers' subjectivity and practising reflexivity (Sarfo, Attigah, 2025). At the end, recurring themes, categories and sub-categories were noted, and conclusions and inferences were drawn from the data and reported.

Ethical Considerations

The research strictly adhered to the principles of voluntary participation as outlined in the Declaration of Helsinki, including informed consent, confidentiality, and data anonymisation, to ensure the protection of participants' rights and privacy throughout the study. All data collected were anonymised and handled confidentially, with participants fully informed about the nature and purpose of the research. Additionally, participation in the study was voluntary, and participants were free to withdraw at any stage without facing any repercussions. The study also ensured that the research procedures and data collection methods posed no harm or risk to participants.

3. Results

The reflexive thematic analysis identified five broad themes that reflect how academic faculty members discussed using their health devices and apps. These themes include: 1. Motivations for Using AI-Driven Technologies, 2. Frequency and Duration of Use, 3. Perceived Effectiveness of AI Technologies, 4. Influence on Health Behaviour, and 5. Challenges and Concerns of AI Use. Please see Table 1 for details.

Table 1. Reflexive thematic analysis of AI-driven health technologies use

Superordinate Theme	Subordinate Theme	Description	Supporting Extracts
1. Motivations for Using AI-Driven Technologies	Health Monitoring	Participants primarily use AI technologies to track vital health indicators such as heart rate, BP, oxygen levels,	"I use the heart tracker to monitor my heart rate and rhythm..." (P1).

Superordinate Theme	Subordinate Theme	Description	Supporting Extracts
		steps, sleep, and calories.	"I use wearables and phone apps to monitor my health." (P15).
	Health Consciousness	Health conditions and preventive intentions motivate adoption.	"A BP condition took me to the hospital... that is why I got this AI technology to monitor my health." (P1). "The reason is the health aspect itself." (P20).
	Connection to Smartphones	Devices are connected to phones for easier monitoring.	"[smart health device] is actually connected to my phone." (P15).
2. Frequency and Duration of Use	Daily Usage	Most participants use their devices daily to manage health.	"I use the app always... because I have diabetics and blood pressure." (P15). "I walk 5 kilometers at least... every day." (P18).
	Long-Term Engagement	Usage ranges from 2–10 years, with most under 5 years.	"I used the wearables for almost six years now." (P15). "...for the past three years." (P4).
	Routine Integration	AI technologies have become part of everyday life.	"Using AI-Driven technologies has been my routine, it's part and parcel of me." (P19).
3. Perceived Effectiveness of AI Technologies	Behaviour Prompting	AI reminders encourage walking, hydration, rest, and sleep.	"Every two hours it will tell me what I need to do." (P20). "...it prompts me to... stand up." (P17).
	Early Detection and Alerts	AI provides early signals of potential illness.	"It can give you some early signals... warning on some upcoming ill health." (P9, P12).
	Medical Validation	Participants believe AI data must be confirmed by doctors.	"I report to my doctor... to discuss the health alerts." (P19).

Superordinate Theme	Subordinate Theme	Description	Supporting Extracts
			"You are not supposed to depend on it entirely." (P4).
4. Influence on Health Behaviour	Increased Physical Activity	Participants walk more, use treadmills, climb stairs due to prompts.	"I always want to close those rings." (P3). "I try to climb up the stairs." (P4).
	Diet and Lifestyle Changes	Health data influences food choices and hydration habits.	"That will inform even the choice of food I have to take." (P11). "... I drink about 5 to 10 bottles of water a day." (P20).
	Personal Discipline and Mindset	Behaviour change depends on user commitment.	"The phone itself will not change the behaviour. ... I mean I have been using iPhone since but I was not conscious of my health. Therefore, it is not actually the phone that is changing the behaviour, it has to be your mindset... (P11). "Its ineffectiveness is as a result of me not being strict." (P2).
5. Challenges and Concerns of AI Use	Psychological Stress	Some users feel anxious when confronted with negative health data.	"Some colleagues told me that they don't use AI technologies anymore because just by checking and knowing that they are stressed or they have not had enough sleep alone stresses them." (P1).
	Time and Technical Demands	Configuration and learning require time and effort.	"I've just not had time to configure all that or study the products." (P20).
	Health and Safety Concerns	Fear of radiation or physical harm from devices.	"If you put two phones here and here... you are burning yourself." (P2).

4. Discussion

Our qualitative findings indicated that AI-driven technologies improved academic faculty members' health literacy, providing real-time data and motivating them to achieve health goals. Participants reported using AI-driven technologies, such as heart rate and blood pressure

monitors, step trackers, and weight-loss devices, to provide insights and motivation to monitor their health regularly. The inclusion of smart wristwatches and devices such as Alexa further expands the capabilities of AI for health monitoring and management in people's lives. The connectivity of these devices to their smartphones enhances accessibility and convenience. With data synchronising seamlessly across devices, academic faculty members can easily monitor their progress, set goals, and receive personalised recommendations to improve their health.

These findings affirm the assertions by Božić (2024) and Nutbeam (2023) that utilising AI technologies empowers individuals to articulate their symptoms, express their concerns, and raise questions, thereby fostering a collaborative and transparent partnership with their healthcare providers. The integration of AI into health and wellness routines represents a significant advancement in empowering academic faculty members to manage their health proactively. However, while the proliferation of AI-driven health technologies offers numerous benefits to academic faculty members, it is essential to consider factors such as data privacy, measurement accuracy, and the potential for overreliance on technology.

The effectiveness of AI technologies in improving academic faculty members' health literacy knowledge is promising, as shown in this study. The findings demonstrated that the AI technologies used by academic faculty members are valuable in providing insights into their health status, identifying potential issues, and promoting proactive healthcare management. This finding is consistent with Dunn and Hazzard (2019), who reported that emerging technologies can improve health literacy. It is crucial to acknowledge participants' comments regarding the need to verify the health information provided by these technologies with a medical practitioner. Thus, despite advances in AI, these technologies sometimes produce inaccurate or misleading results, necessitating medical expertise to interpret and contextualise health data generated by AI. It is prudent to view.

AI-driven health monitoring technologies should be used as complementary tools rather than substitutes for professional medical advice. They can serve as early warning systems, alerting individuals to potential health concerns and prompting them to seek appropriate medical attention. This collaborative approach, where AI technologies provide signals or indicators that prompt human intervention, can enhance holistic healthcare delivery among academic faculty members. A high level of health literacy is significantly more advantageous than low health literacy. Low health literacy can impede the effective use of online health information for risk prevention and health promotion, as individuals may have difficulty assessing its accuracy (Pisl et al., 2021).

The findings suggest a significant positive impact of AI-driven technologies on the health behaviour of academic faculty members, with most participants reporting changes in their habits due to the guidance provided by the AI technologies they use. The participants in this study use AI-driven technologies to enhance their health literacy. The use of AI-enabled smartwatches, in particular, appears to have influenced behaviour by providing timely reminders and suggestions. Most participants mentioned that the AI smartwatch prompted them to drink water or stand up after prolonged sitting, indicating a proactive approach towards health management. These reminders likely increase awareness and motivation to adopt healthier habits, such as staying hydrated and avoiding prolonged periods of sedentary behaviour. It is notable that although some participants may not respond immediately to the AI's prompts due to work or other commitments, they still make an effort to comply with the suggestions later. This highlights the flexibility and adaptability of AI-driven technologies in accommodating users' varying schedules and lifestyles.

These findings demonstrate the potential of AI to improve academic faculty members' health literacy and promote positive health behaviour change through personalised, timely interventions. By leveraging AI's capabilities to deliver tailored recommendations and reminders, academic faculty members are empowered to take proactive steps toward improving their well-being and to engage in collaborative decision-making with healthcare professionals, thereby enabling them to make well-informed choices about their healthcare (Božić, 2024).

Notwithstanding the increased feedback on utilisation, some participants expressed concerns about the utilisation of AI technologies in relation to personal health and well-being. Apprehension about holding a phone while walking, rather than keeping it on the body, demonstrates heightened awareness of potential health risks associated with prolonged exposure to electronic devices. This concern aligns with ongoing debates and studies about the possible effects of electromagnetic radiation emitted by smartphones and other wireless devices on human health. By holding the phone away from the body, the participant is actively attempting to mitigate perceived risks, underscoring the importance of informed decision-making when using technology.

In addition, a participant's discussion of experiencing increased stress from simply knowing their stress levels or lack of sleep via AI-powered monitoring tools highlights the potential psychological implications of constant self-monitoring. While these technologies aim to provide valuable insights into one's health status, they can also inadvertently contribute to increased anxiety or stress levels. The participant's reluctance to configure such tools for usage reflects a thoughtful consideration of the potential negative impacts on mental well-being.

These concerns emphasise the need for a balanced approach to the integration of AI technologies in healthcare and personal wellness. While these tools offer immense potential for improving health outcomes and promoting preventive care, it is essential to address and mitigate potential risks and drawbacks. This includes providing clear and accurate information on the possible health implications of AI use, as well as guidance on how individuals can use these tools responsibly to enhance their overall well-being without compromising their physical or mental health.

5. Conclusion

This study explored how academic faculty members use health-tracking devices and related digital tools. Participants were primarily drawn to these tools to improve their health monitoring, particularly those who had previously experienced blood pressure concerns, stress, or other medical conditions. This study found that AI-driven technologies significantly improved university faculty members' health literacy knowledge and practices by providing real-time, individualised health data and actionable insights. Smartwatches, activity trackers, heart rate monitors, and virtual assistants such as Alexa provide practical and accessible tools for preventive health management. The integration of these technologies enabled seamless monitoring, goal setting, and access to personalised advice, fostering a more health-conscious academic community. Furthermore, it can be concluded that while academic faculty members are increasingly motivated to use these technologies, concerns persist around privacy, accuracy, and psychological impacts. Participants appreciated the technologies' reminders and health prompts, which motivated lifestyle changes such as increased hydration and reduced sedentary behaviour. At the same time, the concerns they raised-stress caused by particular readings, difficulty learning device features and doubts about long-term use show that these tools are not a simple solution. Overall, the study highlights that digital health devices could support healthier habits, but the extent of their influence depends heavily on how individuals engage with them.

6. Limitations and Strengths

This study has a few limitations that should be acknowledged. The findings are based on participants' self-reported experiences. The study was also limited to academic faculty members within a single setting, and their experiences may differ from those in other professions, age groups, or locations. In addition, the study did not track health behaviour over time, thereby limiting the analysis to participants' reflections at a single point in time.

Despite these limitations, the study has notable strengths. The interviews provided detailed and meaningful insights that allowed for a deeper understanding of how digital health tools are used in the everyday lives of academic faculty members. The reflexive thematic approach also allowed us to capture subtle concerns and motivations that may not have surfaced through other methods.

7. Recommendations

In light of the study's findings, the following recommendations are made.

Interventions that provide simple instructions or brief orientation sessions could help new users use the tools more effectively. Additionally, there is value in strengthening the link between personal health-tracking devices and formal healthcare systems. Also, institutions such as universities could consider integrating these tools into their well-being initiatives, especially given the sedentary nature of academic work. Encouraging responsible use without creating pressure or anxiety about the readings could support healthier routines for staff. Finally, future research could explore how different groups use similar tools and examine behaviour over more extended periods.

8. Declarations

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Authors' contributions

All authors (GT-C, M-AC, PN, and JOS) conceptualised and designed the study. GT-D collected the interviews. All authors analysed, reviewed and wrote the initial draft. All authors read and approved the final version of the manuscript for publication.

Ethics approval and consent to participate

This study was part of a larger research project that received ethical approval from the Institutional Review Board of the University of Cape Coast (ID: UCCIRB/EXT/2023/56). All sources were cited correctly, and the review adhered to strict standards of academic integrity and transparency throughout the process.

Availability of data and material

All data generated or analysed during this study are available online as published articles.

Competing interests

The authors declare that they have no competing interests.

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References

Abor, Tetteh, 2025 – *Abor, P.A., Tetteh, C.K.* (2025). Evaluation of health literacy in academics at the University of Ghana: A cross-sectional study. *Journal of Health Literacy*. 10(2): 57-67.

Aggarwal et al., 2023 – *Aggarwal, A., Tam, C.C., Wu, D., Li, X., Qiao, S.* (2023). Artificial intelligence-based chatbots for promoting health behavioral changes: Systematic review. *Journal of Medical Internet Research*. 25: e40789. DOI: 10.2196/40789.

Al Kuwaiti et al., 2023 – *Al Kuwaiti, A., Nazer, K., Al-Reedy, A., Al-Shehri, S., Al-Muhanna, A., Subbarayalu, A.V., Al Muhanna, D., Al-Muhanna, F.A.* (2023). A review of the role of artificial intelligence in healthcare. *Journal of Personalized Medicine*. 13(6): 951. DOI: 10.3390/jpm13060951

Alinaitwe et al., 2024 – *Alinaitwe, B., Amanya, C.,A Muwanguzi, P., Ngabirano, T.D.* (2024). Prevalence of risk factors for hypertension among faculty at an urban university in Uganda. *Integrated Blood Pressure Control*. Pp. 1-11.

Bajwa et al., 2023 – *Bajwa, J., Munir, U., Nori, A., Williams, B.* (2021). Artificial intelligence in healthcare: Transforming the practice of medicine. *Future Healthcare Journal*. 8(2): e188-e194. DOI: 10.7861/fhj.2021-0095

Bervell et al., 2024 – *Bervell, B., Mireku, D.O., Dzamesi, P.D., Nimo, E.B., Andoh, R.P.K., Segbenya, M.* (2025). AI acceptance and usage in Sub-Saharan African education: A systematic review of literature. *Journal of Advocacy, Research and Education*. 12(1): 82-106.

Božić, 2024 – *Božić, V.* (2024). Artificial intelligence in nurse education. In Engineering applications of artificial intelligence (pp. 143-172). Springer Nature Switzerland. DOI: https://doi.org/10.1007/978-3-031-50300-9_9

Braun et al., 2023 – *Braun, V., Clarke, V., Hayfield, N., Davey, L., Jenkinson, E.* (2023). Doing reflexive thematic analysis. In *Supporting research in counselling and psychotherapy: Qualitative, quantitative, and mixed methods research* (pp. 19-38). Cham: Springer International Publishing.

de Barros Rocha et al., 2023 – *de Barros Rocha, W., Lima, T.C.M., Teixeira, F.C.* (2023). Physical Activity Level and Eating Habits of University Professors in a Private Educational Institution. *Journal of Health Sciences*. 25(1): 32-37.

Dunn, Hazzard, 2019 – *Dunn, P., Hazzard, E.* (2019). Technology approaches to digital health literacy. *International Journal of Cardiology*. 293: 294-296. DOI: 10.1016/j.ijcard.2019.06.039

Lawer et al., 2025 – *Lawer, T.D., Adom-Mensah, B.A., Akoto, J. S., Ocansey, F.* (2025). Sources of Perceived Stress and Coping Strategies among Ghanaian University Lecturers. *Acta Educationis Generalis*. 15(1): 112-132.

Morse, 2015 – *Morse, J.M.* (2015). Data were saturated. *Qualitative Health Research*. 25(5): 587-588. DOI: 10.1177/1049732315576699

Muhammad et al., 2021 – *Muhammad, G., Alshehri, F., Karray, F., El Saddik, A., Alsulaiman, M., Falk, T.H.* (2021). A comprehensive survey on multimodal medical signals fusion for smart healthcare systems. *Information Fusion*. 76: 355-375.

Nutbeam, 2023 – *Nutbeam, D.* (2023). Artificial intelligence and health literacy-proceed with caution. *Health Literacy and Communication Open*. 1(1): 2263355. DOI: 10.1080/28355245.2023.2263355

Pisl et al., 2019 – *Pisl, V., Volavka, J., Chvojkova, E., Cechova, K., Kavalirova, G., Vevera, J.* (2021). Dissociation, cognitive reflection and health literacy have a modest effect on belief in conspiracy theories about COVID-19. *International Journal of Environmental Research and Public Health*. 18(10): 5065. DOI: 10.3390/ijerph18105065

Polit, Beck, 2012 – *Polit, D.F., Beck, C.T.* (2012). *Nursing research: Generating and assessing evidence for nursing practice (9th ed.)*. Lippincott Williams & Wilkins.

Sarfo et al., 2021 – *Sarfo, J.O., Debrah, T., Gbordzoe, N.I., Afful, W.T., Obeng, P.* (2021). Qualitative research designs, sample size and saturation: Is enough always enough. *Journal of Advocacy, Research and Education*. 8(3): 60-65.

Sarfo et al., 2024 – *Sarfo, J.O., Tachie-Donkor, G., Aggrey, E.K., Mordi, P.* (2024). Attitudes, perceptions, and challenges towards artificial intelligence adoption in Ghana and Nigeria: A systematic review with a narrative synthesis. *International Journal of Media and Information Literacy*. 9(2): 437-452.

Sarfo, 2024 – *Sarfo, J.O.* (2024). Artificial Intelligence Use, Technostress, and Academic Productivity among Students in Sub-Saharan Africa. *Journal of Advocacy, Research and Education*. 11(1): 4-6.

Sarfo, Attigah, 2021 – *Sarfo, J.O., Attigah, D.K.* (2025). Reflecting on reflexivity and positionality in qualitative research: What, why, when, and how? *Journal of Advocacy, Research and Education*. 12(1): 75-81.

Shnaigat et al., 2025 – *Shnaigat, S.F., Hammouh, F.G., Agraib, L.M., Aslaih, A.S., Elfakharany, M.G.* (2025). Obesity: Is it a common health problem among faculty members at the university? A cross-sectional study. *African Journal of Food, Agriculture, Nutrition & Development*. 25(3): 26276.

Ullah et al., 2024 – *Ullah, M., Hamayun, S., Wahab, A., Khan, S.U., Rehman, M.U., Haq, Z. U., ... , Naeem, M.* (2023). Smart technologies used as smart tools in the management of cardiovascular disease and their future perspective. *Current Problems in Cardiology*. 48(11): 101922.

World Health Organization, 2024 – World Health Organization. *Health literacy*. 2024, August 5. [Electronic resource]. URL: https://www.who.int/news-room/fact-sheets/detail/health-literacy