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Leveraging the digital platforms for transformative healthcare service innovation through knowledge sharing in enabling organizational cultures

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Abstract

Purpose – The purpose of this study is to examine the role of digital platforms (DP) enabled by healthcare practitioners' motivation (M) and supportive organizational culture (OC) in fostering service innovation (SI) through augmented knowledge sharing.

Design/methodology/approach – Data were collected from 319 healthcare practitioners through a structured online questionnaire. The conceptual model has been tested using a partial least squares-based structural equation model using SmartPLS 4.0.

Findings – Besides corroborating the direct positive effects of OC and motivation to share knowledge using DP to foster SI through knowledge sharing, a serial mediation effect of motivation to share knowledge, use of digital platforms and knowledge sharing in the organizational culture-SI linkage has been empirically substantiated, paving the way for a process-based explanation of the phenomena of interest.

Originality/value – The study represents an earnest effort to examine the individual and strategic-level antecedents of digital platform adoption and their crucial role in advancing service innovation, especially in the healthcare sector within the Middle Eastern context, which lacks such research. The results demonstrate that creating enabling conditions for the widespread adoption of DP boosts service innovations. The results have significant implications for healthcare practitioners and policymakers, suggesting that they can improve SI by fostering supportive cultural, technological and motivational conditions.

Keywords Organizational culture, Digital platform, Motivation, Knowledge sharing, Service innovation, Healthcare, Partial least squares-based structural equation model

Paper type Research paper

1. Introduction

Khalil *et al.* (2024) proposed that knowledge sharing (KS) can significantly affect organizational performance, both explicitly and implicitly, through innovation. KS is the process by which a knowledge source makes its expertise available to others within the organization (Farooq *et al.*, 2018). Employees need to interact vigorously (whether face-to-face or virtual) to enkindle the continuous exchange of ideas for improvement and innovation (Gold *et al.*, 2001). However, effective KS cannot be forced or coerced (Ouakouak *et al.*, 2021; Pandey *et al.*, 2021). Ouakouak and Ouedraogo (2019) examine the impact of organizational commitment and trust on the sharing, transfer and utilization

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of knowledge. Furthermore, effective KS must be supported both socially and technologically by fostering an engaging organizational culture (OC) and providing enabling technology.

A successful service innovation (SI) strategy may be complemented by sharing knowledge (Tajeddini *et al.*, 2020). However, since individuals share knowledge and cannot be forced to participate in knowledge sharing, incentive systems are necessary to encourage and motivate individuals in knowledge creation and sharing activities and the organization's culture should foster a supportive and encouraging environment for initiatives centered on knowledge-relevant practices (Gold *et al.*, 2001; Abubakre *et al.*, 2022). OC should always be considered in conjunction with technology when motivating people to share knowledge (Lin *et al.*, 2007). OC can either facilitate or hinder KS (Akbari and Ghaffari, 2017; Riege *et al.*, 2005). Ouakouak *et al.* (2021) conceive that employees are motivated to share knowledge for service innovation; however, it's argued that an OC that encourages KS can be developed with the right motivators (Jamshed and Majeed, 2018; Chión *et al.*, 2020; Nguyen *et al.*, 2019) and technology (Pandey *et al.*, 2021; Turulja *et al.*, 2020).

Although several studies have sporadically examined the interplay between knowledge sharing, motivation, culture and technology in driving service innovation, there is a pressing need to develop an integrated explanation of how these variables interact to enable service innovations. Hu *et al.* (2009) noted that a few studies have examined the relationships between KS and service innovation. Abdelgader Elhassan *et al.* (2021) suggested that research opportunities exist to explore the sharing and storage of knowledge using technology. Few studies have examined the links between motivation, knowledge sharing and SI within a unified conceptual model. Thus, the impact of knowledge-sharing activities on SI in enabling cultural and technological ecosystems warrants significant research attention. This paper uses the knowledge-based view (KBV) of the firm, Grant *et al.* (1996) and motivation theory, Ryan and Deci (2000), to provide a comprehensive explanation that aligns with the research purpose.

This research draws on the theories of the KBV of the firm by Grant, (1996) and motivation theory by Ryan and Deci (2000). Additionally, it builds upon the work of Gold *et al.* (2001), Ryan and Deci, (2000) and Hu *et al.* (2009) to examine SI as an outcome of knowledge sharing, reviewing the roles of OC and digital platforms. Knowledge-based theory provides a potent theoretical framework for analyzing changes and developments in corporate culture (Grant *et al.*, 1996), whereas motivation theory underscores the dynamics of motivation to share knowledge. Integrating KBV and motivation theory is vital for presenting an integrated explanation about the dynamics of KS enabled by individual motivation to share knowledge in enabling cultural and technological environments (Thomas *et al.*, 2025). Most explicit and tacit knowledge is held within the person, but much of this knowledge is developed within the organization and is distinctive to the company. This complicates the distribution of rewards for knowledge and maximizes investment in new knowledge created through sharing initiatives (Gold *et al.*, 2001; Grant *et al.*, 1996; Ouakouak *et al.*, 2021) and makes it imperative to discern the interaction of individual-level variables like motivation to share knowledge and organizational-level variables like culture and the adoption of digital platforms to realize outcomes like SI in our research context.

Endeavoring to examine the efficacy of enabling OC and digital platforms (DP) to foster KS and boost service innovation, this research seeks to answer the following research questions:

RQ1. Does an organizational culture (directly) enhance individuals' motivation to share knowledge and service innovation?

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RQ2. Does individuals' motivation to share knowledge increase the use of digital platforms and the consequent knowledge sharing?

RQ3. Does the use of digital platforms enhance knowledge-sharing-enabled service innovations?

RQ4. Does an enabling organizational culture promote service innovations by increasing motivation to share knowledge, the use of digital platforms and knowledge sharing?

By answering these questions, this research aims to yield multiple theoretical contributions and practical insights. Besides cementing the generalizability of the knowledge and motivation theories/frameworks, this research contributes to the understanding of the motivational elements that lead to shared knowledge activities in any organization, benefiting regulators, professional practitioners and leadership in the healthcare industry.

The rest of the paper is structured as follows. The Section 2 presents a comprehensive review of the literature and outlines the study's hypothesis. Section 3 presents the methodology of this research. The results and the discussion deriving from these results are covered in Sections 4 and 5. Section 6 summarizes the entire debate.

2. Literature review

2.1 Underpinning theories

Studies, such as Abubakre *et al.* (2022), Adegbembo *et al.* (2020), Areed *et al.* (2021) and Iqbal *et al.* (2025), demonstrate that innovation and KS work together, as effective cross-sharing of ideas, knowledge and perspectives (at individual, team and macro levels) can enable organizations to adapt to the market consistently by developing new products, services and processes to meet customer needs in both consumer and industrial sectors. Additionally, technology and culture are seen as key enablers and facilitators of knowledge-sharing practices in organizations (Al-Alawi *et al.*, 2022; Iqbal *et al.* (2020); Al-Saeed *et al.*, 2020). In this study, we used the KBV and motivation theory to explain how organizational culture, motivation to share knowledge and the use of DP interact to enable SI through knowledge sharing. The two theories complement each other: while the KBV emphasizes the strategic level, the motivation theory focuses on the individual level. Understanding the reasons (whys) and methods (hows) behind these processes can provide a more robust explanation of the dynamics that drive better KS and improved SI performance.

von Krogh and Roos (1996) developed a model that incorporates knowledge management (KM) at the social/individual levels, as well as their relationships with corporate staff satisfaction, performance, organizational structure and human resource management. Borah *et al.* (2021) investigated the practical application of KM models and applied von Krogh and Roos' model components for hiring an experienced workforce and strategic partnerships to increase performance. Boisot's *I*-Space model is based on the organization's rising and emerging knowledge assets. (Boisot and Child, 1999; Boisot and Child, 1999), the model focuses on creating, manipulating and distributing knowledge of digital assets. Boisot's model posits that organizations are living entities and that the information resources within them are continually evolving. It evolves from uncodified to codified, concrete to abstract and undiffused to diffused. The Choo Sense-Making KM model (Choo *et al.*, 1996) comprises three main components: sense-making, knowledge creation and decision-making. Nonaka and Takeuchi (1995) developed the knowledge spiral model, which encompasses (the stages of) socialization, externalization, combination and internalization. It transforms organizations into authoritative learning centers, effectively combining explicit and implicit

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information to create new knowledge for improved organizational performance. Farnese *et al.* (2019) referred to the dynamic process as a holistic approach, with people, process and organization being the critical dimensions of this model. Knowledge-based resources and capabilities result from exceptional access to any combination of specialized knowledge, which generates superior firm performance and long-term competitive advantage among firms (Barney *et al.*, 1991). According to Nasir Uddin *et al.* (2010), learning uncommon and valuable information will help a company improve its performance by allowing it to build on and disseminate that unique knowledge throughout the business.

Ryan and Deci (2000) *motivation theory* analyzes the possibility of a stimulant that transforms people's motivation from naturally driven to one motivated by the prospect of financial gain (Zhang and Bartol, 2010; Bock *et al.*, 2005). When (monetary) reward is used as an external incentive, intrinsic motivation tends to diminish and when praise and encouragement are used, intrinsic motivation tends to grow (Nguyen *et al.*, 2019; Zhang *et al.*, 2017).

The KBV provides a theoretical framework for analyzing several contemporary organizational developments and trends [(Grant, 1996); Gold *et al.* (2001)]. Resource-based and knowledge-based theories are complementary in understanding the origins of competitive advantage, according to Theriou *et al.* (2009), who argue that the knowledge-based theory has arisen from the resource-based theory and that the two theories are interdependent (Bidabad *et al.*, 2019). Additionally, this study extends and integrates the KBV theories, finds internal relations between motivation and innovation and examines the roles of cultural and digital platforms. Building on the work by Ryan and Deci (2000), the implications of SI and KS could be associated. Therefore, this study is based on the work done by (Grant *et al.*, 1996) and Ryan and Deci (2000); (1971); fundamentally, it's grounded in studies by Gold *et al.* (2001) and Ryan and Deci (2000). Abdi *et al.* (2018) emphasized that knowledge is critical to organizational strategies for sustainable innovation. This study examines the impact of various factors on service innovation, including knowledge sharing. As a result, knowledge-based theory offers a more robust theoretical foundation for this study than resource-based theory Zahra and George (2002); Bidabad (2019). It suggests that intangible resources enable firms to acquire competitive advantages through innovation activities. Knowledge is considered a core and strategic capability for the organization's success, which leads to innovation and creativity (Gold *et al.*, 2001). In this study, our emphasis is on exploring the role of three critical antecedents (i.e. organizational culture, motivation to share knowledge and the use of digital platforms) in KS as a dynamic capability that drives SI in healthcare organizations.

2.2 The conceptual model

Figure 1 outlines the conceptual model. It has been theorized that enabling organizational cultures, the use of digital platforms and KS directly affect service innovation, as well as indirectly through influencing individuals' motivation to share knowledge. This, combined with the use of digital platforms, sparks KS that fosters service innovations. The sections below explain the constructs comprising our conceptual model and the hypothesized associations among these subject constructs.

OC refers to the shared norms, values, beliefs and behaviors that employees of a firm aspire to live by and apply (Iqbal *et al.*, 2020). As the organization has a diverse workforce with different genders, nationalities, ethnicities, backgrounds, behaviors, faiths, religions, colors, special needs, etc. it is vital to have a common and shared infrastructure that groups different people into a common unified base, which is the culture (Chión *et al.*, 2020). Culture is inherited and disseminated from top to bottom; if there is a lack of uniformity in organizational culture, it will cause ambiguity and a lack of cohesion in the unified effort to

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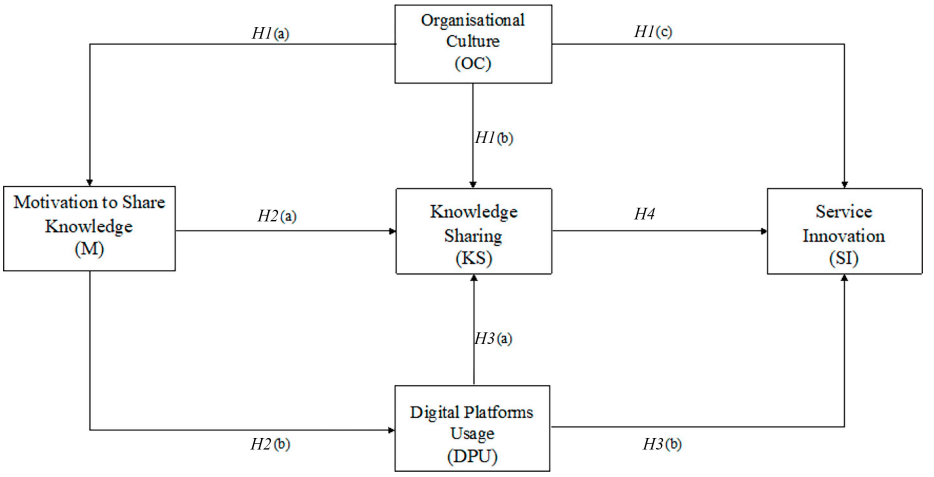


Figure 1. The conceptual model (direct effects)
Source: Authors' own work

achieve common goals. Depending on the organization's direction, it creates the culture it desires. For innovation, for instance, an organization needs to be empowered, apply values and engage and motivate a culture that supports innovation (Rohim and Budhiasa, 2019; Durmusoglu *et al.*, 2014).

Motivation refers to the stimuli that energize a person to perform and achieve the desired and shared purpose (Aboelmaged, 2018). Such stimuli may be intrinsic (from within the person, like beliefs, faith, values, principles, culture… etc.) or extrinsic, which may be monetary or non-monetary (external triggers like rewards, recognition, promotion, gain respect, gain desired proposition, etc.) (Zhang and Bartol (2010); Ryan and Deci (2000); Rode, 2016). Creating a mixed-balanced formula of both extrinsic and intrinsic motivations generates a unique OC that is not easily imitated by others and, most importantly, works successfully to motivate people to share their knowledge (Nguyen *et al.*, 2019).

KS refers to the transfer of people's accumulated experiences, skills and information to other parties through formal or informal channels (Aboelmaged, 2018; Abidi, 2007; Jamshed and Majeed, 2018). When it comes to informal channels, this will be inconsistent and depend on the well-being of the people involved. However, organizations seek to institutionalize the movement, transferring and sharing the knowledge. Moreover, knowledge-sharing practices and procedures differ from tacit to explicit knowledge. The goal of any organization is to successfully motivate people to share their knowledge from within and implement a culture that supports both formal and informal knowledge-sharing practices (Zhang *et al.*, 2014; Zhang *et al.*, 2017; Bock *et al.*, 2005; Nguyen *et al.*, 2019). Technology helps activate, facilitate and execute such culture (Hwang and Kim, 2007; Rohim and Budhiasa, 2019; Zhang *et al.*, 2014). Organizations establish a common framework for people to interact and engage with by defining and upholding norms, trends, beliefs, values and conduct. A positive OC enhances productivity, knowledge sharing and innovation, while motivating employees to do the same.

A digital platform (DP) is a value-creating digital ecosystem that combines technologies, processes, applications and people to create, interact and distribute products, services and

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information (Rode, 2016; Wang *et al.*, 2022; Turulja *et al.*, 2020). Platforms operate with various business models and interactions with end-users and other producers. As a result, different rules apply to different platform types (Iqbal *et al.*, 2020). Platforms are disruptive business models in various shapes and sizes (Pandey *et al.*, 2021; Paroutis and Saleh, 2009). Three types of DP have emerged over the last 20 years. The first type is transaction platforms, online marketplaces that allow people to share information by providing solid access to various goods and services. In contrast, the second type is innovation platforms, which bring together different platform participants to identify, share and create new complementary products or services. However, the third type of digital platform combines elements of transaction and innovation platforms within the same platform infrastructure (Wang *et al.*, 2022). DP facilitates knowledge-sharing practices in organizations when people are motivated to share knowledge using easy and simple tools that do not require extra work or consume their time (Chen *et al.*, 2012).

SI is a method of using technology systematically to differentiate services from those of other existing providers in the market (Kim and Park, 2017). Innovation is the key to victory; however, implementing SI can be tricky. Sometimes, it does not need to be that complex! Thinking small often works best, especially for first-time innovations, which tend to be more successful with a smaller scope, a shorter timeline, a smaller budget and fewer people. The innovative services should create value by satisfying needs and exceeding expectations. For instance, a new service may be just as simple as delighting patients. Having the right technological platform and OC that empower and encourage innovative values are vital keys that lead to SI (Tajeddini *et al.*, 2020; Wang *et al.*, 2022). Innovativeness cannot come from a single idea but rather from a group of shared experiences and knowledge that achieve innovative outcomes (Nguyen and Malik, 2020).

2.3 Hypotheses development

2.3.1 The role of organizational culture. According to Denison (1990), OC comprises the qualities, beliefs and critical rules that underpin the management frameworks, practices and strategies that enhance and reinforce these standards. OC has a significant impact on various aspects of the work environment (Li *et al.*, 2024). According to Awadh and Alyahya (2013) and Wambugu (2014), there is a clear link between OC and workers' performance. Recognizing how firms may build knowledge-sharing strategies by understanding the role played by their corporate culture is a critical driver for success (Cavaliere and Lombardi, 2015; Nguyen *et al.*, 2019; Rohim and Budhiasa, 2019).

By envisioning knowledge as a critical resource, according to Grant, (1996), Rehman *et al.* (2025) and Stoian *et al.* (2024), KBV necessitates that organizations foster a knowledge culture to enhance knowledge creation, sharing and integration of this critical resource, thereby boosting organizational performance. OC (or more specifically, knowledge-driven culture or governance) has a crucial role in motivating people to share and acquire knowledge and both serve as a setting to tighten this connection (Durmusoglu *et al.*, 2014; Witherspoon *et al.*, 2013). Studies by Durmusoglu *et al.* (2014), Rohim and Budhiasa (2019) and Jamshed and Majeed (2018) confirm the role of OC in motivating people to share their knowledge. Previous studies suggest that organizational knowledge can be collected and transmitted through structured and formal knowledge-sharing routines and informal/internal and external communities sharing the same interest or formal and informal techniques as a part of its KS strategy (Turulja *et al.*, 2020) and an enabling knowledge culture can facilitate the knowledge-sharing mechanisms (Al-Alawi *et al.*, 2007). For example, hospitals must establish an OC and mechanisms built on trust and collaboration and staff must be regularly educated about KS (Hujala and Laihonen, 2021). KS and team emotional intelligence in

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healthcare institutions play a crucial role in influencing team performance through the mediating effect of the team's culture; healthcare teams perform better when members share their knowledge (Jamshed and Majeed, 2018). Additionally, studies such as Aboramadan *et al.* (2020), Amoa-Gyarteng and Dhliwayo (2024) and Taghizadeh *et al.* (2020) have provided evidence on how an organization's culture can be instrumental in enhancing innovation performance by promoting shared values and establishing facilitating mechanisms. Therefore, three hypotheses are developed as follows:

H1(a). Organizational culture is positively associated with motivation to share knowledge.

H1(b). Organizational culture is positively associated with knowledge-sharing.

H1(c). Organizational culture is positively associated with service innovation.

2.3.2 The role of motivation to share knowledge. Organizations may maximize the value of their most valuable asset, their workers' expertise, through KS (Navimipour and Charband, 2016; Hung *et al.*, 2024). Drawing on Deci's motivation theory, examining the impact of intrinsic and extrinsic motivations on the intention to share knowledge offers an in-depth understanding of the core motivations underlying KS among healthcare practitioners (Zhang *et al.*, 2017). Hau and Ho (2010) state that intrinsic motivation, such as common objectives, socializing and trust, is crucial in encouraging people to contribute innovative knowledge. Nguyen and Malik (2020) indicate that, when it comes to motivating employees to share their knowledge, extrinsic benefits were more effective in private organizations than intrinsic rewards in public ones.

The process of social contact, known as knowledge sharing, may be made more accessible through information technology (Rode, 2016). Both studies by McAfee (2006) and Paroutis and Saleh (2009) stated that companies may use apps for interactive DP to make it easier to see how their staff are participating in knowledge-sharing activities and transactions. The usage of social media platforms like online discussion forums, email list servers, blogs, electronic bulletin boards and wikis enables individuals who have similar interests, backgrounds and aspirations to communicate with one another and share information (Chai *et al.*, 2011; Cheung *et al.*, 2013; Lin, 2007). The dissemination of information within an online setting has a dual effect: it accelerates the pace at which work can be completed and fosters improvements in service innovation. The findings by Aboelmaged (2018) show that hedonic motives, rather than utilitarian reasons, affect the use of enterprise social network (ESN) DP for knowledge sharing. Consistent with the assertions above, we hypothesize:

H2(a). Motivation to share knowledge is positively associated with sharing knowledge.

H2(b). Motivation to share knowledge is positively associated with (the use of) digital platforms.

2.3.3 Role of digital platforms. In today's rapidly evolving healthcare landscape, integrating digital technologies is not just a trend but a necessity (Alabdali *et al.*, 2024; Ciarli *et al.*, 2021). Organizations are increasingly turning to DP as a critical knowledge resource (Albats *et al.*, 2025) to streamline operations (Cerchione *et al.*, 2023), improve customer care (Hermes *et al.*, 2020; Tortorella *et al.*, 2021) and foster a culture of continuous improvement (Huvila *et al.*, 2022; Santarsiero *et al.*, 2023). These platforms, ranging from electronic health records and HIS to telehealth services (Chakraborty *et al.*, 2023; Mohd Fadhil *et al.*, 2024), are designed to enhance communication, collaboration

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and data management within the healthcare sector, resulting in improved services and patient satisfaction (Alabdali and Husain, 2023).

Adopting DP is transforming how healthcare practitioners work (Kraus *et al.*, 2021; Santarsiero *et al.*, 2023). These tools enable seamless sharing of knowledge and best practices (Bamel *et al.*, 2023), breaking down traditional silos that often hinder innovation (Pundziene *et al.*, 2022). By providing easy access to a wealth of information and facilitating real-time collaboration (Jaleel *et al.*, 2020), DP empowers healthcare professionals to make more informed decisions and implement innovative solutions more effectively (Ahuja *et al.*, 2023).

Moreover, DP drives SI by fostering a more integrated and responsive healthcare environment (Balta *et al.*, 2021; Malik *et al.*, 2023). They allow for the rapid dissemination of new medical research, treatment protocols and patient care strategies (Bamel *et al.*, 2023; Cerchione *et al.*, 2023). This immediate access to the latest information (Janakiraman *et al.*, 2023) from multiple sources ensures that healthcare practitioners are always equipped with the most current knowledge and techniques (Jarva *et al.*, 2023; Ruokolainen *et al.*, 2023), which is crucial for delivering high-quality patient care (Alowais *et al.*, 2023; Shakhshir and Alkaiyat, 2023).

The digital platform managing KS to increase SI was found to be the most effective method for filling this gap in KM research (Wang *et al.*, 2022). The widespread acceptance and effective utilization of DP create a fertile ground for SI in healthcare (Kumar *et al.*, 2023). Fostering a positive attitude toward these technologies, healthcare institutions can unlock new opportunities for improving patient care and operational efficiency (Dal Mas *et al.*, 2023; Kraus *et al.*, 2021). Thus, the following hypotheses are hereby framed:

H3(a). The digital platform usage is associated positively with knowledge-sharing.

H3(b). The usage of digital platforms is associated positively with service innovation.

2.3.4 Knowledge sharing and service innovation. Innovation is necessary for businesses to thrive and grow despite the instability and intense competition that characterize knowledge-based economies (Yuan and Woodman, 2010). The workforce is the primary agent responsible for implementing the behaviors necessary to maintain SI (Zhang and Bartol, 2010). The knowledge-based approach may provide new insights into contemporary organizational innovations and trends, which have far-reaching consequences for management approaches (Grant, 1996). KS facilitates innovation by bringing together new ideas and fostering an innovative culture (Khalil *et al.*, 2024). Research has shown that KS is critical to an organization's ability to innovate (Hu *et al.*, 2009). Kim and Park (2017) suggest that knowledge-sharing and innovative services are strongly associated with and influenced by culture. Several recent studies, including those by Iqbal *et al.* (2025), Khalil *et al.* (2024) and Lee *et al.* (2023), have examined the role of KS in enhancing SI performance across various contexts. Accordingly, the fourth hypothesis is:

H4. Knowledge sharing is positively associated with service innovation.

2.3.5 Serial mediations hypothesis. OC sets the foundational environment within a firm (Assoratgoon and Kantabutra, 2023; Graham *et al.*, 2022). A culture that promotes collaboration, trust and continuous learning (Tyagi *et al.*, 2022) can significantly enhance the motivation (M) of healthcare practitioners (Zhang and Liu, 2022). When healthcare practitioners feel supported and valued (Veenstra *et al.*, 2022), their intrinsic motivation to contribute to organizational goals increases (Fishbach and Woolley, 2022). This increased

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motivation is pivotal in many organizational processes, including the adoption and effective use of DP (Frishammar *et al.*, 2023; Rodrigo *et al.*, 2022).

Motivated healthcare practitioners are more likely to embrace DP as essential tools for facilitating the sharing and utilization of knowledge (KS) (Ahuja *et al.*, 2023; Deng *et al.*, 2023). A motivated workforce recognizes the value in these platforms and uses them effectively, resulting in enhanced knowledge-sharing activities (Malik *et al.*, 2023). When healthcare practitioners are motivated, they are more likely to engage in knowledge-sharing activities, which are essential for SI (Kucharska and Erickson, 2023; Li *et al.*, 2023). A culture that promotes collaboration, trust and continuous learning significantly enhances practitioners' willingness to share their knowledge and insights, creating a fertile ground for innovation (Santarsiero *et al.*, 2023). KS fosters a collaborative environment where diverse perspectives and knowledge bases combine to address complex healthcare challenges (Malik *et al.*, 2023). This collaborative exchange of expertise and insights generates new ideas and solutions, driving innovation in services:

H5. Healthcare practitioners' motivation, digital platform usage and knowledge sharing mediate the relationship between organizational culture and service innovation.

3. Research methodology

3.1 The measurement scales

The measurement instrument (the questionnaire) consisted of two parts. The first part contained the measurement scales for the five constructs, adapted from previous studies, with 29 items. Motivation (M) was measured using six items adopted from Wasko and Faraj (2005). The scale measures an individual's motivation to share knowledge. A sample item includes "I earn respect from others by participating in knowledge-sharing activities". Five items to measure KS were adopted from Bock *et al.* (2005). The scale measured individuals' participation in the knowledge-sharing activities. A sample item included: "I share my experience or know-how from work with other organizational members more frequently in the future". For SI, six items were adapted from Hu *et al.* (2009). It was measured through individuals' participation in enhancing SI endeavors. A sample item included "At work, I seek new service techniques, methods or techniques". OC was measured using a six-item scale adopted by Wallach (1983) and Saha and Kumar (2018). The scale measured individuals' descriptions of the core values, beliefs and practices characterizing their organizational culture. A sample item included, "Our management's style is characterized by risk-taking and innovation." Finally, the usage of DP was measured using a six-item scale adapted from Kuegler *et al.* (2015). It measured individuals' preferences for using digital platforms. A sample item included: "Digital Platforms help and support to share knowledge with other healthcare practitioners in other specialties". All responses were recorded using a seven-point Likert scale (Fornell and Larcker, 1981), with one point denoting "strongly disagree" and seven points denoting "strongly agree."

Section 2 of the questionnaire consisted of measures to capture the participants' demographic information, including their profession, occupation level, department, qualification, company size, industry, location, age, gender and work experience. A couple of experts working in the Saudi healthcare system reviewed the questionnaire before it was implemented. Based on their feedback, the wording of some scales was revised for improved clarity. The questionnaire was translated into Arabic and subsequently back-translated into English, as recommended by Brislin (1980), to ensure consistency in clarity and meaning.

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3.1.1 The pilot testing. Before administering the study to the intended participants, to ensure the validity and applicability of the questionnaire, a pilot study was conducted with a select group of individuals, as recommended by Boote (1981) and Reynolds and Diamantopoulos (1998). The pilot study contained 40 samples for "Cronbach's alpha (CA)" testing and all elements' values met the threshold of more than 0.7. The "coefficient of determination (R^2)" in the pilot study was substantial for all M, KS, DP and SI (Hair *et al.*, 2021). Thus, all items were retained in the questionnaire for formal data collection.

3.2 Sampling and data collection

The sampled population for this study consists of healthcare practitioners working in the healthcare industry and its sub-industries in Saudi Arabia. Saudi Arabia, under its overarching Vision 2030, aims to shift from an oil-based economy to a knowledge-based one. Digitalization and technology integration are critical components in materializing this vision of creating a diversified, sustainable ecosystem that ensures a high quality of life (DGA, 2025). Developing human capital is crucial for diversification, as it enables the leveraging of technology and sustains innovation, which in turn supports the creation of a knowledge-driven economy (Haller and Siedschlag, 2011). In the healthcare sector, Saudi Arabia has several programs and initiatives aimed at promoting healthier lifestyles and improving quality of life, with digitalization being a key element of all these programs. (Government of Saudi Arabia, 2016), which makes the Saudi health sector a relevant context for exploring how organizational culture, technology, motivation and KS work to foster service innovation.

Using the *a priori* method, we determined the sample size for the structural model (Soper, 2023). The minimum required sample size to detect the desired effect was 193, given the medium effect size of 0.3 (Cohen, 2013), with a targeted statistical power level of 0.80, using five latent variables measured through 29 items at a significance level of 0.01. Thus, the final sample size ($n = 319$) was sufficiently larger than the suggested minimum of 193. A significantly larger sample size was selected to reduce the margin of error and bias, thereby achieving higher accuracy with greater confidence and more insightful information (Gumpili and Das, 2022).

A questionnaire-based survey method was used to collect the data. The participants for the study were selected and approached using convenience and snowball sampling methods, which are known for their efficiency in obtaining timely responses (Al-Swidi *et al.*, 2021). Data was collected using web-based questionnaires and a note on the research objective to provide a basic idea about the proposed research.

3.3 Analytical strategy

The measurement and structural models were analyzed using a partial least squares (PLS)-based structural equation modeling (SEM) technique with SmartPLS 4.0 (Ringle *et al.*, 2022). The PLS-SEM technique is considered appropriate for various reasons, including its ability to estimate complex models, accommodate reduced sample sizes, non-normal data and the use of latent variable scoring models (Hair *et al.*, 2019). Moreover, the PLS-SEM approach emphasizes prediction when estimating statistical models, aiming to produce causal explanations (Hair *et al.*, 2019). The reliability and (convergent and discriminant) validity of the measurement model, along with relevant statistics for assessing the hypothesized main and mediating effects of the structural model, were obtained through PLS algorithms and bootstrapping following Hair *et al.* (2021). Additionally, PLS blindfolding calculations were conducted to evaluate the predictive relevance of the test. Following Anderson and Gerbing (1988) and Ali *et al.* (2023) approaches the analysis was performed in

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three steps: first, performing descriptive statistics; second, computing the measurement model to assess validity and reliability; and finally, testing the structural model to determine if it was appropriate for hypothesis testing. The following sections describe the extensive analyses conducted in this study and the emerging findings.

4. Results

4.1 Descriptive analysis

The response to the demographic variables helps identify the profile of the sample in our study, as depicted in Table A1 (Appendix). Women constituted 30% of the sample size. Of the participants, 211 were in their medical careers (66%), 82% were under 40 years old, 27% of respondents held a supervisor cadre or higher and 92% had a bachelor's degree or higher. These demographic details validate the participants' profiles as qualified to participate and respond in terms of their experience and maturity regarding the core elements to be analyzed in the study. Furthermore, one of the key features of PLS-SEM is that it can handle data without assuming normality (Hair *et al.*, 2021).

4.2 Assessment of the measurement model

4.2.1 Common method bias/variance (CMB/CMV). To identify problems with "common method variance" (CMV) in PLS-SEM models, the MLMV methodology ("measured latent marker variable") was used (Chang *et al.*, 2020). Years of experience (YoE) was a measured variable that did not belong to the same domain as the other variables; thus, it was included in the model. Table 1 shows that the R^2 values of all DP, KS, M and SI did not differ after adding the years of experience (Figure 2), which suggested that the model of this study did not have CMB/CMV issues (Terho *et al.*, 2022; Yoshikuni and Albertin, 2020).

Additionally, a random variable was included in the data set and the variance inflation factor (VIF) was checked to ensure it remained less than 3.3 for both the inner and outer models (Table 2), which was also confirmed. Consequently, no CMV issue was identified, as recommended by Kock (2024). While Kock (2024) suggests a VIF threshold of 3.3, the item DP2's VIF is 3.5. Given this variable's marginal exceedance and theoretical importance, we retained it in the model. Additional diagnostics indicated that the slight increase in VIF does not significantly impact the performance or interpretability of the measurement model (Hair *et al.*, 2019).

4.2.2 Reliability and convergent validity. The reliability of the items has been assessed through the significance and values of the factor loadings. All factor loadings were significant and above 0.7, indicating sufficient reliability of the items (Hair *et al.*, 2021). The (internal consistency) reliability at the construct levels has been assessed through CA and

Table 1. Common method bias/variance (CMB/CMV)

		Without marker variable		With marker variable	
Constructs	Q^2	R^2	R^2-adjusted	R^2	R^2-adjusted
DP	0.471	0.590	0.588	0.600	0.597
KS	0.397	0.675	0.672	0.676	0.671
M	0.427	0.438	0.437	0.439	0.435
SI	0.522	0.666	0.663	0.669	0.664

Note(s): M = motivation to share knowledge; OC = organizational culture; KS = knowledge sharing; DPU = digital platforms usage; SI = service innovation
Source(s): Authors' own work

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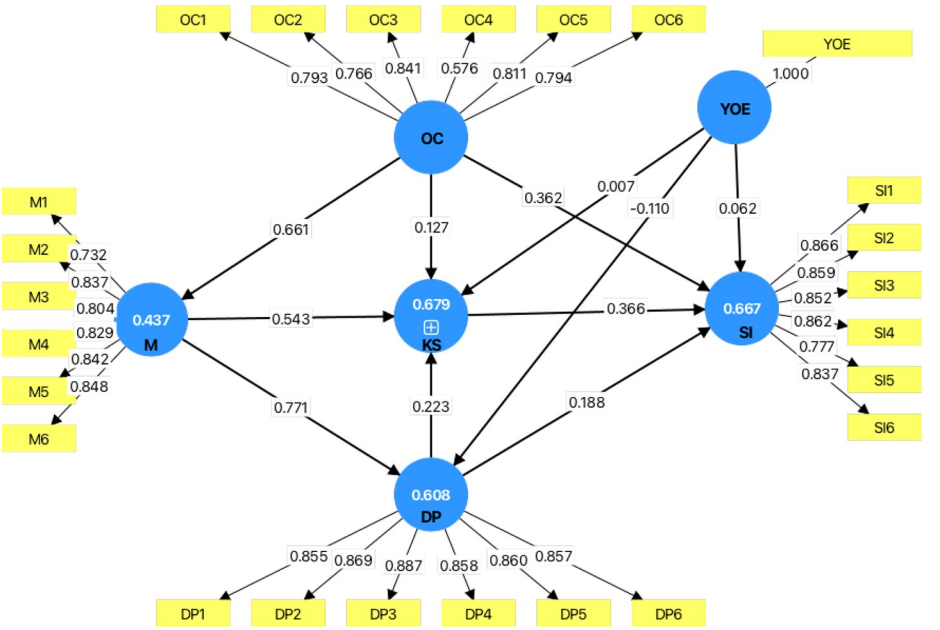


Figure 2. Marker variable. YoE = participants' year of experience
Note(s): M = motivation to share knowledge; OC = organizational culture; KS = knowledge sharing; DPU = digital platforms usage; SI = service innovation
Source: Authors' own work

composite reliability (CR). All five constructs exhibited adequate reliability, as the values of both CA and CR were sufficiently above 0.7 (Hair *et al.*, 2020, 2021). Moreover, convergent validity has been assessed through AVE, where all the values exceeded the threshold value of 0.50, reflecting sufficient convergent validity (Hair *et al.*, 2021; Sarstedt *et al.*, 2022). Relevant statistics are contained in Table 2.

4.2.3 Discriminant validity. Discriminant validity has been ascertained through the Fornell and Larcker (1981) and the heterotrait-monotrait ratio (HTMT) values. Sufficient discriminant validity could be witnessed in Table 3, as the square root of AVE in all instances has been greater than the correlations of the latent variables, as suggested by Fornell and Larcker (1981). Besides, all HTMT values have been less than 0.9 (Franke and Sarstedt, 2019; Rasoolimanesh, 2022).

4.2.4 Assessment of multicollinearity. The "variance inflation factor" (VIF) has been used to evaluate potential collinearity using benchmark VIF <3.3 (Hair *et al.*, 2019; Hair *et al.*, 2021; Kim, 2019; Shrestha, 2020). Table 2 demonstrates that the VIF is less than 3.3 for each construct; therefore, multicollinearity is not an issue.

4.3 Assessment of the structural model

Following the recommendations of Hair *et al.* (2019), the path coefficient, bias-corrected confidence interval and model-fit measures, obtained using bootstrapping with 10,000 iterations, were assessed to evaluate the structural model.

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Table 2. Reliability and convergent validity

Construct	Item	FL	VIF	CA	CR	AVE
DP				0.931	0.946	0.745
	DP1	0.859	2.848			
	DP2	0.868	3.052			
	DP3	0.884	3.566			
	DP4	0.857	2.936			
	DP5	0.862	2.962			
	DP6	0.847	2.811			
KS				0.879	0.912	0.674
	KS1	0.857	2.623			
	KS2	0.847	2.384			
	KS3	0.843	2.313			
	KS4	0.752	1.808			
	KS5	0.801	2.033			
M				0.900	0.923	0.668
	M1	0.739	1.857			
	M2	0.841	2.492			
	M3	0.803	2.343			
	M4	0.828	2.829			
	M5	0.838	3.189			
	M6	0.850	2.581			
OC				0.866	0.901	0.605
	OC1	0.796	2.020			
	OC2	0.768	1.623			
	OC3	0.843	2.652			
	OC4	0.598	1.234			
	OC5	0.824	2.501			
	OC6	0.811	2.439			
SI				0.918	0.937	0.711
	SI1	0.871	2.752			
	SI2	0.845	2.748			
	SI3	0.859	2.601			
	SI4	0.859	2.716			
	SI5	0.783	1.940			
	SI6	0.839	2.382			

Note(s): FL = factor loading; VIF = variance inflation factor; CA = Cronbach's alpha; CR = composite reliability; AVE = average variance extracted; DP = digital platform; M = motivation; OC = organizational culture; SI = service innovation
Source(s): Authors' own work

4.3.1 Model's goodness-of-fit, explanatory and predictive power. The "standardized root mean square residuals" (SRMR) are reported with a threshold value of less than 0.08, which has been used to assess the model's goodness of fit, as suggested by Henseler *et al.* (2015). Moreover, the squared Euclidean distance and geodesic distance were both found to be lower than the upper bound of the CI 95% and 99% (Henseler *et al.*, 2015). The NFI also indicates a good fit for this study's model, as it is close to 1 (Lohmoller, 2013), confirming the model fit. Hence, the model's goodness of fit has been ascertained through all these indices. Relevant statistics are reported in Table 4.

R^2 value for the endogenous construct was found to be 0.666. This value indicates that approximately 67% of the variance in the endogenous construct is explained by the variance of the exogenous constructs. This result suggests that the model has moderate illustrative

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Table 3. The discriminant validity

Constructs	DP	KS	M	OC	SI
DP	***0.863***	0.816	0.836	0.793	0.774
KS	0.742	***0.821***	0.881	0.727	0.812
M	0.768	0.791	***0.818***	0.742	0.833
OC	0.719	0.642	0.662	***0.778***	0.817
SI	0.718	0.735	0.761	0.731	***0.843***

Note(s): M = motivation to share knowledge; OC = organizational culture; KS = knowledge sharing; DPU = digital platforms usage; SI = service innovation. The bold italic values on the diagonal are the square roots of AVE, the values below the diagonal are the correlation coefficients, while the values above are the HTMT ratios
Source(s): Authors' own work

Table 4. Model fit

Indices	Saturated model	Estimated model
SRMR	0.062	0.076
d_ULS	1.670	2.501
d_G	0.721	0.780
NFI	0.831	0.826

Note(s): SRMR = standard root mean square residual; NFI = Normed Fit Index
Source(s): Authors' own work

strength (Chin, 1998; Chin, 2010; Hair *et al.*, 2019), which is generally accepted given this study's complex nature and context (Zhang, 2022). The f^2 values also showed moderate to strong effect sizes. Additionally, Q^2 values were 0.471, 0.397, 0.427 and 0.522 for DP, KS, M and SI, respectively, all of which were above 0, indicating that the model's predictive power was well established (Edeh *et al.*, 2023; Wang and Rhemtulla, 2021).

4.3.2 Analysis of the direct and serial mediation effects. The path coefficient (β) values were examined to test the impact of exogenous constructs on the mediating and endogenous constructs (see Figure 3). According to the values presented in Table 5, all direct effect hypotheses were empirically substantiated. *H1*(a) indicates that the path from OC to M is significantly positive (β = 0.662, t = 16.316 and $p < 0.001$), highlighting a strong positive effect of OC on M. *H1*(b) shows a significant positive relationship between OC and KS (β = 0.108, $t = 2.110$ and $p = 0.035$), suggesting a positive impact of OC on KS. *H1*(c) demonstrates a significant positive relationship between OC and SI ($\beta = 0.364$, $t = 5.647$ and $p < 0.001$), showing that OC positively affects SI. *H2*(a) reveals a significant positive relationship between M and KS (β = 0.510, $t = 7.122$ and $p < 0.001$), indicating that M positively influences KS. The *H2*(b) results corroborated a significant indirect relationship between M and DP ($\beta = 0.768$, $t = 23.435$, $p < 0.001$). *H3*(a) results demonstrate a significant positive relationship between DP and KS ($\beta = 0.273$, $t = 3.628$ and $p < 0.001$). *H3*(b) results highlight the significant positive relationship between DP and SI ($\beta = 0.187$, $t = 2.242$ and $p = 0.025$). Finally, *H4* results corroborate a significant positive relationship between KS and SI ($\beta = 0.362$, $t = 5.573$ and $p < 0.001$). *H5* confirms that the indirect relationship from OC through M to DP to KS to SI is significant ($\beta = 0.050$, $t = 3.331$ and $p < 0.001$), corroborating a complex mediating process.

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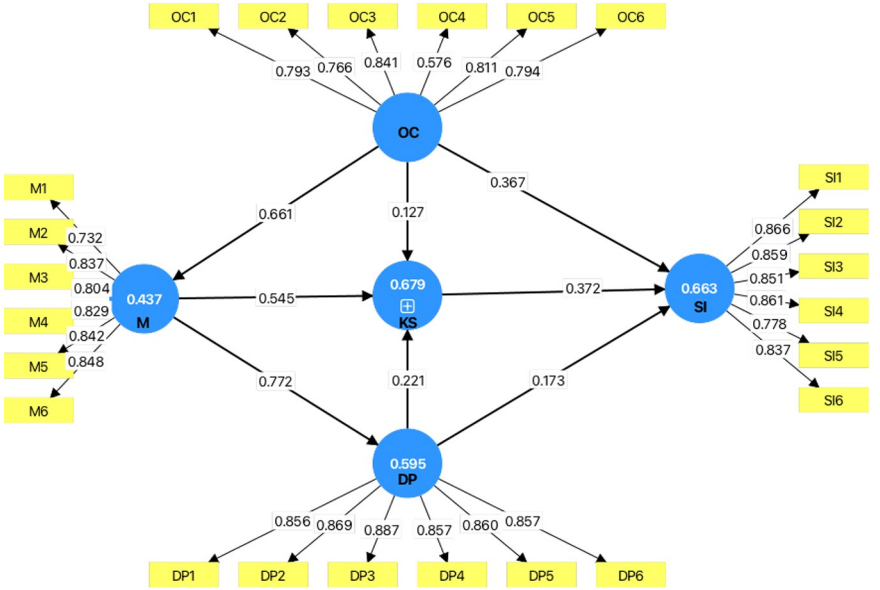


Figure 3. The structural model estimates

Note(s): M = motivation to share knowledge; OC = organizational culture; KS = knowledge sharing; DPU = digital platforms usage; SI = service innovation

Source(s): Authors' own work

Table 5. The structural model analysis

Hypotheses and paths	β	Std error	*t*-values	CI 2.50%	CI 97.50%	*p*-values	Results
H1(a): OC → M	0.662	0.041	16.316	0.578	0.737	0.000***	Supported
H1(b): OC → KS	0.108	0.051	2.110	0.011	0.212	0.035*	Supported
H1(c): OC → SI	0.364	0.064	5.647	0.241	0.494	0.000***	Supported
H2(a): M → KS	0.510	0.072	7.122	0.363	0.643	0.000***	Supported
H2(b): M → DP	0.768	0.033	23.435	0.697	0.828	0.000***	Supported
H3(a): DP → KS	0.273	0.075	3.628	0.126	0.424	0.000***	Supported
H3(b): DP → SI	0.187	0.084	2.242	0.017	0.347	0.025*	Supported
H4: KS → SI	0.362	0.065	5.573	0.234	0.488	0.000***	Supported
H5: OC → M → DP → KS → SI	0.050	0.015	3.331	0.023	0.082	0.001**	Supported

Note(s): ***$p < 0.001$, **$p < 0.01$, *$p < 0.05$, M = motivation to share knowledge; OC = organizational culture; KS = knowledge sharing; DPU = digital platforms usage; SI = service innovation

Source(s): Authors' own work

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Moreover, after controlling for other variables, the interaction between DP and KS also showed a statistically significant relationship with SI (β = 0.362, t = 5.573, p < 0.001). However, the control variables OS and Age did not show statistically significant relationships with DP, M or KS in either the presence or absence of control variables. In contrast, the control variables OS and Age did not exhibit significant relationships with KS, DP, M or SI, suggesting that they may not substantially impact the observed associations (see Figure 4 and Table 6).

5. Discussion

5.1 Discussion of results

Concerning RQ1, the significance of the *H1*(a–c) was analyzed. The strong positive relationship between OC and motivation *H1*(a) (β = 0.662, p < 0.001) highlights the critical role of OC in influencing employee motivation. A culture that supports and values employees' contributions can significantly enhance their intrinsic motivation, leading to greater engagement in knowledge-sharing activities and the use of digital platforms. This finding underscores the importance of aligning OC with strategic goals to foster a motivated and innovative workforce. The significant relationship between OC and knowledge-sharing *H1*(b) (β = 0.108, p < 0.05) indicates that a supportive and collaborative OC is a crucial driver of knowledge-sharing activities. This finding suggests that organizations should cultivate a culture that values and encourages the exchange of employee knowledge. By doing so, they can create an environment where knowledge flows freely, leading to enhanced innovation and improved service delivery. The significant relationship between OC and SI

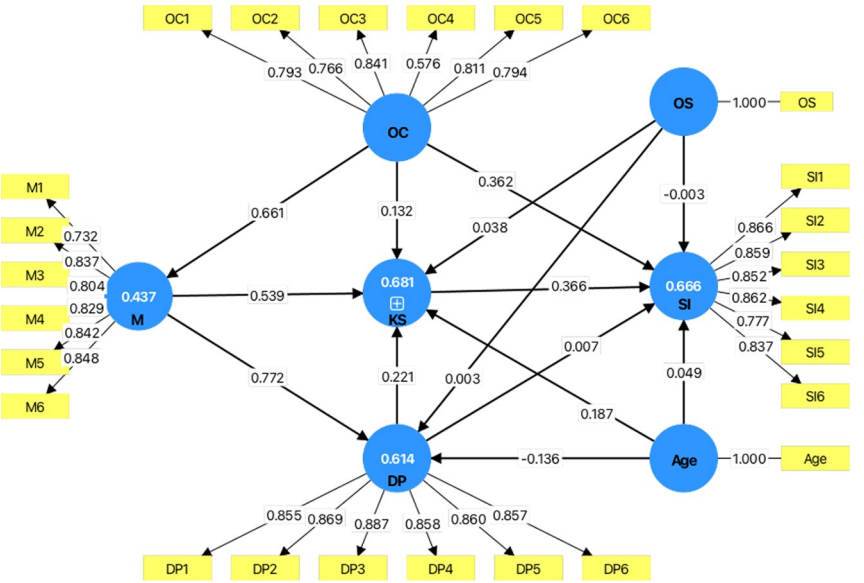


Figure 4. Model with control variable

Note(s): Age = participant age and OS = organization size; M = motivation to share knowledge; OC = organizational culture; KS = knowledge sharing; DPU = digital platforms usage; SI = service innovation

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Table 6. The model with and without the control variable

Paths	With control variable			Without control variable		
	Original sample	*T*-values	*p*-values	Original sample	*T*-values	*p*-values
OC → M	0.664	16.608	0.000	0.662	16.316	0.000
OC → KS	0.115	2.251	0.024	0.108	2.110	0.035
OC → SI	0.358	5.530	0.000	0.364	5.647	0.000
M → KS	0.508	7.103	0.000	0.510	7.122	0.000
M → DP	0.767	23.295	0.000	0.768	23.435	0.000
DP → KS	0.268	3.545	0.000	0.273	3.628	0.000
DP → SI	0.199	2.470	0.014	0.187	2.242	0.025
KS → SI	0.359	5.608	0.000	0.362	5.573	0.000
OS → DP	0.022	0.590	0.555			
OS → KS	0.043	1.302	0.193			
OS → M	0.069	1.636	0.102			
OS → SI	−0.009	0.255	0.799			
Age → DP	−0.135	3.299	0.001			
Age → KS	0.000	0.016	0.987			
Age → M	0.011	0.271	0.787			
Age → SI	0.033	0.932	0.351			

Note(s): OS = organizational size; Age = participants' age, M = motivation to share knowledge; OC = organizational culture; KS = knowledge sharing; DPU = digital platforms usage; SI = service innovation
Source(s): Authors' own work

H2(c) ($\beta = 0.364$, $p < 0.001$) suggests that a positive OC is instrumental in driving SI (Le, 2023). These findings are consistent with earlier studies such as Al-Alawi *et al.* (2022), Amoa-Gyarteng and Dhliwayo (2024), Lam *et al.* (2021), Li *et al.* (2024 and Naqshbandi *et al.* (2024). A culture that encourages innovation, collaboration and KS can create fertile ground for developing new and improved healthcare services (Koukouvinou *et al.*, 2023; Santarsiero *et al.*, 2023). This finding reinforces the need for healthcare organizations to invest in building a strong OC that supports innovation.

Concerning RQ2, the significance of *H2* (a and b) was assessed. The positive and significant relationship between motivation and KS *H2*(a) ($\beta = 0.510$, $p < 0.001$) demonstrates that motivated individuals are more inclined to engage in knowledge-sharing activities. This finding highlights the importance of organizations implementing strategies that enhance employee motivation, such as recognition programs, professional development opportunities and a supportive organizational culture. Enhancing motivation can significantly boost knowledge-sharing behaviors, resulting in improved organizational performance and innovation. The highly significant relationship between motivation and DP *H2*(b) ($\beta = 0.768$, $p < 0.001$) indicates that motivated employees are more likely to embrace and use digital tools. These findings are in accordance with those of Cannavacciuolo *et al.* (2023), Hon *et al.* (2022), Paais and Pattiruhu (2020) and Santarsiero *et al.* (2023). This suggests that fostering intrinsic motivation among healthcare practitioners is essential for successfully adopting and integrating digital platforms. By understanding and leveraging the motivational drivers of employees, organizations can enhance the effectiveness of their digital initiatives.

Concerning RQ3, the significance of *H3* (a and b) was analyzed. The positive and significant relationship between DP and KS *H3*(a) ($\beta = 0.273$, $p < 0.001$) underscores the vital role that digital tools play in facilitating the dissemination of knowledge among healthcare practitioners. This finding aligns with the notion that technology enables a collaborative environment where knowledge can be easily accessed and shared. By fostering

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an atmosphere where DP are integral to daily operations, organizations can enhance their knowledge-sharing practices, ultimately leading to improved healthcare outcomes (Fronzetti Colladon *et al.*, 2023). The significant relationship between DP and SI *H3*(b) (β = 0.187, p < 0.05) highlights the transformative potential of digital technologies in the healthcare sector. These findings are consistent with earlier studies such as Bamel *et al.* (2023), Bettiol *et al.* (2023), Deng *et al.* (2023), Kwayu *et al.* (2021), Nguyen *et al.* (2024), Shehzad *et al.* (2024) and Soto Setzke *et al.* (2023) and Zhao *et al.* (2023). DP streamlines communication and collaboration, fostering an innovative culture by providing the necessary tools and resources for SI (Azeem *et al.*, 2021). These findings suggest that investments in digital infrastructure are crucial for healthcare organizations seeking to remain competitive and responsive to the evolving needs of the industry.

The strong positive relationship between KS and SI*H4* (β = 0.362, p < 0.001) supports the idea that effective knowledge dissemination is a cornerstone of innovation (Ganguly *et al.*, 2020). When healthcare practitioners actively share their expertise and insights, it leads to the development of novel solutions and improvements in service delivery (Patrício *et al.*, 2020). This finding highlights the importance of cultivating a culture of KS within healthcare organizations to drive continuous innovation and enhance patient care.

Finally, concerning RQ4, the empirical substantiation of *H5* (β = 0.050, p < 0.01) represents a more complex mediation pathway that illustrates how OC influences motivation, which in turn affects the adoption of digital platforms, leading to increased KS and subsequent service innovation, which is consistent with Bereznoy *et al.* (2021) and Nguyen *et al.* (2024). The significant mediation effect suggests that fostering a positive OC can indirectly lead to SIthrough a series of interconnected steps involving motivation and the use of digital platforms. This finding highlights the importance of a holistic approach that considers multiple factors and their interrelationships in fostering innovation.

Although the empirical substantiation of all the hypotheses may raise concerns about the validity and generalizability of the findings, we ensured the robustness of our results by ensuring the falsifiability of the hypotheses, mitigating confirmation bias and rigorously applying the methodology. We clearly defined the variables (both constitutively and operationally) and used clear, concise and neutral language to mitigate the vagueness of the hypotheses. We specified testable outcomes and avoided using universal claims. We remained open to disconfirming insights, propositions and evidence throughout the research process. We also endeavored to reduce the biases inherent in sample selection, data collection and ascertaining measurement quality, as well as corroborating the structural relationships. Though the findings encompassing the empirical substantiation of our hypotheses align with those in some earlier studies, the uniqueness of this research lies in synthesizing these sporadic findings into a process-driven integrated explanation underscoring multiple serially mediated interactions between various organizational elements and extending this framework to the healthcare sector in a less researched Middle Eastern economy currently experiencing social and digital transformation.

5.2 General discussion

In an era where healthcare is rapidly changing, the importance of DP in promoting KS and SI cannot be overstated. This study examines the complex interplay between organizational culture, digital platform usage and the motivation of healthcare practitioners to share their knowledge in enhancing SI through improved knowledge sharing. The findings highlight the crucial importance of fostering an environment that promotes and actively encourages KS through motivational, cultural and technological enablements.

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A supportive OC combined with robust DP significantly enhances knowledge-sharing activities and this synergy is pivotal for driving SI in the healthcare industry. The motivation of healthcare practitioners is a crucial factor in enkindling the knowledge-sharing process, with incentive systems and a culture of trust and collaboration being essential to encourage employees to share their expertise. Besides, the path forward also involves adopting cutting-edge technologies and fostering a culture that values and rewards knowledge sharing. In doing so, healthcare organizations can achieve sustainable competitive advantages and deliver transformative innovations that enhance patient care and operational efficiency. The integration of these elements not only facilitates the creation and dissemination of new knowledge but also ensures that such knowledge is effectively applied to innovate and improve healthcare services. This comprehensive approach highlights the importance of aligning organizational culture, digital platforms and motivation strategies to create an environment that fosters continuous improvement and excellence in healthcare. By fostering a supportive and technologically advanced environment, healthcare organizations can unlock the full potential of their human capital, leading to improved patient outcomes and sustained innovative services. The insights from this research provide a roadmap for healthcare leaders to navigate the complexities of KM and innovation, ultimately contributing to the advancement of the healthcare sector as a whole.

6. Conclusion

6.1 Theoretical contributions

By integrating the KBV of the firm (Grant, 1996) and motivation theory Ryan and Deci (2000) and extending it to the healthcare context, this research cements the generalizability of these underpinning theoretical frameworks. The combination of KBV and motivation theory provides a robust theoretical foundation for exploring the dynamics of KS and SI linkage. While KBV emphasizes the strategic importance of knowledge (sharing) as a crucial resource for competitive advantage, motivation theory highlights the intrinsic and extrinsic factors that drive individuals to share knowledge.

Existing literature has acknowledged the pivotal role of OC in facilitating KS (Chión *et al.*, 2020; Nguyen *et al.*, 2019). This study advances this understanding by examining OC as an antecedent of the motivation to share knowledge, knowledge sharing and service innovation. Besides considering the use of DP as essential mediators, the research explains how a supportive OC can improve the effectiveness of DP in promoting KS activities to enhance service innovation. In an era where digital transformation is reshaping industries, understanding the impact of DP on KS is vital.

Although sporadic research has examined the interplay between individual, cultural and technological determinants of KS and service innovations, few studies have investigated it within the healthcare context, particularly focusing on DP and organizational culture. This study fills this research gap by providing a nuanced understanding of how these elements interact to drive SI in the healthcare sector. The findings underscore the importance of investing in DP and cultivating a supportive OC to enhance KS and service innovation.

Its final theoretical contribution emerges from the use of Middle Eastern data, which facilitates the generalization of the etic theories developed in the West to the disparate cultural contexts, such as Saudi Arabia.

6.2 Practical implications

The findings of this study offer several practical implications for decision-makers within the healthcare industry, particularly those focused on leveraging DP to foster SI through knowledge sharing. Healthcare organizations should strive to create a culture that promotes

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employee trust and collaboration. This can be achieved through regular team-building activities, transparent communication channels and recognition programs that reward knowledge-sharing behaviors.

Leaders in healthcare institutions must demonstrate a commitment to KS by actively participating in these activities and promoting their importance. Leadership endorsement can significantly influence employees' willingness to share their knowledge and expertise. The integration of advanced digital platforms, including telemedicine, enterprise resource planning, health information systems (HIS), enterprise social networks and wearable devices, is crucial for effective healthcare delivery. These platforms facilitate seamless communication and information exchange, making it easier for health-care practitioners to access and share knowledge. Healthcare organizations should invest in comprehensive training programs to maximize the benefits of digital platforms. These programs should focus on enhancing digital literacy among staff and providing ongoing support to address any technical issues that may arise.

Developing robust incentive systems that reward knowledge-sharing activities is essential. These incentives could include financial rewards, professional development opportunities or public recognition. By aligning individual motivations with organizational goals, healthcare institutions can encourage more active participation in knowledge-sharing initiatives. Establishing mechanisms for feedback can help practitioners see the impact of their contributions. Regular feedback sessions can also provide insights into any barriers to knowledge sharing, allowing organizations to address these issues promptly. Encouraging cross-functional collaboration is vital to driving service innovation. By leveraging the diverse expertise within the organization, healthcare providers can develop innovative solutions that address complex healthcare challenges.

Implementing pilot programs to test new ideas and approaches can help refine SI strategies. These pilots can serve as a proof of concept, demonstrating the potential benefits of new initiatives before scaling them across the organization. Given Saudi Arabia's Vision 2030, which aims to transition to a knowledge-based economy, healthcare organizations should align their strategies with this national vision. By focusing on KS and digital transformation, they can contribute to economic diversification and improved quality of life. Moreover, policymakers should create a supportive regulatory framework that encourages KS and innovation in the healthcare sector. This includes ensuring data privacy and security, which is critical for maintaining trust in digital platforms.

Fostering a supportive organizational culture, investing in digital platforms, motivating practitioners and aligning with broader strategic goals can significantly enhance healthcare organizations' service delivery and contribute to the overall advancement of the healthcare industry. It fosters a culture of continuous improvement and innovation. Hence, for practitioners and/or policymakers, the study emphasizes the need to invest in digitally modernizing knowledge-sharing tools, techniques and practices. This investment could be the most desired technological upgrade and a strategic step toward building a knowledge-based economy, as outlined in Saudi Arabia's Vision 2030. The strategic shift from an oil-dependent economy to a diversified, knowledge-based economy underscores the importance of developing human capital and leveraging technology to drive innovation.

6.3 Limitations and future research directions

While this study provides valuable insights into the interplay between organizational culture, digital platform usage and motivation in KS and service innovation, it has limitations. One primary limitation is the reliance on self-reported data, which may introduce biases such as social desirability or inaccurate self-assessment. Future research could incorporate objective

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measures and longitudinal data to capture dynamics more effectively over time. Another limitation lies in the contextual focus on the healthcare industry within Saudi Arabia. While this provides a rich and specific context, it may limit the generalizability of the findings to other industries or regions. Future studies could explore similar dynamics in different sectors or cross-cultural settings to enhance the robustness and applicability of the results.

Additionally, the study primarily used quantitative methods. While this approach is effective for testing hypotheses and establishing relationships, it may overlook the nuanced and qualitative aspects of KS and service innovation. Future research could adopt mixed-methods approaches, integrating qualitative data to provide deeper insights into the underlying processes and contextual factors. Finally, the study's conceptual model, tested using PLS-SEM, focuses on specific variables, including organizational culture, digital platforms and motivation. Future research could expand this model by including other potential mediators or moderators, such as leadership styles, organizational structure or external environmental factors, to provide a more comprehensive understanding of the factors influencing KS and service innovation.

6.4 Concluding remarks

As we navigate the complexities of modern healthcare, this study underscores the transformative potential of leveraging DP and fostering a conducive OC to enhance KS and service innovation. The intricate interplay between these elements reveals that motivation, bolstered by a supportive environment and advanced technology, is pivotal in driving meaningful change. Our findings highlight that strategic investments in digital modernization are not merely enhancements but essential steps toward realizing a knowledge-based economy, particularly within the visionary framework of Saudi Arabia's Vision 2030. However, this research is a stepping stone in a vast and evolving landscape. Future inquiries should delve deeper into the nuanced relationships uncovered here, exploring how different industries, cultural contexts and emerging technologies can further augment these dynamics. Integrating qualitative insights and more diverse methodological approaches will be crucial in providing a more comprehensive picture of the knowledge-sharing and innovation continuum. Ultimately, the journey toward transformative healthcare SI is ongoing. As we continue to unravel the complexities of knowledge sharing, the open-ended questions posed by this study invite researchers, practitioners and policymakers alike to investigate further and innovate. How can we harness the full potential of DP to foster even greater collaboration and knowledge exchange? What new motivators can be identified to inspire healthcare practitioners in diverse contexts? The answers to these questions will shape the future of healthcare, driving us toward a more connected, informed and innovative world.

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Appendix

Table A1. Profile of the respondents and demographic items

Item	Freq.	%
Gender		
1. Male	223	70
2. Female	96	30
Age		
2. 20–30	131	41
3. 31–40	131	41
4. 41–50	41	13
5. 51–60	16	5
Total year of experience		
1. 1 year or less	35	11
2. 2–5	96	30
3. 6–10	85	26
4. 11–15	53	17
5. 16–20	29	9
6. > 20	21	7
Industry type		
1. Hospitals / clinics	184	58
2. Pharmaceutical	16	5
3. Medical equipment	6	2
4. healthcare technologies	6	2
5. healthcare systems	8	2.5
6. IT and technologies	6	2
7. Telemedicine	2	0.6
8. Public sector	16	5
9. Others	59	19
10. Medical education	13	4
11. Health insurance	2	0.6
12. Regulator / accreditor	1	0.3
Education level		
1. High school or less	2	0.6
2. Diploma	22	7
3. Bachelor	181	57
4. Master	58	18
5. PhD	13	4
6. Medical board	35	11
7. Medical fellowship	8	2.5
Occupational level		
1. Healthcare specialist	108	34
2. Physician GP / resident	56	17
3. Registrar / Sr registrar	25	8
4. Medical consultant	22	7
5. Entry level, non-medical	23	7
6. Analyst/supervisor	29	9
7. Manager / Sr manager	34	11
8. Director / Sr director	13	4
9. Executive / *C*-suit role	9	3

(*continued*)

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Table A1. Continued

Item	Freq.	%
Organizational size		
1. Less than 100 employees	57	18
2. 100–500	96	30
3. 501–1000	57	18
4. 1001–5000	45	14
5. > 5000	64	20
Department		
1. Nursing	39	12
2. Radiology	13	4
3. Laboratory	14	4
4. Pharmacy	35	11
5. Medical	109	34
6. Information system	27	8.5
7. Digital transformation	6	2
8. IT and technologies	13	4
9. Biomedical	6	2
10. Quality	40	12.5
11. Patient experience	17	5

Source(s): Authors' own work

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Muhammad Zafar Yaqub earned his PhD from the University of Vienna, Austria. He has published in eminent scholarly journals like *Industrial Marketing Management*, *Journal of Business Research*, *Journal of Enterprise Information Management*, *Journal of Cleaner Production*, *Technological Forecasting and Social Change*, *Business Strategy and Environment*, *Journal of Retailing and Consumer Services*, *Journal of Intellectual Capital*, *Journal of Knowledge Management*, *Cleaner and Responsible Consumption*, *Corporate Social Responsibility and Environmental Management*, etc. He has co-edited special issues in Industrial Marketing Management, Managerial and Decision Economics and the *European Journal of International Management*. He has been a member of eminent scholarly bodies such as SMS, AIB, BAM, ANZAM, and EMNET. Muhammad Zafar Yaqub is the corresponding author and can be contacted at: mzyaqoub@kau.edu.sa

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