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KNOWLEDGE SHARING AND INFORMATION CREDIBILITY AS CORRELATE OF DECISION MAKING AMONG HEALTH PRACTITIONERS IN FEDERAL MEDICAL CENTRE NORTH-CENTRAL NIGERIA

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Abstract:

The paper highlighted knowledge sharing and information credibility as correlate of decision making among health practitioners in federal medical centres in North-Central, Nigeria. The study was guided by two (2) objectives, two (2) research questions and one (1) hypothesis. The null hypotheses were tested at 0.05 level of significance: Survey research design method was adopted for the study. Questionnaire was the only instrument used for data collection. Three hundred and seventy-four (374) copies of questionnaire were administered on respondents and three hundred and sixty-one (361) copies of questionnaire were filled, returned and used for the analysis. Descriptive statistics such as frequency count, percentage, mean and standard deviation were used to analyse the data. The findings of the study among others revealed that health practitioners conceptualize ideas during decision making processes. The result of the hypothesis showed that increase in knowledge shared and verified will improve decision making among health practitioners in federal medical centres North Central, Nigeria. In conclusion, the study recommended among others that provision of equipment and use of professional social media platforms for credible knowledge sharing will aid medical practitioners in decision making processes and ensure that the provision of only rich credible information are provided.

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INTRODUCTION

Medical centres are most often community based patient directed organisations that deliver comprehensive, culturally competent, high-quality primary health care services. Medical centres also often integrate access to pharmacy, mental health, substance use disorder, and oral health services in areas where economic, geographic, or cultural barriers limit access to affordable health care services. Medical centres are faced with the optimum responsibility of delivering good and quality health care service to the Nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and the Nation's citizens at large.

Health care is a type of care mostly provided by health practitioners, health care needs key quality improvement practices, including health information technology. There is need to create platforms that will equip, update, motivate and boost knowledge sharing through health information system for optimum health care services; it is vital and paramount to the survival of the health sector. Health Information is an ethereal commodity. it is the data and knowledge that intelligent systems (human and artificial) use to support their decisions making processes.

Decision making process is continuous and indispensable component of managing any health organisation or any other business activities. Decisions are made to sustain all the activities of every health care centre in which at one point or the other every health practitioner is faced with a decision-making process that provides the best choice of decision made especially on patient treatments.

Decision making process is inevitable among health practitioners, Health Practitioners today can only function with a constant improving decision making process, as this will in turn positively affect health services delivery. Kang and Lee (2017) aver that lack of information is the denial of choices and opportunities for decision making and living better life, for every decision to be made accurately among health practitioners, a vital information is needed to aid the processes, people make efforts to contact relevant and credible information sources to make the right decision and fill the gap in knowledge.

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Health Practitioners collect some vital information before making any decision, what information is needed, the best sources of information, and how to get it, this step involves both internal and external, Health Practitioners seek it through a process of self-assessment from interviewing the patient or make contact with the patient medical records, other information may be external, external sources are information found online, in books, from other people, and from other sources.

In a quest for effective decision-making process, the search for information starts with the identification of the gap in knowledge, which the individual and organisation makes an effort to bridge. Hamzat, and Otulugbu, (2020) opines that information censored and investigated assists in reducing the degree of uncertainty and ignorance in the operating environment as well as decision making processes. Knowledge sharing tends to filling the gap between the know not health practitioners and the know how health practitioners.

Knowledge Sharing is a common activity for everyone including health practitioners, but knowledge sharing within an organisation such as healthcare system is a complex and complicated issue (Medhekar, 2017). Knowledge sharing is perceived among health practitioners as the exchange of task-related information, advice, and expertise to help other health practitioners and to collaborate with them to carry out daily tasks, solve problems and develop new ideas (Hemsley and Mason, 2013), this activity is not limited to age or years in service as it encompasses all spheres of health practitioners.

Knowledge sharing encourages social interaction at the workplace and leads to the preservation of existing knowledge so that it is not lost when employees switch or retire from the companies. It enables everyone to access the relevant information at a central place and speeds up the response times. Reusing what others have already learned and created can save a lot of time and money, increase work productivity, and minimize risks. To get success in reusing the knowledge, it is important to have a good knowledge base and content, and it should be easy to find for the members of the organisation (Ashkenazi et al., 2017).

Knowledge sharing within teams is not only beneficial to your employees but also fruitful for business performance. When all the tasks are performed

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efficiently in the organisation and every member works in a streamlined manner, it ensures faster, better decision making and eventually improves the productivity and performance of the organisation (Dubovi et al., 2017). Social media an integral part and channel of knowledge sharing Social media are one of the most used platform in which knowledge are shared among health workers today. Social media tools are online collaborative tools that enable people to communicate, participate, collaborate and thus share information (Moorhead, Hazlett and Hoving, 2013).

Knowledge shared is considered more credible, efficient and effective when it is shared and still maintains its ability to influence positive decision making. However, decision making are made possible by the credibility of the information or knowledge shared thus this affect the outcome of the kind of decision taken.

Information credibility is the extent to which Health practitioners perceives information to be believable and is a strong predictor of information consumers. Previous research has reported how to judge the information credibility of knowledge shared among Health Practitioners. It is not unusual to find that unverified or falsified information continues to flood among Health practitioners and media. In this situation, information consumers are forced to look for new ways to evaluate the credibility of information. While some researchers have addressed issues related to the information credibility on among Health Practitioners and media stream, this study mainly focused on a specific type of Health Practitioners in which are the doctors and nurses and their social media platforms (Kang, 2019)

The emergence of new usage of Face book pages and new audience of those platforms, a more precise understanding of the factors that influence the information credibility is required, thus when an information is consider credible it facilitate a more precise decision making among individuals and organisation such as health organisation, credible information enable health practitioner to make right decision on every aspect of medical activity or concern, information credibility promote effective and efficient use of information gotten from knowledge sharing via social media (Verhoeven, 2019).

Health practitioner's resources need to be recent enough for recent health topic. If the paper is on a topic like cancer research, they would want the

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most recent information, but a topic such as World War II could use information written in a broader time range. In order to have a good quality of information reliability check, the information come from an author or organisation that has authority to speak on Health or health related topic?

Kaplan (2016) opine that it's important that in every process geared towards information credibility, health practitioners sharing information need to ascertain who are the intended readers and what is the publication's purpose? There is a difference between a magazine written for the general public and a journal written for professors and experts in the field.

A pilot study by the researcher reveal that health practitioners also make use of various social media platforms to post images, share and communicate health related information, the extent of knowledge sharing via social media among healthcare practitioners is considerable very active. Resident doctors and supervising doctors communicate frequently via social media platforms especially those social media platforms that are video call or teleconferencing enable, online training activities such as graduate medical education are sometimes conducted via video calls, other health care departments and practitioners such as nurse's use these platforms to post and share health related issues, this comprises of new research, new development update on an ailment or drug, prevention and protection details, patient medical treatment which contains drug prescriptions and other related patient medical information.

Verifying the credibility of information posted or shared by any health practitioners is germane for decision making, information posted on social media that are not censored, or that lack authority, and originality may lead to fictitious information, this kind of information can be posted using social media. Identifying how crucial this may be, it is noted that social media has permeated every aspect of human relationship and knowledge sharing including activities carried out in health sectors, world records as of 2020 shows there are 3.96 billion people who are actively using social media in the world (Medhekar, 2017). This implies that social media platforms are one of the fastest medium for knowledge sharing.

Therefore, the current study is geared towards knowledge sharing and information credibility as correlate of decision making among health practitioners in Federal Medical Centre North-Central Nigeria.

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Statement of the Research Problem

Health Practitioners are personnel's highly trained and certified by certified medical bodies. It is expected that knowledge shared among health practitioners should be credible which will form the basis for decision making that will positively improve the health sector and further enhance efficiency with speed to which these ailments are reduced to the barest minimum.

Preliminary investigation by the researcher showed that health practitioners are often faced with challenges of verifying the credibility of knowledge shared which has high impact on decision making processes, most often top medical organisations due to hierarchy share knowledge and may not undergo credible verification processes, , in recent times knowledge' are often shared via social media platforms and thus may lack credible backup research or investigation and this will negatively affect decision making processes, such kind of information greatly affects their decision-making processes on the kind of treatment administered to patient and diseases control. Most often this appears to be unclear to health practitioners causing panic to the various health centres, the covid-19 pandemic brought about different issues concerning information credibility and it effects on their decision making processes, whereby some organisations where not fully convinced about its existence, some health practitioners saw it as a conspiracy theory of existence. Therefore, it is against this backdrop that this study tends to investigate knowledge sharing and information credibility as correlate of decision making among health practitioners in Federal Medical Centre North-Central, Nigeria.

Aim and Objectives of the Study

The aim of the study is to investigate knowledge sharing and information credibility as correlate of decision making among health practitioners in Federal Medical Centre North-Central, Nigeria. The objectives of the study were to:

- I. Examine decision making process among health practitioners in Federal Medical Centre North-Central, Nigeria.
- II. Identify knowledge sharing channels being used among health practitioners in Federal Medical Centre North-Central, Nigeria.

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Research Questions

The following research questions guided the study in gathering relevant data:

1. What are the decision making processes among health practitioners in Federal Medical Centre North-Central, Nigeria?
2. What are the channels health practitioners use for knowledge sharing in Federal Medical Centre North-Central, Nigeria?

Hypotheses

The following null hypothesis guided the present study and was tested at 0.05 level of significance:

H₀₁: There is no significant relationship between knowledge sharing and decision making among health practitioners in Federal Medical centre North-Central, Nigeria.

Scope of the Study

The study focuses on knowledge sharing and information credibility as correlate of decision making among health practitioners. The geographical scope is North-Central, Nigeria. The study covered federal medical centres North-Central, Nigeria. The content scope focuses on knowledge sharing, information credibility and how they all impact decision making, The population scopes cover health practitioners in Federal Medical Centre, the areas of interest to be covered in this study includes: decision making process among health practitioners, challenges faced during decision making among health practitioners, the way and manner knowledge is being shared among health practitioners, the various barriers that affect knowledge sharing among health practitioners and the credibility of knowledge shared among health practitioners in Federal Medical Centre North-Central, Nigeria

Significance of the Study

The study will be of great importance to health organisation, on how to foster knowledge sharing using social media tools among health practitioners thereby promoting research and development in health sector. Similarly, health practitioners will benefit from the study on how to identify and measure credible information shared via social media, which in turn will

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positively influence decision making. The study will also contribute to existing knowledge and serve as a stepping stone for other researchers willing to carry out similar work on this field of study.

Literature Review

Decision making has been explained and defined as the ability to choose or make choice between alternatives. It can also be described as a point where one or an organisation make selection among various options, these options could times be highly competitive and could also serve as close substitute. Lwoga *et al.* (2013) also explain the importance of decision making as those strategic decisions are an ongoing process of ensuring a competitively superior fit between an organization and its changing environment. Organisation such as medical bodies are not left out in this bracket of decision making, health practitioners often times are faced with different health issues which is a problem to be solve thus the need for decision making comes into play. Levy (2014) explains that the decision-making is the process for the management to identify and choosing among alternative courses of action in a manner appropriate to the demands of the situation and in the processes alternative courses of action appears and must be identified, weighed, weeded out and executed.

Knowledge is also forming of ideas, "Ideas are...the critical input in the production of more valuable human and nonhuman capital," (Levy, 2014). While investments in machinery, technological infrastructures and human capital are correlated with economic growth, it is the ideas of what to put those investments to use on – ideas developed through education, research, and experimentation – that both drives the investments and provides the mechanisms through which economic growth occurs (Halle, 2012; Thompson, 2012). Knowledge sharing has also become an important focus in the strategic management field, and maximum service delivery, where knowledge is seen as "the most strategically-important resource which affects organizations decision making processes," and a principal source of value creation (Duncan-Daston, Hunter-Sloan and Fullmer, 2013)

Verifying every single bit of information or knowledge shared is germane to positive outcome in decision making process among health practitioners, knowledge shared should be backed up with credible judgements, non-

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biased information and means for verifying its authenticity. How information is presented influences the choice processes of decision makers and can change how the user makes decisions (Kim and Abbas, 2013). They further stated that Information credibility (IC) is concerned as the fitness for use of the information provided. Information credibility has become a critical concern of organizations and an active area of Management Information Systems (MIS) research.

Health Information professionals are undergoing a period of profound adjustment, with changes in the format of medical information handling, dissemination and checking the credibility of information. These changes affect their decision making (Islam, Agarwal, & Ikeda, 2014). This necessitates health information professionals to also become not just providers of health information, but knowledge seekers as well-both for their patrons and their fellow health practitioners as well (Levy, 2014).

Methodology

This study adopted descriptive design called correlation. According Kim and Abbas, (2013) this type of study seeks to establish the relationship that exists between the variable. The study will also use survey research design because it will serve as an easy way for collecting data, it will enable the study to sample the opinion of health practitioners on how knowledge is been shared using social media on information credibility and decision making. The population of the study consisted of 469 Health Practitioners in five Federal Medical Centres in North-Central, Nigeria. The sample size is obtained by subjecting the target population of 469 on the Krejcie and Morgan 1970 recommended table for determining sample size of a population where it is stated that, for a population of 95 a sample size of 76 would be used, for 93 populations a sample size of 74 should be used, for a population size of 94 a sample size of 75 is obtained, a sample size of 73 was obtained from 92.

Data Analysis and Discussion

Table 1: Decision Making Processes among Health Practitioners

S/ N	Statement	S				Mean	STD
		D	D	A	SA		
1.	We conceptualise ideas during decision making processes	0	4	15	16	3.318	6838
	During decision making processes we gather relevant information	71	0	5	6	0	7
2.	information	71	2	14	12	2.8615	1.0866
		8	2	0	3		

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3.	We identify alternatives during decision-making process	34	6	10	16	3.088	.9904
			0	7	0	6	6
4.	In decision-making process, we choose among alternatives	0	15	131	21	3.554	.57541
	During decision making processes, we evaluate every				5	0	
5	decision made	7	3	19	13	3.2271	.6939
			4	0	0		7

Table 1 shows that five items were listed for health practitioners to respond on their decision-making processes. All the five items produced high mean scores which were above the average bench mark of 2.50. These items include item 4: In decision-making process, we choose among alternatives ($\bar{x}=3.55$; $SD=0.57$), item 1: We conceptualize ideas during decision making processes ($\bar{x}=3.31$; $SD=0.68$), item 5: During decision making processes, we evaluate every decision made ($\bar{x}=3.22$; $SD=0.69$), item 3: We identify alternatives during decision-making process ($\bar{x}=3.08$; $SD=0.99$) and item 2: During decision making processes we gather relevant information ($\bar{x}=2.86$; $SD=1.08$).

Table 2: Methods used in Knowledge Sharing among Health Practitioners

S/N	Statements	SD	D	A	SA	Mean	STD
1.	Facebook	0	18	99	244	3.6260	.57859
2.	LinkedIn	20	70	63	208	3.2715	.95945
3.	Twitter		90	66	205	3.3186	.84716
4.	Telegram	5	125	171	60	2.7922	.72537
5	Pinterest		35	239	87	3.1440	.56399
6	Whatsapp	20	55	124	162	3.1856	.88908

Table 2 shows that six items were listed for health practitioners to respond on the methods used in knowledge sharing. All the six items produced high mean scores which were above the bench mark of 2.50. These items include item 1: Facebook ($\bar{x}=3.63$; $SD=0.58$), item 3: Twitter ($\bar{x}=3.32$; $SD=0.85$),

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item 2: LinkedIn (\bar{x} =3.27; SD=0.96), item 6: Whatsapp (\bar{x} =3.18; SD=0.89)
item 5: Pinterest (\bar{x} =3.14; SD=0.56) and item 4: Telegram (\bar{x} =2.79;
SD=0.72).

Testing of Hypotheses

H_0 : There is no significant relationship between knowledge sharing and decision making among health practitioners in Federal Medical centre North-Central Nigeria.

Table 4.9 shows the relationship between knowledge sharing and decision making among health practitioners in the studied areas.

Table 4.9

Variables	N	Mean	Std.dev	Df	R	P-Value
knowledge sharing	361	3.2194	.14019	359	0.563	0.001
Decision making	361	2.9873	.34747			

Correlation is significant at $P < 0.05$

The result from table 4.9 shows the relationship between knowledge sharing and decision making among health practitioners in the studied areas, From the table it can be observed that the result of PPMC shows that there is significant relationship, since the p-value = 0.001 is less than 0.05 level of significance. R is the correlation coefficient. It is a value that shows the degree of association between two variables. From the table, it can be observed that $R=0.563$, infers a strong positive influence (correlation) between knowledge sharing and decision making among health practitioners. This infers that, predatory journals have $(0.563 * 100) = 56.3\%$ positive influence on knowledge sharing and decision making among health practitioners. The result therefore declares a strong basis to reject the null hypothesis (H_{01}) in favor of the alternative (H_{11}) and conclude that there is significant relationship between knowledge sharing and decision making among health practitioners in Federal Medical centre North-Central Nigeria.

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Discussion of the Findings

The result revealed that the decision-making processes among health practitioners is high. The health practitioners conceptualise ideas during decision making processes, gather relevant information, identify alternatives during decision making process, choose among alternatives and evaluate every decision made. This is in line with the findings of Levy (2014) who explained that decision-making is the process for the management to identify and choose among alternative courses of action in a manner appropriate to the demands of the situation and in the processes, alternative courses of action appear must be identified, weighed, weeded out and executed. Health Information professionals are undergoing a period of profound adjustment, with changes in the format of medical information handling, dissemination and checking the credibility of information. These changes affect their decision making (Islam, Agarwal, & Ikeda, 2014).

Similarly, the study revealed that the factors influencing decision making among health practitioners were insufficient time, poor information supply, fatigue during decision making process, insufficient equipment to aid decision making processes and decisions are influenced by higher authorities, thus this affects the decision-making processes of health practitioners. This is in line with the findings of Kang and Lee (2017) that lack of information is the denial of choices and opportunities for decision making and living better life.

The study equally revealed that the methods used for knowledge sharing among knowledge practitioners were Facebook, LinkedIn, twitter, telegram, Pinterest and Whatsapp. This agrees with Levy (2014) that recent technology forums like blogs, wikis and other social networking sites collectively named Web 2.0 tools or Web 2.0 platforms are being used for knowledge sharing. Social networking sites are sites which contain social media tools such as Facebook and MySpace which are used to facilitate communication, chat and sharing of ideas among people. This provides a way for health practitioners to get in touch with their patients, family and friends. This agrees with the findings of Mohamood and Richardson (2011) that social networking sites provide a way to get and stay in touch with friends, family and associates.

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Conclusion

The study presented a survey on the knowledge sharing and information credibility as correlate of decision making among health practitioners in federal medical centre North-Central Nigeria. From the findings of the study, it could be deduced that decision making process is a continuous and indispensable component of managing any health organisation including the federal medical centres. Health practitioners' decisions are made to sustain all the activities of federal medical centres in which at one point or the other every health practitioner is faced with a decision-making process that provides the best choice of decision made especially on patient treatments. However, factors such as lack of consistency in publishing health information, hectic process involved in sharing information, Inadequate power supply to use social media platforms, inadequate funds to subscribe to social media platforms professionally and poor Internet connectivity to use social media tools effectively negatively affect decision making among health practitioners in the federal medical centres studied. With all these, there would not be effective knowledge sharing and credible information dissemination among health practitioners for better and informed decision making in the federal medical centres studied.

Based on these findings, this study offers the following recommendations:

1. The management of federal medical centres in North-Central, Nigeria should ensure the provision of equipment to aid medical practitioners in decision making processes and ensure the provision of only rich information.
2. The management of federal medical centres in North-Central, Nigeria should encourage medical practitioners to use Facebook and other social media platforms for knowledge sharing which is used by many.
3. The management of federal medical centres in North-Central, Nigeria should encourage medical practitioners through workshops, seminars and conferences that only credible information should be shared as not all information especially on social media are reliable.

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