KNOWLEDGE SHARING AND INFORMATION CREDIBILITY AS CORRELATES OF DECISION MAKING AMONG HEALTH PRACTITIONERS IN FEDERAL MEDICAL CENTRES NORTH-CENTRAL ZONE NIGERIA

BY

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A THESIS SUBMITTED TO THE POSTGRADUATE SCHOOL, FEDERAL UNIVERSITY OF TECHNOLOGY, MINNA, NIGERIA IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF TECHNOLOGY IN LIBRARY AND INFORMATION SCIENCE.

JULY, 2023

ABSTRACT

The research work was carried out on 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 six objectives and six corresponding research questions. Among the objectives of the study were to: examine decision making

process among health practitioners in federal medical centres in North-Central Zone Nigeria, identify Factors influencing decision making process among health practitioners in federal medical centres in North-Central Zone Nigeria, identify how knowledge is being shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria to mention but a few. Survey research design method was adopted for the study. The total population for the study was four hundred and sixty-nine (469) medical practitioners in five federal medical centres in North-Central, Nigeria. Simple random sampling technique was used for this study. Questionnaire was the only instrument used for data collection. Out of three hundred and seventy-four (374) copies of questionnaire administered in accordance to the sample size obtained using the Krejcie and Morgan 1970 recommended table for determining sample size, 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. It was observed that 191 (52.9%) of the respondents (medical practitioners) are males, while 170 (47.1%) of them are females. Results from the findings shows that five items were listed for health practitioners to respond on their decisionmaking processes. In decision-making process, I choose among alternatives ($\bar{x}=3.55$; SD=0.57), item 1: I conceptualize ideas during decision making processes (\bar{x} =3.31; SD=0.68), item 5: During decision making processes, I evaluate every decision made $(\bar{x}=3.22; SD=0.69)$, item 3: I identify alternatives during decision-making process $(\overline{x}=3.08; SD=0.99)$ and item 2: During decision making processes I gather relevant information ($\overline{x}=2.86$; SD=1.08). Furthermore, six items were listed for health practitioners to respond on the methods used in knowledge sharing. Only four items produced high mean scores which were above the bench mark of 2.50. These items include item 1: Facebook (\overline{x} =3.63; SD=0.58), item 3: Twitter (\overline{x} =3.32; SD=0.85), item 2: LinkedIn ($\overline{x}=1.87$; SD=0.96) which indicate disagree, it does not meet the bench mark 2.50, item 6: WhatsApp (\overline{x} =3.18; SD=0.89) item 5: Pinterest indicate (\overline{x} =1.58; SD=0.56) falling below benchmark which signifies disagree and item 4: Telegram ($\overline{x}=2.79$; SD=0.72). The findings revealed that health practitioners conceptualised ideas during decision making processes, also gathered relevant information. Similarly, insufficient time, poor information supply, fatigue during decision making process are factors which influenced decision making among health practitioners in federal medical centres, North Central Nigeria. In conclusion, decision making process is a continuous and indispensable component when managing any health organisation, however, factors such as lack of consistency in publishing health information, hectic process involved in sharing information, has negatively affected 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 decision making process in the federal medical centres studied. The study recommended among others that provision of equipment to aid medical practitioners in decision making processes and ensure the provision of only rich information were provided, the management of federal medical centres in North-Central Zone, Nigeria should encourage medical practitioners to use social media platforms for knowledge sharing which was used by many, the management should also encourage medical practitioners through workshops, seminars and conferences that only credible information should be shared as not all information especially on social media were found to be reliable.

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CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the Study

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 services 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 (LaMorte, 2018). There is need to create platforms that will equip, update, motivate and boast knowledge sharing through health information system for optimum health care services; it is vital and paramount to the survival of the health sector. It is the data and knowledge

that intelligent systems (human and artificial) use to support their decisions making processes.

Kang (2019) defines Decision making as the process whereby health practitioners make choices by identifying a decision, gathering information, and assessing alternative resolutions. Using a step-by-step decision-making process can help health practitioners make more deliberate and thoughtful decisions, organizing relevant information and defining alternatives goes a long way in decision processes. This approach increases the chances of health practitioners choosing the most satisfying alternative.

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 could only function with a constant improving decision making process, as this will in turn positively affect health services delivery. Kang and Lee (2017) averted 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.

Lack of relevant health information among health practitioners could mean a lot of dire consequences, application of wrong information shared among health practitioners could even lead to a higher fatality rate amongst citizens and this is usually as a result of wrong decision-making process. Ghebreyesus (2020) explained that a well-functioning health care system requires a well-trained and adequately paid workforce, reliable information on which to base decisions and policies, and well-maintained health facilities to deliver quality medicines and technologies.

Decision making could not be effective without precise steps for effectiveness and accuracy. Health practitioners need to clearly understand and ascertain the information needs and alternatives data that will guide them in their decision making process. Firstly, health personnel make effort to clearly define the nature of the decision that must be taken. This first step is very important. Health Practitioners collect some vital information before making any decision such as, what information is needed, the best sources of information, and how to get it. This step contain both internal and external involvement of the stock holders, 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, such as sources of information found online, in books, from other people, and from other sources.

Kolawole and Isawumi (2018) further explained that health Practitioners collect information needed for decision making and will probably identify several possible paths of action, or alternatives. They also use their imagination and additional information to construct new alternatives. In this step, they will list all possible and desirable alternatives. Decision making process involves drawing out certain critical issues, Health Practitioners draws out information and emotions to imagine what it would be like if they carry out each of the alternatives to the end. They further evaluate whether the need identified in Step 1 would be met or resolved through the use of each alternative. As they go through this difficult internal process, they will begin to favour certain alternatives: those that seem to have a higher potential for reaching their goal. Finally, they place the alternatives in a priority order, based upon their own value system.

Once they have weighed all the evidence, they are ready to select the alternative that seems to be best, they may even choose a combination of alternatives. The choice in Step 5 may very likely be the same or similar to the alternative placed at the top of the list at the end of Step 4. When the above steps are carefully organised and put into consideration, they are now ready to take some positive action by beginning to implement the alternative they chose in Step 5.

In this final step of Decision-making Process, Health practitioners consider the results of their decision and evaluate whether or not it has resolved the need identified in Step 1. If the decision has not met the identified need, they may want to repeat certain steps of the process to make a new decision. For example, they might want to gather more detailed or somewhat different information or explore additional alternatives. Hemsley and Mason (2013) explained that health practitioners carry out different research on different alternative, this activities provides room for further test and retest if a particular decision does not accurately meet the health information need of a patient.

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. Thus, Knowledge sharing tends to be 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, knowledge sharing can also be seen as the process by which knowledge of an individuals or health practitioner is converted into a form that can be understood and used by other individuals and health practitioners (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 & Mason, 2013), this activity is not limited to age or years in service as it encompasses all spheres of health practitioners.

Incorporating a knowledge sharing culture is mandatory for organisations to succeed because there is always a risk of losing or forgetting the acquired knowledge. The conduit of knowledge sharing needs to be shared rather than just storing or documenting it because when your staff struggle to access information employees need and can't find it on time, the bottom line of your company suffers (Ahmad, *et al.*, 2016). They further stated that whether it is verbal or digital, sharing leads to a better knowledge base of employees and fosters a culture of knowledge management, it is crucial to boost such a culture that facilitates employees to use digital platforms and share knowledge for the betterment of the organisation. The ultimate key is developing a knowledge sharing platform where employees feel comfortable in putting up their opinions, ideas, personal viewpoints, and seek assistance of peers/seniors/experts when needed.

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).

The components of knowledge management help in streamlining the work and increasing the productivity of employees. Some of the components include people (user manuals, training documents), process (used methodologies, best-proven practices, storytelling, lessons learned), and technology (e-learning, content management system, integrated chat applications). Barzilai, et al. (2018) perceived that employee could take a substantial amount of time to look for the right information or locate the relevant search result? It means that a lot of productive time is spent unproductively to seek information. It further revealed that the best practices of knowledge sharing in an organisation shrink most of the unproductive time spent in searching for the information. And at the same time, all the employees will have easy access to the right information, whenever and wherever they need it.

Sharing the best knowledge management practices encourage your employees to share their innovative ideas and help deliver better results. The stimulation of knowledge has helped increased idea sharing and enable the employees to be more productive and remain relevant in new trends.

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

The importance of customer cannot be overstated as it is ranked before finance and product to achieve business success. Knowledge management plays a crucial role in managing customer relations. For example, when a customer service agent spends a lot of time to search for the relevant information to resolve a problem or answer a question, customers will end up being frustrated and ultimately dissatisfied, with a knowledgesharing platform, the search effort and time can be reduced drastically. It provides access to consolidated information, making it easier to use.

Know-how is a very important asset for the organisation and its management directly impacts the business performance. The knowledge sharing practices can capture best of the knowledge and make it accessible to employees. It makes scarce resources readily available across the organisation. Earlier, the presentations, trainings, white papers and case studies fulfilled these needs but now, cantered knowledge sharing platforms are the necessity to make information accessible (Ahmad, *et al.*, 2016).

Sharing knowledge is one of the best intuitive ways to form a closely-knit community. A dedicated platform for information sharing and management helps businesses to capture and store knowledge in the most accessible ways. Building a community also ensures the consistency of knowledge sharing within the organisation.

Verhoeven *et al.*, (2010) describes knowledge sharing as the best practices that allows employees to share important information they have along with their achievements and experience. It eliminates the redundant effort of employees and saves them from committing the same mistakes. Moreover, they can get the ready solution at the right time. In addition to saving time, it also reduces the cost that your business may incur to solve the problems.

Hastie (2015) explained that the impact of knowledge sharing refers to work-related implications and changes brought up by knowledge sharing activities of employees in an

organisation. The researcher focused on knowledge sharing via social media, that is, knowledge sharing between social networks or via online communication media, such as Skype, face book, twitter to mention but a few.

Knowledge Sharing Methods and Tools

- 1. Social network mapping and analysis
- 2. Tools treasure hunt
- 3. Video storytelling
- 4. Speed sharing
- 5. Chat show
- 6. Jumpstart storytelling
- 7. World Café
- 8. Facilitation Skills
- 9. Peer Assist

A distinction can be made in the types of knowledge; there is implicit knowledge (also called tacit knowledge) and explicit knowledge. Implicit knowledge is the most valuable and important part of human knowledge. It is therefore important that this knowledge is made explicit, so it can be shared within the organisation (Hemsley and Mason, 2013). Employees such as health practitioners are supposed to share their knowledge with each

other, in order to make the knowledge explicit as possible using different media such as, social media, journal, databases and conferences.

Social media tools are channels that enable knowledge sharing, social media tools are one of the most used platforms 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, *et al.*, 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 is 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 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)

Kang and Lee (2019) described the fractured state of research and the lack of a coherent theoretical foundation have limited understanding regarding the elements of credibility assessment on social media platforms. Consequently, the question as to what factors influence information credibility on social media platforms still remains unclear. People used Face book pages as a new method to release verified information. Many Face book pages were created and played a role as fact checking machines.

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 considered credible it facilitate a more precise decision making among individuals and organisation such as health organisation, credible information enable health practitioners 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, *et al.*, 2010). Hamzat and Otulugbu, (2020) stated that in search for information and knowledge sharing, Health practitioners eventually face the challenge of evaluating the resources they have located and selecting those they judge to be most appropriate. To examine information source, it is important to locate and assess sources using the following criteria:

- i. Timeliness
- ii. Authority
- iii. Audience
- iv. Relevance
- v. Perspective

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 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? Has the information been peer-reviewed? (Health practitioners can use Ulrich web to

determine if a journal is peer-reviewed). Do they cite their credentials? Be sure there is sufficient documentation to help determine whether the publication is reliable including footnotes, bibliographies, credits, or quotations.

McKnight and Kacmar (2016) opine that it's important that in every process geared towards information credibility, health practitioners sharing information need to ascertain who the intended readers are 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.

Does the article relate to health topic? What connection can be made between the information that is presented and health related issues, an easy way to check for relevance is by reviewing the Abstract or Summary of the article before making relevant decisions. Biased sources can be helpful in creating and developing an argument, but make sure there are other sources that help understand the other side as well. Extremely biased sources will often misrepresent information and that can be ineffective to health practitioners.

Within a few weeks into the year 2020, COVID-19 disease became a trending topic worldwide, creating an avalanche of online searches for information through a phenomenon labelled an 'infodemic' (Cuan-Baltazar, *et al.*, 2010). Indeed, this is the first major disease outbreak that poses a global threat in the age of social media (Yu *et al.*, 2013).

Recent studies have revealed a sub-standard quality of health information provided on various websites and within health practitioners, social media such as Twitter and YouTube, including poor-quality information lacking any scientific support (Liu, 2017). They further described that Shared Information via health websites create an interesting

challenge in evaluating credibility and usefulness because no two websites are created the same way. The TAARP method described above can be used, but there are additional things to consider when looking at knowledge shared via website. The look and feel of the website - Reliable websites usually have a more professional look and feel than personal Web sites.

Okiy (2012) gave a detailed brake down that the URL results - The .com, .edu, .gov, .net, and .org all actually mean something and can help you to evaluate the website! Informational Resources are those which present factual information. These are usually sponsored by educational institutions or governmental agencies. (These resources often include .edu or .gov.) He further described Advocacy Resources as those sponsored by an organisation that is trying to sell ideas or influence public opinion. (These resources may include .org within the URL.) Business or Marketing Resources are those sponsored by a commercial entity that is trying to sell products. These pages are often very biased, but can provide useful information. (You will usually find .com within the URL of these resources.)

News Resources are those which provide extremely current information on hot topics. Most of the time news sources are not as credible as academic journals, and newspapers range in credibility from paper to paper. (The URL will usually include .com.) Personal Web Pages/Resources are sites such as social media sites: blogs, Twitter pages, Facebook, etc. (Okiy, 2012).

These sources can be helpful to determine what people are saying on a topic and what discussions are taking place. Exercise great caution if trying to incorporate these sources directly into an academic paper. Very rarely, if ever, will they hold any weight in the scholarly community, are there advertisements on the site, advertisements can indicate

that the information may be less reliable? Check the links on the page, Broken or incorrect links can mean that no one is taking care of the site and that other information on it may be out-of-date or unreliable. Check when the page was last updated, Dates when pages were last updated are valuable clues to its currency and accuracy. Verifying credible information is as a result of good and quality knowledge shared among health practitioners (Medhekar, 2017).

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 considered 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 Zone Nigeria

1.2 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 personnel, due to hierarchy, share knowledge that may not undergo credibility 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 its effects on their decision making processes, whereby some organisations were 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 Centres North-Central Zone Nigeria.

1.3 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 Zone Nigeria. The objectives of the study were to:

- Examine the various decision making process among health practitioners in Federal Medical Centre North-Central Zone Nigeria.
- Identify constraints affecting decision making process among health practitioners in Federal Medical Centre North-Central Zone Nigeria.
- 3. Identify various types of knowledge sharing channels used among health practitioners in Federal Medical Centre North-Central Zone Nigeria.
- 4. Identify factors influencing knowledge sharing channels among health practitioners in Federal Medical Centre North-Central Zone Nigeria
- Examine the credibility of knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria
- 6. Identify challenges in verifying credible knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria.
- 7. Identify significant relationship between knowledge sharing and decision making among health practitioners in Federal Medical centre North-Central Zone Nigeria.
- Identify significant relationship between information credibility and decision making among health practitioners in Federal Medical centre North-Central Zone Nigeria.

 Identify significant relationship between knowledge sharing and information credibility among health practitioners in Federal Medical centre North-Central Zone Nigeria.

1.4 Research Questions

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

- What are the various decision making processes among health practitioners in Federal Medical Centre North-Central Zone Nigeria?
- 2. What are the constraints affecting decision making among health practitioners in Federal Medical Centre North the factors influencing North-Central Zone Nigeria?
- 3. What are the various types of knowledge sharing channels health practitioners use in Federal Medical Centre in North-Central Zone Nigeria?
- 4. What are the measures use in verifying the credibility of knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria?
- 5. What are the challenges in verifying credible knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria?
- 6. What are the significant relationship between knowledge sharing and decision making among health practitioners in Federal Medical centre North-Central Zone Nigeria?
- 7. What are the significant relationship between information credibility and decision making among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

8. What are the significant relationship between knowledge sharing and information credibility among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

1.5 Research Hypotheses

The following null hypotheses guided the present study and were 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 Zone Nigeria.

H02: There is no significant relationship between information credibility and decision making among health practitioners in Federal Medical centre North-Central Zone Nigeria.
H03: There is no significant relationship between knowledge sharing and information credibility among health practitioners in Federal Medical centre North-Central Zone Nigeria.

1.6 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 Zone Nigeria. The study covered federal medical centres North-Central Zone 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 Zone Nigeria.

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

1.8 Operational Definition of Terms

The following terms were defined as used in this study

Decision Making: The ability to make good choice with end product of any facts or piece of information, and skills acquired via experience or education through social media among health practitioners in federal medical centre North-Central Zone Nigeria.

Health Practitioners: they are health workers that provides health care treatment and advice based on formal training and experience.

Information: Any processed data which makes meaning to the user and are disseminated as knowledge through social media and considered credible for decision making among health practitioners in federal medical centre North-Central Zone Nigeria. **Information Credibility:** comprises the objective and subjective components of the believability of a source or message gotten from knowledge sharing through social media and use in decision making among health practitioners in federal medical centre North-Central Zone Nigeria.

Knowledge: is perceived as any facts or piece of information, and skills acquired via experience or education through social media and is credible for decision making among health practitioners in federal medical centre North-Central Zone Nigeria.

Knowledge Sharing: is perceived as an activity through which knowledge (namely, information, skills, or expertise) is exchanged through social media and is credible for decision making among health practitioners in federal medical centre North-Central Zone Nigeria.

Medical centres: they are health centres built to provide primary and secondary health care services to people of Nigeria.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Conceptual Model



Figure 2.1. Model showing how Knowledge sharing influences information credibility and decision making and how information credibility influences decision making process (Authors Original Constructs, 2023).

The arrows in figure 2.1 show a natural flow among the various components parts of the model.

Knowledge can be shared at various level such as organisation level, team level and individual level. Knowledge shared through these levels of communication requires verification for credibility purposes, thus it is tested on the parameters of the following: Accuracy, Authority, Aesthetics, Professionalism, Popularity, Currency, Impartiality, Quality and Knowledge shared haven been tested and certified credible will aid positive decision making of health practitioners in effective service delivery. Arrow 2 shows direct connection from knowledge shared are used for decision making without verification of its credibility.

2.1.1 Decision making.

According to Fomba *et al.* (2016) described decision making as a daily activity for any human being. There is no exception about that. When it comes to business organizations, decision making is a habit and a process as well. Effective and successful decisions make profit to the company and unsuccessful ones make losses. Therefore, corporate decision-making process is the most critical process in any organization. In the decision-making process, we choose one course of action from a few possible alternatives. In the process of decision making, we may use many tools, techniques and perceptions.

Okiy (2012) opined that decision making is a vital tool, a very imperative ingredient that every individual or organisation such as medical centres must deploy and use at every level in time either for growth, development or sustainability. In other to achieve good service delivery and good medical reputation among health practitioners it is far beyond doubt that a good decision-making process must be established,

According to Kang and Lee, (2017) posits that lack of information is terrible and a night mere to any organisation especially health care centres, the absence of vital 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.

The quality and speed of decision making is the key determinant of board success or failure (Gregor, 2013). The goals identification, providing alternatives for solving the problems and the weighing and balancing the values and interest are crucial for the quality of decision making (Flueler and Blowers, 2017). This requires the risk analyses to discriminate between alternatives (Dezfuli *et al.*, 2010). In important challenge for effective decisions is to evaluate to what extent the managers utilise quantitative and qualitative criteria in decision making (Ytanyi et al, 2012). Nevertheless, to do these actions the managers need to have three skills, to have the courage to be rational, to prove creativity and to balance judgment (Anderson, 2012). Every decision made is beckoned on knowledges shared, acquired or experienced, however the researcher looked at knowledge shared.

2.1.2 Knowledge Sharing

Imploring knowledge sharing can as well affect decision making, certain ideas come from aged experience. Sjöberg (2013) showed that knowledge was the organisation's most important strategic resource; it could provide enterprises with sustainable competitive advantage in a competitive dynamic economy. As knowledge is the most important factor in today's organisations, the facilitation of the creation, sharing, and the utilization of knowledge becomes more and more important; the researcher payed attention to knowledge management; this knowledge management is considered to have a major influence on organisation's success. In order to maintain competitive advantage, organisations rely on staff and training systems.

Starbird and Palen (2012) perceived that knowledge sharing within a team or between teams of health practitioners was crucial for organisations to develop the skills and capabilities, to enhance the value and sustain competitive advantage; knowledge sharing behaviour was the basis means that health petitioners can contribute to the application of knowledge, innovation and optimization of the organisational. Knowledge sharing plays an increasingly important role in knowledge management outcomes. Knowledge sharing has such a great potential benefit, many organisations have invested a lot of time and money to the knowledge management, when knowledge is shared it can boost decision making process and help deliver effectiveness and efficiency however, verifying the credibility of the shared knowledge is key in making a well define and accurate decision (Starbird and Palen, 2012).

2.1.3 Information credibility

When talking about credible judgment it is necessary to define it, as different domains perceive it differently. Webster dictionary defines "credibility" as the quality or power of inspiring belief. In practice, credibility refers to the objective and subjective parts of the believability of the content (Levy, 2014). Boutin (2013) explained that credibility can also be considered as correct and accurate information containing meta-data including author(s), references, web page ratings and other details that allows verification of content against credible sources. The information may be in the form of a book, newspaper, electronic document, etc.

The introduction of blogs, Wikis and social networking websites, people can share information easily even if it is something related to their daily lives. Facebook reports that over 500 terabytes of new data are being added on a daily basis (Hendler, 2013). Similarly, over 50 million questions are asked through Twitter according to a recent statistic with over 400 million tweets posted per day (Cavusgil, *et al.*, 2013).

Hence, the Web is becoming the largest repository known to man and most information seekers focus more towards content available over the Web. One major concern regarding this large growth in Web content is the absence of a universal standard for Web publishing (Harinarayana and Raju, 2013). Before the introduction of Web, information presented in books and newspaper went through an editorial process before being published which isn't the case with content on the Web as authors are free to publish anything without going through any editorial processes (Grace, 2014). The aid of all this makes health practitioner deliver effectively and efficiently.

2.1.4 Health Practitioners

Health practitioners make use of essential information shared and verified to make decision for people with disabilities of different kinds of ailment that includes a separate shelter area for them; an evacuation system that includes transporting their medications and supplies with them, a network of emergency pharmaceutical services, health practitioners with the help of credible and verified shared knowledge develop an emergency support system for in-home services, including emergency respite care and communications systems for in-home caregivers; create a list of volunteers willing to help in an emergency (Aldrich and Benson, 2018). There is a shortage of health practitioner in the medical centres today, this has caused many death and severe damage to patients and even negative impact on the serviced delivery of some medical centres, however it is important that health practitioners qualified and recruited for efficient service delivery, this will help reduce work pressure and enable ease of service delivery (Brien, *et al.*, 2013). Lack of knowledge sharing can be difficult and frustrating for health care providers to adequately assess patients (Lafuente, *et al.*, 2017). Providing care can be hindered by loss of computer access and lack of patient records, as well as the need for consultation paper forms. This can all lead to lengthy delays in providing primary care (Lafuente, *et al.*, 2017). Health practitioners cannot function without a medical centre.

2.1.5 Medical Centres

Medical Centre is an essential and critical type of healthcare delivery that addresses the health needs of the population usually delivered at centres called Health Centres. In the last decade, with the help of knowledge sharing and use of credible system of verification affecting their decision making, the achievements of healthcare have gained significant attention especially the rise of the pandemic, they monitor their health system, countries carry out performance assessment; Emenike (2016) examined that credible knowledge shared can help the prevention of malaria among pregnant women attending ante-natal clinics on health centres. Medical centres may be used to designate all the activities of a general clinic or only a particular division of the work for example, the psychiatric centre, neurology centre, or surgery centre. All this centre need nothing less than a credible knowledge in order to have a good decision making. The entire activity when

connected with a hospital is typically called the outpatient department, and the specific subdivisions may be referred to as medical centre (Gupta et al., 2015)

Reviewing all this concept together plays a major role in every medical centre across the globe, however this study is narrowed towards Federal Medical centres(FMC), in every FMC decision making is extremely too valuable because it determine if the centre service delivery is effective. The role of knowledge sharing boosts the activities that enhance quality decision making, it also bridges the gap of knowledge barriers between health practitioners in FMC.

2.2 Conceptual Frame Work

Decision making having explained and defined as the ability to choose or make choice between alternatives. It could also be described as a point where one or an organisation make selection among various options, these options could atimes 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 choose among alternative courses of action in a manner appropriate to the demands of the situation and in the processes of alternative courses of action appears and must be identified, weighed, weeded out and executed.

Decision-making is a critical feature of every organization and in daily undertakings, decisions are taken at every step. It is also considered as one of the significant functions of management. Understanding this vital concept is critical for every business success
since it will help strategists and authoritarians to make more cautious, thoughtful and rational decisions by organizing relevant information and defining alternatives.

Organisations in the 21st Century face a wide array of complex opportunities including, but not limited to, global market expansion, developing internal and external innovative products and practices to remain competitive. This is not limited to multi-national companies, but also to medium and small sized businesses. Maintaining a competitive edge in a global, innovative and dynamically evolving environment produces pressure to redefine how business is conducted (Olteanu, *et al.*, 2013). Medical Organisations continually strive to improve in health delivery services, the organisation deploy various strategies in decision making processes to remain active and relevant in the global world.

Understanding strategic thinking and decision-making competencies has become important as research has shown that good strategic competencies are associated with good organisational performance (Russell and Seetharaman, 2011). However, there is no agreement, within the literature, as to what these competencies are. According to Levy (2014) strategists can be viewed as particular or outstanding people, who set the directions, make fundamental decisions and encourage their followers. Little attention has been directed towards investigating competencies that make them particular or outstanding people. The importance of identifying such competencies was outlined by Azab (2013) who argues that "if we want to explain why organisations do what they do, or, in turn, why they perform the way they do, we must study top managers", who represent strategic thinkers and decision makers, and the competencies they have.

There were more literatures by Lwoga (2013) whom believed that the ability of those in any sector to think strategically is bound by the frames of reference with which they are most familiar: the assumptions, beliefs and accumulated knowledge of a profession or institution. In its broadest sense, "competency" refers to the sum of experiences and knowledge, skills, traits, aspects of self-image or social role, values and attitudes a strategist has acquired during his or her lifetime (White, 2013).

Explanations given by Penzhorn and Flanagan (2013) in his seminal work on the reflective practitioner. It is argued that professionals apply formally learned and specialist knowledge to situations and develop repertoires or solutions to difficult problems. The main competence would be reflection where with every experience a strategic decision maker would develop their knowledge of what will and what will not work. However, Schon and Rosenberg (2013) did not provide a model of types of competence required for strategic decision making, but views reflection as the overarching competency.

A competency is a skill that an individual and thus the organisation possesses that enables it to perform activities (Majchrzak *et al.*, 2013). Competency based strategic management is the belief that some traits and behaviours are exhibited more consistently by strategists which can be identified, taught and assessed. Majchrzak *et al.* (2013) further explained the concept of core competencies may be a useful framework assessing how strategic thinkers such as health practitioners make choices that impact on the future of the organisation. Health practitioners are considered as expert and strategic thinker, they face life threating decision-making processes and they are are very disciplined, careful and selective when face with these processes.

This was challenged by Garavan *et al.*, (2012) who stated that "competence is a holistic concept, which consists of technical, management, people, attitude, values and mental skill components. It is the combination of all of these that forms the basis for a strategist's behaviour and performance." at an operational level it does not identify the competency required to make the decision.

Expository by Beattie, (2011) define the competency for strategic thinking and decision making as "the ability to anticipate, envision, maintain flexibility and empower others to create strategic change as necessary". However, Vigoda-Gadot *et al.*, (2018) identified other factors that also need to be taken into account when trying to develop and implement a vision. It is having the strategic capabilities/competencies to encourage staff, create common values such as trust, honesty and creativity and create an environment which allows for development both of the individual and the organisation, so as to encourage commitment to the strategic direction of the organisation.

This is a competence not identified by the management literature, but one that is important to ensure that both individuals and the organisation are aiming for the same strategic goal. However, the competencies that appear to be required for strategic thinking are quite generic in nature (Garavan, *et al.*, 2012), and could be applicable to management in general in a number of organisations.

The competency of strategic decision making may include separate competencies. According to Kim and Abbas, (2013) the strategic decision-making competency consists of five characteristics.

- Appreciating how different parts of the organisation influence each other, so that a holistic view can be taken that is influenced by internal as well as external factors.
- ii. Creating a fit between existing resources and opportunities as there needs to be resources in place including people, processes, finances and technology, in order for the vision to be implemented.
- Understanding the inter-connectivity and opportunities between the organisation and the marketplace including understanding competitors and their limitations so that opportunities can be developed.

- iv. Hypothesising and testing by asking "what if?", "if then?" type questions. This includes managing risk in terms of what if a product or service doesn't work well?What do we do then? It is looking at all the possible outcomes from the implementation of the new vision so that plans can be put in place for a variety of outcomes.
- v. Having an intelligent opportunistic view which enables the strategic decision maker to recognise and take advantage of new opportunities.

2.2.1 Processes of Decision Making

2.2.1.1 Conceptualization of ideas

Decision making process as it implies are steps and well organised sequential activities put into consideration in order to achieve the set and desire goals, this step guides as a road map in making good choice. Conceptualization of ideas is the very first step-in decision-making process. Beattie, (2011) stated that Decisions often fail because key factors are missed or ignored from the outset. So, before you can begin to make a decision, you need to fully understand your situation.

Islam *et al.*, (2014) further perceived that by considering the decision in the context of the problem it is intended to address. One need to determine whether the stated problem is the real issue, or just a symptom of something deeper.

Fatherly Looking beyond, the obvious. It may be that the objective can be approached in isolation, but it's more likely that there are a number of interrelated factors to consider. Changes made in one department, for example, could have knock-on effects elsewhere, making the change counterproductive.

2.2.1.2 Gather Relevant Information.

The processes of decision making involves gathering relevant information to aid its processes, gathering information is an act of engaging into putting together various

important information resources or employing different means to fetch information from different place to one place.

Penzhorn and Flanagan (2013) further explain that in gathering relevant information people should be allowed to contribute to the discussions without any fear of the other participants rejecting them and their ideas. Make sure that everyone recognizes that the objective is to make the best decision possible in the circumstances, without blame.

The wider the options you explore, the better your final decision is likely to be. Generating a number of different options may seem to make your decision more complicated at first, but the act of coming up with alternatives forces you to dig deeper and to look at the problem from different angles. Adamovic *et al.*, (2012) discussed in similar vein that it can be helpful to employ a variety of creative thinking techniques. These can help you to step outside your normal patterns of thinking and come up with some truly innovative solutions. Brainstorming is probably the most popular method of generating ideas, but for more tips on how to examine your situation from new perspectives.

2.2.1.3 Identify Alternatives.

The importance of identifying various options of alternative cannot be over emphasis, this create a core aspect of decision-making processing, when information has been gathered from different source and ideas from different sort of human reason on a particular subject matter, it is however important that possible alternative should be selected among the gathered information. When satisfied with good selection of realistic information sources and ideas identifying alternatives won't be difficult, it will enable fast time to evaluate the feasibility, risks and implications of each one. (Ayu and Abrizah, 2011) They further discussed that almost every alternative involves some degree of risk. You'll need a structured approach for assessing threats and evaluating the probability of adverse events

occurring – and what they might cost to manage. You'll also want to examine the ethical impact of each option, and how that might sit with your personal and organizational values.

2.2.1.4 Choose Among Alternatives.

Once you've identified the alternatives, the next step is to make your decision, If there are various criteria to consider, Decision Matrix Analysis could be used to compare their reliably rigorously. Or, if you want to determine which ones should carry most weight in your decision, conduct a Paired Comparison Analysis. If your decision is being made within a group, techniques such as multi-voting and the Modified Borda Count can help your team reach an agreement (Grace, 2014).

When anonymity is important, decision-makers dislike one another, or there is a tendency for certain individuals to dominate the process, use the Delphi Technique to reach a fair and impartial decision. This uses cycles of anonymous, written discussion and argument, managed by a facilitator. Participants do not meet, and sometimes they don't even know who else is involved.

If you're working with an established team, Hartnett's Consensus-Oriented Decision-Making Model is useful for encouraging everyone to participate in making the decision. Or, if you're working with several different teams, or a particularly large group, assign responsibility for each stage of the decision-making process with Bain's RAPID Framework, so that everyone understands their responsibilities and any potential infighting can be avoided Campos (2011).

2.2.1.5 Evaluate the Decision

After all the effort and hard work, you've invested in evaluating and selecting alternatives, it can be tempting to forge ahead at this stage. But now, more than ever, is the time to "sense check" your decision. After all, hindsight is great for identifying why things have gone wrong, but it's far better to prevent mistakes from happening in the first place! Before you start to implement your decision, take a long, dispassionate look at it to be sure that you have been thorough, and that common errors haven't crept into the process. (Grace, 2014). Your final decision is only as good as the facts and research you used to make it.

Make sure that your information is trustworthy, and that you've done your best not to randomly select data. This will help you avoid confirmation bias, a common psychological bias in decision making. Discuss your preliminary conclusions with important stakeholders to enable them to spot flaws, make recommendations, and support your conclusions. Listen to your own intuition, too, and quietly and methodically test assumptions and decisions against your own experience. BRAIN BRAN BRAND is a useful tool for this. If you have any doubts, examine them thoroughly to work out what's troubling you. Use Blindspot Analysis to review whether you've fallen prey to problems like over-confidence, escalating commitment, or groupthink. And consider checking the logical structure of your process with the Ladder of Inference, to make sure that a well-founded and consistent decision emerges at the end. (Duncan-Daston, *et al.*, 2013)

2.2.2 Knowledge Sharing

Health practitioners are supposed to share knowledge among each other in order to inform, remind or bridged knowledge gap as this could affect their decision-making process, Knowledge must be passed from the know-how to the know not as an act to improve decision making which would positively affect service delivery.

Knowledge is also forms of ideas, "Ideas are...the critical input in the production of more valuable human and nonhuman capital," (Parrish, 2013). 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 and Thompson, 2021). 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, *et al.*, 2013).

Sharing knowledge is assumed to be at least a relationship between the two parties, one side is to have knowledge, and the other side to acquire knowledge. Erickson et al., (2011) defined knowledge sharing as the exchange of knowledge, or the behaviour that help others with knowledge. Watson and Partridge (2012) thought that the knowledge sharing between individuals was the process that private individual's knowledge turn to be understood, absorbed and used by others. It means that knowledge sharing is at least a conscious behaviour, and knowledge sources also don't want to give up ownership of knowledge. From the above definition of knowledge sharing, it could be sum up to form the basic characteristics as follows:

1) knowledge sharing is a major individual behaviour;

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2) knowledge sharing is a voluntary, proactive, behavioural awareness;

3) knowledge sharing is controlled by environmental systems or procedures, such as legal, ethical standards and code of conduct, habits;

4) the result of knowledge sharing knowledge is to be jointly occupied by two or more parties.

2.2.3 Knowledge Formation Process

Vuori and Okkonen (2012) proposed a knowledge-sharing formula: Share = pass + absorb. The formation of knowledge sharing process had two sub-processes: First, knowledge sharing assumes that owner has an externalizing behaviour. The process of the externalization takes many forms. Knowledge externalization is not a conscious action, they did not design to share knowledge with others, knowledge sharing assumed knowledge winner (the figure for the knowledge restorer) has an internalized behaviour. Internalization appears in different forms, such as learning by doing, reading or trying to understand the explicit knowledge in the knowledge base. But there are obstacles to hinder the internalization of the external knowledge, such as the barriers of time and space, as well as from the different social, cultural, linguistic and spiritual and conceptual framework.

2.2.3.1 Factors that constitute Knowledge Sharing

i. Individual Level

Personality Personal characteristics such as age, education and work experience that is likely to slow the relationship between knowledge promoter and process. Personality will have an impact on knowledge sharing. Openness Personality Research shows that if individual has high openness, he tends to have a high level of curiosity to seek other people's ideas and opinions. On the contrary, the members with high introversion trait make them lonely, live alone, not good at communication and have a tendency to avoid social media, this is not good for knowledge sharing.

Proactive Personality refers to a stable tendency that the individual is not bound by the existing environment, they could explore new ways to affect the external environment through the active behaviour. According to a survey of 199 employees, researcher shows that the proactive personality has the positive effect on the knowledge sharing (Cabrera and Cabrera, 2012).

Cabrera and Cabrera (2012) thought that the individual responsibility contributed to the smooth implementation of knowledge management systems, personal responsibility was regarded as an important personality characteristic factor included in the study of knowledge sharing system.

Yiu, *et al.*, (2017) based on self-determination theory, investigated the effect of three basic psychological needs for knowledge sharing factors, the results showed the ability and sense of belonging had a positive impact on knowledge sharing behavior, and although the sense of autonomy had a positive effect, not significant. Meeting the psychological needs can promote intrinsic motivation, and this will enhance the results also reflect the intrinsic motivation to share knowledge to generate a positive impact.

In addition, one of the motive factors is fear, Zhang (2011) noted that knowledge holders generally had a monopoly and exclusive mentality, which was the main reason for their

lack of willingness to share. Knowledge holders fear superiority and some special interests lost by knowledge sharing, worried inequities exist in the "knowledge exchange", and which leads to the sharing of knowledge being difficult.

The Social Capital Knowledge sharing will be embedded in the vast network of organisations, such as: communities of practice. Starbird and Palen (2012) study showed that in a virtual community, individuals having the direct contacts and relationships with other members had a positive impact on sharing knowledge. In social networks, relationships are in an important part. The trust also affects knowledge sharing. They further divided credibility into three dimensions: competence, integrity and kindness. Research showed that when people thought team members were very capable, individuals would have less tendency to share knowledge, while they believed that the team members were honest, fair, honest, and they were more inclined to share knowledge.

Indeed, "in many industries, the importance of developing abilities to better utilize the knowledge contained in the firm's network has become apparent. Benchmarking has demonstrated the potentially great benefits of best practices transfer. It is also important that knowledge shared are credible and verifiable.

ii. Team Level

Shared mental model means team members have similar or compatible knowledge structure for the related things within the team. It is clear that this knowledge structure helps members to describe, interpret and predict events in the context and guide members to interact with other members in the desired context. Most of the past empirical research found that shared mental model among the members helped each other in the coordination and integration, contributed to the mutual cooperation and coordination among the members, therefore, shared mental model has a positive effect on team effectiveness, finally it can have a positive effect on knowledge sharing.

Team Members: Diversity from the perspective of independent variables, researchers have different classification methods for team diversity, such as demographic variables or individual characteristics. The former refers to the long-lasting features, such as gender, race, age, etc. the latter is the characteristics of subjective understanding, such as cognition, attention and so on. Besides, many researchers use the former characteristics to replace the latter characteristics, because the latter characteristics are hard to be measured. Knowledge sharing requires a good interaction between team members, more communication opportunities and willingness. When the difference of team members is too large, may hinder knowledge sharing among members. Romano *et al.*, (2012) opined that if the team members thought that they were the few people in their team, such as: gender, marital status, level of education of the minority, then they were less prone to knowledge sharing.

Studies had shown that isolated members of society were less likely to agree with the others, and they would not contribute their knowledge in a heterogeneous team.

iii Organisational Level

Mohammed *et al.* (2015) described that the benefits of the new technology infrastructure would be limited when long-standing organisation values and practice doesn't support knowledge sharing based on a qualitative study of 50 companies. This shows that the organisational factors of knowledge sharing play a significant role.

Technical: A KMS developer in Ernst & Young said: "If people do not want to share, even if giving them the world's best technology is useless". Thus, it can be seen, although information technology is not the important document in knowledge management, it can make knowledge sharing more efficient. Because companies can't have long-term human capital, so there are many companies choose to use information technology to facilitate knowledge sharing to retain organisational knowledge and to facilitate knowledge rising from the individual level to the organisational level Eguavoen (2017) pointed out that knowledge management projects largely led by IT departments so the technology was an important part of knowledge management. Researchers have emphasized the importance of information technology infrastructure and applications in organisation contact information. The technology also includes many aspects, Baruah (2012) showed that IT increased knowledge transfer by extending individual beyond the formal communication channels, such as: computer networks, electronic bulletin boards, etc.

Creative: Recently, Chinese researcher Zhang (2011) explained that the study of organisational creative culture having a multi-level effect on individual knowledge sharing. The study showed that organisations with creative culture would support staff interaction to encourage them share experiences, know-how, ideas and other tacit knowledge. So, in the end of the study the researcher recommend company to pay more attention to the culture of creative and the exchange of ideas that can positively affect the action of knowledge management. In other words, innovation culture is the most important factor to promote knowledge sharing.

Competition: The culture that encourage individuals to compete successfully dominates will have a negative effect on knowledge sharing. It means that the organisational climate which emphasis on individual competition will become knowledge sharing's obstacles, on the contrary, sense of organisation cooperation will help to build trust, which is a necessary condition for knowledge sharing.

Fair: is important to the sharing of knowledge. Procedural fairness would be an employee of cognitive knowledge sharing's positive impact. Liu (2017) found that distributive

justice and procedural fairness would have a direct positive effect on sharing tacit knowledge by organisational commitment, also distributive justice would influence knowledge sharing through the trust among colleagues. To sum up, fair is a very important factor that influence the knowledge sharing.

2.2.4 Information Credibility

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-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 father 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.

Knowledge shared credibility refers to the perceived credibility of the communicated knowledge itself, such as informational quality, accuracy, or currency, there are five key factors from the two dimensions; medium credibility and knowledge credibility. Three factors, medium dependency, interactivity, and medium transparency were derived from the medium credibility dimension, two factors, argument strength and information quality were derived from message credibility dimension. (Adamovic, *et al.*, 2012).

The Web's popularity gave rise to electronic copies of documents, which have both lowered the cost and increased access to information. This has enabled normal users in acquiring more content from a number of useful sources. This does raise an important question that whether the vast amount of Web information is credible or not (Yiu *et al.,* 2017). It can be very difficult for a person to verify the given information without any

prior knowledge. The most common difficulty faced by users in judging credibility is being uncertain about the factors that make an evidence or information convincing or valid as they lack experience in the Campos (2011). However, even experienced and trained users waste too much time in credibility judgment due to lack of information provided by search engines and Web pages.

The absence of a credibility judgment for Web pages will leave users to believe on false and biased information. Educational Institutions of higher learning are very active in different research aspects and categories, it is indicated that users face difficulties when judging credibility of the document at hand. This is because they lack the skills to construct evidence-based explanations. Studies have shown that these problems can be found among users at elementary level, high school level and even at university level (Parrish, 2013). Therefore, it is essential to guide users with details regarding the Web page content that would allow them to judge the credibility of the information.

Research on Web credibility judgment is not new; many researchers have contributed towards perceptions of users and techniques for measuring credibility using humans or computers. However, most of these techniques are either impractical or limited to certain Web document types. Evaluation using humans are easier to implement, as the evaluator generally needs to be aware of the criteria for evaluating a document or website. However, studies have shown that it is almost impractical and time consuming to check for each and every criterion when evaluating credibility of a webpage using humans as assessors (Kim and Abbas, 2013).

Moreover, the assessment is also affected by the evaluator's experience and motivation when judging the content (Crawford, 2014). When evaluating using computers, the solutions are limited to certain document types or a handful of websites. For example, evaluations based on machine learning depends upon the structure of the Web document and Web page for accurate judgments. Therefore, it is required to look into the factors used in various credibility evaluation solutions for effective credibility judgment.

Since the mid-1990s, checking for information credibility over the Web has become an important topic, which is due to the ever-increasing information over the Web (Duncan-Daston, *et al.*, 2013). The area of information credibility gained importance as people started considering data available on the web more reliable than other sources. This gained interest among researchers to understand users' perception and behaviour towards information credibility as well as suggesting various methods for measuring it.

Penzhorn and Flanagan (2013) showed that users rely more on Web-based information despite of it being false and biased. Around 1000 people who participated in the study considered Web information to be as credible as that of television, radio and magazines except for newspapers (Metzger *et al.*, 2013). They further conducted in a similar survey which showed that college students used books and internet more often for academic information as compared to journals, newspapers and magazines (Metzger *et al.*, 2013).

What makes this interesting is the fact that Web users consider Web information credible without counter checking it against other sources. Since, Web users lack the training and tools for making judging credibility, it becomes very difficult for them to verify the credibility of the Web document (Duncan-Daston, *et al.*, 2013). Researchers also focused on understanding Web user's perceptions towards Web credibility and the actions they take in order to judge them

There are two main approaches for assisting users in Web credibility judgments including evaluation using human and evaluation using computers. Both of the approaches use factors for making credibility judgment but using different assessors i.e., humans or computers. Evaluation approaches using humans include checklist approach, cognitive approach, prominence-interpretation of factors approach, contextual approach, motivation-centred approach and social & heuristic approach. The evaluation approaches using computers include credibility seal programs, credibility rating systems, platform for internet content selection, digital signatures, collaborative filtering, peer review, machine learning and semantic Web (Beattie, 2011). Instead of choosing one approach over the other, this research looks into the factors used for measuring credibility of Web documents. Even though the approaches listed above use different assessor types, the factors used for measuring credibility overlap.

There is little literature on the possible factors for measuring credibility. Moreover, researchers are unaware of the possible categories useful for measuring credibility. Without knowledge of these categories and factors, researchers may overlook important factors for measuring credibility and produce a false credibility score. Identification of these categories and their factors will also allow researchers to judge their impact on credibility. This will be useful in assigning weightages to categories and possibly factors when formulating formulae for calculating scores.

Some solutions such as (Adamovic, *et al.*, 2012) do assist users in making credibility judgments for Webpages and search results, yet they are limited to a few approaches only thus handicapping them from measuring all possible factors. Moreover, some of the categories highlighted in this research are also not covered.

2.2.5. Categories for Credibility Assessment

i. Accuracy

Accuracy deals with the correctness of the information provided by the author. Kim emphasized the importance of mentioning the source of the content in order to validate the accuracy of the document (Chai and Kim, 2013). However, reliance on the source only is not enough, other factors like author details play an important role in determining content's accuracy. The accuracy increases further if references are cited to scientific data which also allows it to be verified from elsewhere (Halle and Thompson, 2021). This helps in measuring accuracy of the document against other known evidence-based guidelines and theories accuracy is increased if the content is reviewed by peers and provides evidence for supporting an argument.

Another way to judge the accuracy is to use social and heuristics approach which considers an answer credible if majority agrees with the answer or if endorsed by an expert on topic (Metzger *et al.*, 2013). Another useful application is the use of digital watermarks for important document for verifying its authenticity (Yiu *et al.*, 2017). Lastly, if the website's structure meets the format criteria of machine learning algorithms or semantic Web solutions then the appropriate content analysis can help in analysing content's accuracy (Olteanu *et al.*, 2013).

ii. Authority

Authority deals with the experience and popularity of the author. This includes author's qualification and credential in the Web community (Chai and Kim, 2013). Providing author's contact details including e-mail also impacts authority (Penzhorn and Flanagan, 2013). Using author's credentials, author's popularity on the Web can also be determined by looking into the number of article's citation, author's prior contributions and awards received.

Aesthetics: Studies have shown that Website's aesthetics affect people perceptions towards credibility. The relationship between people's visual design preferences to credibility assessment on consumer health information sites (Robins *et al.*, 2012). Another study showed that there is correlation between aesthetics/design and credibility

judgment. It is true that aesthetics alone do not make credible Web pages but a higher level of aesthetic treatment incrementally increases the level of credibility (Adamovic, et al., 2012). Combination of colours, layout, images, videos, fonts, use of bulleted lists, or presentation of tabular data have a positive effect on Website's credibility and more importantly they should be consistent on all pages of the Website.

iii. Professionalism

In most cases, users ignore good quality articles because of poorly managed Websites thus giving a biased and untrustworthy appearance. These include presence of advertisements, spelling errors, broken links and no multi-language support. Domain name or URL suffix plays a major role towards a website's credibility (Beattie, 2011). Some users also gain more trust towards a website if author's details are given, Website has a privacy policy and has a mission statement or objectives (Lwoga, 2013).

Privacy certification mechanisms including data protection certification mechanisms, seals, and marks can help Website's achieve higher professionalism (Rodrigues *et al.*, 2013). Some Websites also gives credentials of members on editorial board and the process taken for maintaining quality of content and often follow the "paid access to information" policy (Sanchez *et al.*, 2019). Moreover, if the Webpage is peer reviewed or highly rated then it adds towards professionalism of the Website (Parrish, 2013).

iv. Popularity

It deals with the Website's reputation among Web users and reviewers. Popularity may be determined by looking into the number of users that have visited the Website or Web user's past experience with the Website itself. Social factors also play a pivotal role in Website's popularity. This includes social information (good and bad reviews) regarding the website, also, the content's credibility is increased if it has been liked or shared by Web users on social media like Facebook, Twitter, Google+, Linkedin, etc (Metzger *et al.*, 2013). Ranking in search engine output also matters which also adds ups to Website's popularity. In addition to these, ratings given by qualified authors also contribute towards Website's popularity and reputation (Pantola *et al.*, 2010).

Currency: It refers to frequency of updates applied to this content. Presence of date stamp showing information is current and monitoring how often the content is updated helps in measuring currency (Penzhorn and Flanagan 2013).

v. Impartiality

This check makes sure that the content presented is un-biased. By providing a summary of the content, some computation can be performed for monitoring this (Schwarz and Morris, 2011). Mediatory summary can also help by collecting arguments supporting and not supporting the content under consideration. This can be done by collecting positive and negative responses of the given query (Shibuki *et al.*, 2010). Content being peerreviewed by a group of experts also adds up towards impartiality of the document (Mckenzie and Van Winkelen, 2011).

vi. Quality

This category checks whether the article has been peer-reviewed or not. This also includes the reviewer's experience, ranking of the journal/proceeding Campos (2011). The peer-

review system also allows rating Websites containing quality material and for collaborative filtering of Web content.as well (Herlocker, 2012).

2.2.6 Concept of Knowledge Sharing and Decision Making

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, *et al.*, 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. Like other organisations, knowledge sharing can help to address these necessities by creating new knowledge and disseminating knowledge for both employees and to improve health services. 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 (Levy, 2014).

After the Web 2.0, the next step for the social media is the Web 2.0 evolution. Web-based sharing has made the social media unique among Web 2.0 innovations. Social media not only encourages user-generated content, but also extends the focus to the users by allowing them to create other content to share among their networks (Beattie, 2011).

Lwoga (2013) opined that in recent years, interest in Web 2.0 has fallen as interest in social media has risen. For the present study, the researcher use social media as many health systems are increasingly using social media to promote services, communicate and disseminate services to their user communities. It can be an effective method of user outreach in any health system. Majchrzak et al. (2013) identified that the use of social media creates the opportunity to turn organisation-wide knowledge sharing in the workplace from irregular activities to continuous conversion of sharing knowledge.

2.2.7 Tools for Knowledge Sharing that affect decision making Process

The emergence of social media tools has changed the way knowledge is retrieved, communicated and shared among groups of individuals. Social media tools enable knowledge management and knowledge sharing practices by facilitating knowledge creation, sharing and collaboration among knowledge workers. Many of the social media tools are built on open source and could therefore be easily integrated in order to enhance knowledge sharing (Mckenzie and Van Winkelen, 2011). In line with this, Muneja *et al.*, (2012) are of the opinion that being freely open source and easy to adopt the tools can revolutionize provision of services and lead to rapid growth of knowledge acquisition.

Social media tools are suitable for knowledge sharing practices since it allows and facilitate knowledge to flow and to be disseminated as well as improve the extraction and utilization of tacit knowledge. White (2013) added that, social media tools are used to publish explicit knowledge (papers, blog posts, articles, tweets), to get exposure, to find knowledge from a global community of experts and to engage others to share knowledge. Further, the utilization of social media tools facilitates knowledge sharing across widely dispersed elements within institutions by involving people who have common interests to create and share knowledge (Levy, 2014). This can be achieved by allowing easy and instant communication among employees (Adamovic, *et al.*, 2012). The following categories of social media tools which can be employed to enhance knowledge sharing within healthcare institutions:

2.2.8 Social Networking Sites

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. Social networking sites provide a way to get and stay in touch with friends, family and associates (Mohamood and Richardson, 2011). Social network sites help fulfill

communication needs and wants. It is a convenient method of communication and provides the ability to stay connected with friends and family usually on the users own rate and time.

Healthcare provider can manage their interactions within their own schedule by choosing when they want to read and respond. The Internet communication is a solitary activity usually done alone. However, it is efficient because it is a one-to-many method of communication that allows users to quickly spread information. Social networking tools such as Facebook and twitter are very important social media tools to enhance knowledge sharing by providing a platform for communication and sharing of information (Lwoga, 2013).

Facebook provide users with the ability to personalize profiles with photos and information therefore to communicate more efficiently (Ayu and Abrizah, 2011). Twitter allows users to share information including their thoughts with everyone (Kim and Abbas, 2013). Through the aforementioned social media, health care practitioners or providers can communicate and interact with patients about health issues or challenges bothering them and how best to solve them such as the use of drugs and getting enough sleep as the case may be.

2.2.9 Video and Audio Sharing social media

Video and audio sharing social media tools such as YouTube and podcasts contain audio and video contents which are available on the Internet and that can be automatically delivered to a personal computer or Music Player (MP) (Harinarayana and Raju 2013). Podcasts can be stored within healthcare organisation to support health workers to share knowledge through listening to lectures and various conversations. Penzhorn and Flanagan (2013) added that research has shown that information is remembered better if it is encoded both visually and verbally. Video sharing applications such as YouTube can be linked to library catalogues therefore making it easier for health workers as well as library users to retrieve their needed information. Mahmood and Richardson (2011) opined that YouTube enhance sharing information through videos, to conduct interviews and to upload various speeches.

Social media tools such as Flickr or Picasa are used to enhance photos and image sharing within community of interest (Penzhorn and Flanagan, 2013). Photo/slide sharing can be used to inspire writing and creativity, create a presentation using the photos and use tags to find photos of areas and events around the world. Therefore, photo and image sharing tools can enhance knowledge sharing practices whereby health workers can post a picture with information which needs to be shared and others can tag and provide comments to that picture. photo and image sharing is among the useful tools to enhance knowledge and information sharing because people can take few minutes to respond as compared to reading an article.

2.2.10 Blogs

Blogs are regarded as the central focus for discussion forums among knowledge workers (Hislop, 2013). Literature by Yu *et al.*, (2013) emphasized the use of blogs to enhance knowledge transfer and flow within organisations and hence to encourage and support knowledge sharing. Weblogs can also be viewed as an evolved form of personal web pages used to publish personal knowledge. Blogs provide control to an individual or group of individuals for publishing contents or making commentary on it by providing quick feedback. Blogs are reported as useful knowledge sharing platforms for within a collaborative work environment (Chai and Kim, 2013). Through blogs, knowledge can be shared by health care practitioners to patients about health issues and how they can be prevented and solved.

2.3.11 Wikis

Wikis are collaborative and communication space which provides freedom, ease of use and access, and a better way to organize knowledge. Wikis provide links and references to other web sites that are related to various subjects in order to help users to better understand the context and therefore, to easily add and edit information (Grace, 2014). Wikis are also used to facilitate knowledge sharing, collaborative authoring and online discussion (Kim and Abbas, 2011). According to Grace (2014), researchers can easily add their articles on wikis and allow others to read, edit and link to additional relevant resources. Health workers can use wikis to facilitate communication, to distribute documents, to collaborate and share knowledge. Specific health care considerations relate to the open nature of these sites and can be used to disseminate information more easily to patients.

2.3.12 Social Bookmarking Sites

Social bookmarking sites are very important to support knowledge sharing practices within higher learning institutions including medical centres as well. Social bookmarking can be used to link academics and health care providers to free bookmarking sites online and present many opportunities for networking with other persons or scholars with similar interests in order for them to share knowledge easily (Akeriwa, *et al.*, 2014). Social bookmarking sites allow users to build and store collections of chosen web-based resources over time in a database that is automatically maintained and shared on a web site. Using social bookmarking sites, every user (health care providers and patients) is assigned his/her own keywords or "tags" and annotations (such as reviews) and may be able to add comments on other people's bookmarked resources as well. Through the bookmarking sites, a lot of knowledge can be shared by health care providers for effective decision making among patients.

2.3.13 Perception of Health Workers to Information Sharing and Decision making process

Human understanding and the resulting organisational behavior are largely based upon how a person perceives and think about situation. Perceptions matter because how a person makes sense of a situation affects his or her attitudes, attributes and behaviors. The process of perceiving involves noticing, selecting, and organizing information in order to respond. Information is naturally lost or distorted in this complex process, so the knowledge upon each person may be incomplete or inaccurate. People vary greatly in what they notice and what draws their focused attention. Their attention processes will be influenced and filtered by their assumptions, values, knowledge, goals, past experiences, and other personal differences, as a result they will only take part in the result they are

presented with, and subsequently act upon partial information.

The rapid growth of social media has fundamentally changed and revolutionized the way people manage information about their personal and professional lives (Garner, et al., 2013). There has been a substantial increase in the use of Internet communication using social media, including blogs, and an increase in the number of social networking sites available for use. There is increasing literature on the potential for ethical dilemmas for health workers who use blogs and social media sites (Duncan-Daston, *et al.*, 2013).

According to Campos (2011), healthcare facilities are taking advantage of the reach provided by social media to publish health information and to engage with their customers. Social media now seem to have replaced face to face contact as a means of communication between people (Crawford, 2014). New bold and Campos (2011) stated further that the mayo clinic, for example, is one such pioneering healthcare facility that has used social media to allow patients to interact with one another and with health professionals to seek health information. The explosion of social networking sites has changed the way people connect with and share information amongst themselves (Parrish, 2013). This means that health workers are individually responsible for maintaining careful awareness of possible ethical dilemmas when participating in social media (Kays, 2013). The norms for the profession of healthcare are to strive to provide services in an objective, impartial, and respectful manner, ensuring that clients' interests are first code of ethics.

Social media has continuously been used as convenient media for information dissemination in today's world. The media is also being used to communicate, share and interpret information of any kind. Thus, social media is described as a platform that comprises several actors, all working in the communication process. It involves new strands of media involving interactive participation (Manning, 2014).

Kietzmannet *et al.*, (2013) viewed social media as that web-based application that creates functionality for sharing, relationships, group, conversation and profiles. More so, there are certain basic characteristics of the social media, one of the most noticeable feature is the seeming freedom that comes with the use of social media to the extent that users do not longer wait for the government to make official statements, instead, they turn into various social media platforms such as Twitter, WhatsApp, Facebook, blogs to gain access, to provide or to share information.

To ensure that correct and accurate information reaches the public through the social media, the role of library and information scientists become rather indispensable. This is so because, libraries as social institutions have the responsibility for making sure that the awareness on public health is adequate, providing daily relevant pieces of information.

The place of the social media in public health cannot over emphasized, this is why Haas *et al.*, (2013) stated that social media had created a wild range of global networks that

makes it very easy for information spread and the mobilization of large number of users of this media to facilitate greater progress all in a bid to attain higher public health goal. It then implies that social media remain a powerful tool for managing public health through public education and advocacy. (Farnan, et al, 2013). It would be interesting to know that some states' public health departments use the Twitter App and other social media for these aforementioned purposes. (Househ *et al.*, 2013).

More so, other public health organisations employ the social media in obtaining keyword content from Twitter and other social networks, which has proven to be very helpful in combining with location-tracking technologies, to respond rapidly to emergencies and to check the health and welfare of the public. With the large use of social media, it has influenced public health behaviors and goals through social reinforcement (Haas *et al.*, 2013).

One remarkable example of the influence of the social media in managing public was seen after Facebook decided to allow users to post their organ-donor status in their profile. Donate Life America, reported that after a week of this feature's introduction, the registries of online state organ-donor recorded a 23-fold surge in donor pledges, this was presumably due to this social-networking effect (Haas *et al.*, 2013).

2.3.14 Challenges that affect Sharing Knowledge on Information Credibility and Decision among Health Practitioners

There are many challenges that confront the use of social media for sharing knowledge for effective decision making among health care practitioners. These include violation of confidentiality and privacy of the patient, damage of professional image, inaccurate health information and lack of concentration at work.

i. Violation of Confidentiality and Privacy of the Patient

Jianlei and Bingbing (2017) posited that violation of confidentiality and privacy of patient is has a very great negative usage of social media in the healthcare setting. The violation can be either intentional or inadvertent and can happen in many different ways (Spector and Kappel, 2012). Some health care practitioners may breach patients' privacy with the information they post on social media sites, for example, posting photos or videos of a patient without any valid consent, making degrading comments on a patient, and also exposing too many patients' details in social media makes them easily identified by the public. Patients need to be treated with dignity and their privacy should be protected and respected by health care practitioners. Petrie and Bennington (2014) opined that patients' privacy entails their rights and expectation that they need to be treated with basic dignity.

ii. Damage of Professional Image

Jianlei and Bingbing (2017) cited that the image and reputation of health practitioners are dramatically damaged on social media. Some health care providers post unprofessionally on social media which damages the reputation of their patients. There are many potential professional tussles that may arise from their unprofessional behaviour such as loss of registration, be it temporary or permanent, penalties, and sometimes loss of the job. It is worthy to note that the Internet does not forget, even if a health care provider deletes a post after several discussions, such post can still be retrieved. Hence, it is essential that health care practitioners be careful of their post in the first place. Petrie and Bennington (2014) stated that social media post lives forever on the coded Internet.

iii. Inaccurate Health Information

Jianlei andBingbing (2017) explained that as quickly as authentic information is spread, so also is the inaccurate information. Online information is a major contending issues faced by healthcare professionals, as there are unreliable and unverified health information spreading across social media which may be harmful. A harmful practice among public is the use of Internet for self-diagnosis, whereas many information online isn't for meant for self-treatment.

iv. Lack of Concentration at Work

Jianlei and Bingbing (2017) posited that social media causes distractions and interruptions while at work, taking care of patients requires non stimulating environment, and hence, social media is a detractor for health care providers (Brady *et. al.*, 2014). Various studies had established the fact that use of mobile phones that is Internet connected all the times is a potential danger for health workers decreasing the full attentions of the health workers on patient care (Gill *et. al.*, 2012). Health practitioners are cautioned on strict measures to follow in order to avoid costly mistakes when attending to patients. It is pertinent for health practitioners to adhere to standard of care and hospital policies as it outlined the dos and don'ts of work especially with social media.

2.3 Theoretical Framework

2.3.1. Social Cognition Theory and Decision-Making Process

The Social Cognitive Theory (SCT) posits that people make causal contribution to their own motivation and action within a system of triadic reciprocal causation (Bandura, 1989). In this model of reciprocal causation, action, cognitive, affective and other personal factors and environmental events are said to operate as interacting determinants of behaviour in decision making process (Bandura, 1989).

The SCT therefore postulates that individuals consider a combination of triadic factors that are personal, social and environmental to make decisions on either to or not to exhibit a certain behaviour (Okyere-Kwaye and Nor, 2011). A central argument of the SCT is that the mind of a person is an active tool guiding the individual towards formulating expectations, abilities and outcomes (Okyere-Kwaye and Nor, 2011). How they think about their personal circumstances or abilities, other people's experiences or their environment, shapes how they will behave in a specific instance. The key constructs of SCT are self-efficacy, outcome expectation and altruism (Okyere-Kwaye and Nor, 2011).

Self-efficacy is a judgement of one's ability to organise and execute given types of performances (Chiu *et al.*, 2016). It is also defined as a person's confidence in his or her ability to take action and persevere in the midst of challenges (Glanz, 2011). Positive beliefs about their capabilities will motivate them to perform a specific action. Outcome expectation is a judgement of what the likely consequences of performing a certain behaviour will produce (Chiu *et al.*, 2016).

When the individual believes the outcome of a certain behaviour will be positive, they are likely to be willing to engage in it. Another construct of the SCT is altruism, which refers to behaviour that costs an individual while benefitting another, without the giver thinking of any return (Okyere-Kwaye and Nor, 2011). Altruism is behaviour that is motivated by the selfless generosity of an individual, where the individual derives satisfaction from charitable acts. When applied to knowledge management, the SCT argues that if individuals are unsure of their capabilities, that is self-efficacy and the outcome of the act of sharing, they are likely not to share it. SCT posits that an individual will only share their knowledge when they are confident in their ability to share a valuable contribution and are expecting a positive outcome.

It could further be argued that individuals may engage in knowledge sharing activities in a community without necessarily thinking of the personal benefit they might receive from sharing, thus exhibiting altruistic behaviour (Okyere-Kwaye and Nor, 2011). Altruism links with SCT in that individual weigh psychological benefits before getting involved in sharing their knowledge. The SCT has been found to have some limitations, which include that it assumes a direct relationship between changes in the environment and the behavioural change of the individual, when this may not always be true (LaMorte, 2018). Through personal development, the individual's behaviour may change, without there necessarily being a change in their environment.

The SCT also ignores the influence of biological processes and hormones in influencing one's behaviour, instead emphasising on the processes of learned behaviour, past experience and expectations (LaMorte, 2018). Although biological processes are not key in this study, they can have influence in the behaviour of individuals. The SCT has also been criticised for being loosely organised, based solely on the dynamic interplay between person, behaviour and their environment (LaMorte, 2018). Without having one unifying principle, it is difficult to implement the theory in its entirety. The SCT has also been found to have a minimal focus on emotion and motivation, when these are considered key factors in influencing individual behaviour (LaMorte, 2018). While being able to explain some aspects of knowledge sharing behaviour among individuals, the SCT is limited in addressing the variables that are within a social network and how these influence an individual's behaviour (Chiu *et al.*, 2016). The SCT was therefore not incorporated in this study.

2.3.2 Dynamic Theory of Knowledge Creation

The dynamic theory of knowledge creation (Nonaka, 2011) posited that knowledge is a powerful weapon to develop organisational wellbeing. Davenport and Prusak (1998) defined knowledge with respect to four dimensions; framed experience, contextual information, experts insight and values. In the 1990s, theory building process of

knowledge management emerged, after this process, a good amount of research has consensus on two broader categories of knowledge that are, explicit and tacit (Ahn and Chang, 2014; Alavi, 2013and Nonaka 2011). Tacit knowledge is regarded as most powerful knowledge and difficult to imitate as it belongs to individuals' property (Cavusgil *et al.*, 2011).

Tacit knowledge can be learnt from real context and by socialization process (Appleyard, 2012; Beckman, 2011; Blackler, 2012). Tacit knowledge, in general, exchanges through personal interaction, mental models and experience (Gold, *et al.*, 2001). The other category of knowledge is termed as explicit knowledge that is in published form. This type of knowledge can easily be traced out and availability is guaranteed to those who have valid access on local network of organisation (Akhavan and Pezeshkan, 2014; Nonaka, 2011).

Knowledge sharing is an act of dispersing individual knowledge, skills, and abilities to others in an organisation (Zakaria, *et al.*, 2014). The task-related information is shared with others for helping and collaborating in order to collaborate, resolve issues, and implement policies. Although, in past much of research focused on considering knowledge sharing as a single construct, a recent study of Cui (2017) segregated two distinct dimensions of knowledge sharing that can take place in organisations. One is the pre-agreed upon sharing of knowledge as required by the job duties and formal job description that is termed as in-role knowledge sharing.

This kind of knowledge sharing is expected as a part of employee's job duties such as discussion of regular work progress and dissemination of job-related information. Second is the extra-role sharing of knowledge that is not obligated as a part of job duties but it is aimed at helping peers and colleagues in work related matters. This includes sharing of

work experiences and competencies to help colleagues on voluntary basis. Health care settings are knowledge incentive in nature as the medical health practitioners, specifically, doctors continuously need current and validup-date information for enhancing their competence and offering evidence-based health care services (Asemahagn, 2014).

The advocates of social network theory (Yiu *et al.*, 2017) presented the importance of social networking and are of the view that it is a vital element to build a knowledge base in the workplace particularly in the health care setting. The globalization and cut-throat competitions among the organisations have given due attention to the social media instead of other traditional media for disseminating information internally and externally. Social media has been getting familiarity among internal stakeholders of the firms to exchange the internal affairs and also regarded as official correspondence as well (Imran, *et al.*, 2019).

Cui (2017) posited that advent of social media tools is the most ground-breaking change that Internet has brought in communication. Further, communication and relationship building flourish among employees by using social media (BruqueMoyano and Eisenberg, 2014). Moreover, knowledge sharing in the workplace requires effective relationship building and communication (Desouza, 2013). The current times social media applications include Digg and Delicious, Word press, Twitter, Wiki, Viber, Weblogs, Micro blogs, Online Forums, Skype, Whatsapp, Flickr, YouTube, Daily Motion, LinkedIn, Facebook, MySpace, Second Life (Virtual Reality), Google Apps, Podcasts, Life Streams, Social Bookmarks, Web Communities, Social Networking, and Avatar-Based Virtual Reality. These social media tools have different categorizations and used for social contact of the people around the globe (Imran *et al.*, 2019). Jue *et al.*, (2013) argued that social media is widely spread media and has global presence. Further, Yates and Paquette (2011) presented those social media applications are supportive to device knowledge management in organisations.

Furthermore, by deputing the services of social applications, innovative ability of the organisations can be enhanced through effective knowledge sharing (Leonardi, 2014). Moreover, informal learning environment is capable to strengthen the knowledge flourishing systems without any formal systems (Kaplan and Haenlein, 2013).

In order to give efficient services to clients, healthcare organisations need up-to-date knowledge (Imran *et al.*, 2019). Moorhead *et al.*, 2013found that medical services firms use Web 2.0 technologies for social interaction, knowledge sharing and learning within and outside the boundaries of organisations. Similarly, healthcare organisations are promoting doctors, healthcare solutions and awareness session using social media applications (Majchrzak, *et al.*, 2013; Moorhead *et al.*, 2013; Paroutis and Al-Saleh, 2014).

Antheunis, *et al.*, (2013) argued that using social media give an additive advantage to medical professionals and hospitals as well. Further, abundance of tacit knowledge in medical field, firms are using social media to share various solutions through text, images and videos that give insights to other professionals and students (Bernhardt *et al.*, 2014). Individuals can learn about health issues through social media and how they can be solved.

2.4 Review of Related Empirical Studies

Batta and Nwokwagh (2015) investigated optimizing the digital age health-wise: utilisation of new/social media by Nigerian teaching hospitals. The study investigated whether the new andsocial media are used as public relations tools (for enhancing their visibility, promoting their services and corporate image), educational tools (to provide health information, enlightenment and education for the purpose of preventing disease and promoting health), social tools (to deepen interactions and exchanges between healthcare providers and healthcare recipients).

The study anchors on three theories: Social Relationships Theory, Social Exchange Theory, and the Extended Parallel Process Model. Inductive content analysis was used to examine the websites of twenty Nigerian teaching and specialist hospitals. Findings showed that the major uses to which Nigerian teaching hospitals put the new and social media are to get feedback from clients (100%), present their vision and mission statements (65%), post administrative and personnel structure information (65%), and give details of contracts (60%).

These media are little used for health promotion (25%), financial transactions (10%) and interactive engagement with clients (0%). The content of Nigerian teaching hospital web pages can be categorized into three as follows: employee/public relations content (100%); in-patient and out-patient–specific content (30%), and public health promotion and education content (25%). It concludes that Nigerian teaching hospitals' recourse to the new and social media is for the purposes of publicity and propagation of self-image (public relations). To change this trend, it was recommended among others that: teaching hospitals should increasingly use the new and social media to provide avenues for patients and relatives to tell their stories, and for health professionals to offer informed opinions on medical and health matters.

Adedeji *et. al.* (2018) investigated the factors influencing the use of electronic health records among nurses in a teaching hospital in Nigeria. Effective use of Electronic Health
Records (EHR) by healthcare professionals has great potentials of optimizing the process of healthcare service delivery, especially in clinical sites.

Despite high potentials for transformation of healthcare services through implementation of EHR as the core driver of prompt access, timely interventions, evidence-based decision making, cost-effective care, efficient management of scarce resources and client satisfaction; some EHR projects had fallen short of fulfilling these critical objectives. In recent past, factors ranging from human to socio-technical issues have been reported as determinants of use and non-use of EHR among target professionals. Therefore, investigating knowledge of EHR, access to electronic recording devices, awareness of an EHR named Made-In-Nigeria Primary Healthcare and Hospital Information System (MINPHIS), utilization of MINPHIS, and perceived factors responsible for use or nonuse of MINPHIS among nurses in a teaching hospital in Nigeria.

The nurse-user, institutional and societal related factors influencing utilization of MINPHIS in the pioneering teaching hospital was determined. A cross-sectional design was used to collect quantitative data using a structured questionnaire among nurses working in the teaching hospital of reference. Systematic random sampling was used to select 230 nurses, out of which 206 consented. Data analysis was done using SPSS version 17. Hypotheses were tested at p value < 0.05 using Chi square and correlation coefficient.

The results revealed that majority of nurses (80.1%) had never used MINPHIS despite a significant percentage (79.6%) willing to use electronic health records. Only 37.4% claimed they were provided with MINPHIS computer system in their workplace, while 86.9% had never been trained. 26 of the 27 nurses that were trained claimed it lasted for few days while 25 affirmed it had no impact on use of MINPHIS. Consequently, 93.7%

emphasized that paper documentation remained dominant. Statistically, there was significant relationship between use of the EHR (MINPHIS) and age (p = 0.045), years of working experience (p = 0.007), availability of computer system (p = 0.000), and training of users (p = 0.000).

The study concluded that the nurses are willing to use Electronic Health Record system but the required practical on-the-job training, necessary equipment and enabling environment are not supportive of the reported interest. All factors, user-related, institutional and societal factors, need to be appropriately examined and supported for successful use of EHR for improved healthcare delivery in Nigeria and similar developing countries. The study recommended that future researches should adopt a multi-level approach (i.e. individual, institutional and societal) in evaluating factors that may influence successful implementation of EHR projects among target users.

The similarity between this study and the current study is that this study used questionnaire as instrument for data collection, while the current study will also use questionnaire as instrument for data collection. The difference between both studies is that the former study used cross section design as research methodology, while the current study used descriptive research design method.

Zoltán *et al.*, (2016) investigated exploring the role of social media in knowledge sharing. Social media is no longer a negligible phenomenon; tools like Facebook, LinkedIn or YouTube have taken the world in a storm. Social media has become a mainstream, modified personal relationships, allowed individuals to contribute to number of issues and generated new possibilities and challenges to facilitate collaboration. Organisations have urgent need of not only focusing on innovation of new products and services, but also paying specific attention to effective knowledge sharing, which is of vital importance for their success. The potential advantage of embracing and implementing social media is enormous.

Although the interest in social media is increasing, on the one hand knowledge workers and managers are waiting to get involved in this collaborative world, because they may not feel motivated or may not be aware of the advantages of using these tools for work purposes. On the other hand, organisations do not tend to allow their employees to use social media technologies because they may be concerned about the risks and consequences of a potential misuse. The researchers investigate how internal or external social media technologies are being used for knowledge sharing during work or for professional development. The study was accomplished with the help of enterprises and institutions operating in Hungary from profit and non-profit sectors, applying quantitative research methods. In total 299 individuals participated by completing the online, webbased questionnaire.

The results have shown that Hungarian organisations prefer not to allow the usage of external social media; but where the employees are supported to reach these tools, high proportion of the people utilize them. The paper provides recommendations to the organisations how to foster motivating employees for using social media technologies for work purposes in knowledge sharing. In the discussion, a short summary of the study, managerial implications and new research direction are presented.

The similarity between this study and the current study is that this study used questionnaire as instrument for data collection, while the current study also used questionnaire as instrument for data collection. The difference between both studies is that the former study was based on exploring the role of social media in knowledge sharing, while the current study is based on knowledge sharing through social media on

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information credibility and decision making among health practitioners in Federal Medical Centre North-Central Zones Nigeria.

Kolawole and Isawumi (2018) investigated the social media utilization among Nigerian resident doctors. The objective of the study was to determine the use of social media (SM) in medical specialties has not been well studied in Nigeria. Thus, the study compared utilization of social media between Ophthalmologists-in-training and trainees in other medical specialties. The method adopted for the study was semi-structured self-administered questionnaire was used to collect information on social media(SM) use from the participants. Descriptive and inferential statistics (Chi-squared and t-test) were used to analyze the data.

Results from the study showed that almost all the respondents had at least one active social media account. WhatsApp and Facebook were the preferred social media platforms among the respondents. Ophthalmologists-in-training usually used social media to access academic resources (77.8%) while other trainees used social media to share information on difficult clinical cases (80.2%). Both groups found WhatsApp and YouTube very useful in their practice. The impediments to realizing the potentials of social media in medical practice included poor internet services (85.5%), poor electricity supply (55.4%), privacy and ethical issues (36.2%). The study concluded that most resident doctors in Nigeria are actively using social media for social interactions,

Professional development and academic pursuits. Its full potentials in medical practice are yet to be utilized. Resolution of crisis in the power sector in Nigeria and provision of internet services in tertiary hospitals in Nigeria would enhance the realization of full benefits of social media in healthcare delivery. The similarity between both studies is that this study used descriptive statistics as method for data analysis, while the current study will also use descriptive statistics as method for data analysis. The difference between both studies is that this study was based on social media utilization among Nigerian resident doctors, while the current study will be based on knowledge sharing through social media on information credibility and decision making among health practitioners in Federal Medical Centre North-Central Zone Nigeria.

Omini and Osuolale (2019) investigated the utilization of social media platforms by librarians for promoting library resources and services in Nigerians' tertiary institutions in Cross River State. The study was carried out to determine the utilization of social media platforms for promoting library resources and services in Nigerians' tertiary institutions in Cross River State, Nigeria. Descriptive survey research design method was employed for this study. The sample for this study comprised of 300 librarians in three Nigerian tertiary institutions in Cross River State. The questionnaire was the only instrument used for data collection. Frequency counts and mean were used to analyze the data collected.

The study revealed that Facebook and Blogs are the most frequently used social media platforms for promoting library resources and services in the libraries. Findings also showed librarians utilize social media platforms in promoting two-way communication as the highest followed by making connections with library users easily, and provides forum for feedback and increases library users/usage and providing up-to date information in campus as the least. Some challenges librarians encounter was also discovered; hence recommendations were made.

These include encouraging more participation on social media platform through seminars and symposiums amongst other recommendations. The similarities between both studies are that the former study used questionnaire as instrument for data collection and descriptive survey as research design. The current study also used questionnaire as instrument for data collection and descriptive survey as research design. The difference between both studies is that this study was based on utilization of social media platforms by librarians for promoting library resources and services in Nigerians' tertiary institutions in Cross River State., while the current study was based on knowledge sharing through social media on information credibility and decision making among health practitioners in Federal Medical Centre North-Central Zone Nigeria.

Adeyoyin and Oyewusi (2015) investigated a Survey of the Needs and Utilization of Health Information among Young Adults in Abeokuta, Ogun State, Nigeria. Good health is an indispensable prerequisite for the socio-economic development of any country. The increasing number of health related problems among young adults in Nigeria warrants urgent and special attention. The study therefore focused on health information needs and utilization among young adults. Correlational research design was adopted for this study using descriptive survey method. Questionnaires were designed and used as survey instruments.

The target population for this study were young undergraduates within the ages of 16-24 years. Federal University of Agriculture and Crescent University were selected because they are the two universities within the city of Abeokuta. The study used 25% of undergraduate students from each of the 35 departments that made up 8 colleges in the two universities for the study. Hence, the sample size for this study was 1,745 young adults. A total number of 1,745 copies of questionnaire were administered to the respondents.

This study finds that nutrition ranked highest, followed by water treatment, sanitation and diagnosed medical condition among the health information needs of the young adults. Young adults also need health information to avoid unwanted pregnancy, unsafe abortion

and HIV/AIDS infection. Access to health information was mostly through textbooks and newspapers/magazines. In addition, the study finds that they also had access to electronic media like radio, television, Internet and GSM mobile phones. The study found that religious beliefs against the use of drugs ranked highest among the problems that hinder effective health information utilization among young adults in Nigeria. Conclusion was drawn based on the findings and recommendations were proffered. The similarity between both studies is that the former study used questionnaire as instrument for data collection, while the current study will also use questionnaire as instrument for data research design, while the current study used descriptive research design.

Eguavoen (2017) investigated the perception and use of social media for information sharing among health workers in general hospitals in Ibadan, Oyo State. Social media are regarded as important tools for information sharing geared towards solving social and environmental problems as they have been described as impetus to solving complex issues in service delivery in any organisation such as educational, health, commerce and others.

The study set to find out the health workers' perception of the use, frequency of use as well as the relationship between perception and use of social media for information sharing by health workers in the general hospitals In Ibadan, Oyo State. Descriptive survey research design of correlation type was adopted using a sample size of 301 out of population of 541 health workers in the general hospitals named; Adeoyo State Hospital, Yemetu, Jericho Nursing Home, Adeoyo Hospital Ring Road and Oni And Sons.

A structured questionnaire titled; research questionnaire for health workers was used for data collection. Data collected was analyzed using descriptive and inferential statistics.

The results revealed that health workers' perception to information sharing to the use of social media is positive and that there was no significant relationship between the health workers' perception and their use of social media for information sharing in the general hospitals. Arising from these, recommendations were made that specific professional social media platform be created for the health care practitioners in the general hospitals and that health workers intending to use social media must ensure that professional interactions between/among other health care professionals, including the transmission of any health data, satisfy the local policy or legislation. The similarities between both studies are their use of questionnaire as instrument for data collection and descriptive statistics as research design.

The differences between both studies is that the former study used inferential statistics as method of data analysis, while the current study used descriptive statistics as method of data analysis. Hamzat and Otulugbu (2020) investigated the social media use and the challenges of information dissemination during emergencies: Experience of library and information scientists on Covid-19 in Nigeria Corona virus is a form of respiratory ailment that ravaged human health and social interaction. Since its emergence and subsequent spread to various countries of the world, various governments, organisations, agencies and individuals have been making frantic efforts to curtail the disease using different media. Prominent among the media being used is social media. However, the preliminary investigation of the researchers indicated that the social media are being wrongly used to disseminate information on the emergence, causes, prevention and curtailment of the disease particularly in a developing country like Nigeria.

The need to address these challenges and to drum home the contribution of Library and Information Scientists necessitated this study. Self-structured questionnaire administered at various online fora (NLA, NALISE and individuals) was the instrument used for the collection of data among the library and information scientists (librarians and library and information science educators). Total enumeration technique was employed to cover all the 201 respondents that participated in the survey monkey conducted. The study found that varying social media were being used to disseminate information about COVID-19. It was reported that library and information scientists are playing active role in enlighten masses on the danger of COVID-19, and has established an enduring relationship with the National Centre for Disease Control (NCDC) on the importance of library use as change agents.

The need for Library and Information Scientists to sustain the use of social media while rendering information services especially in the time of pandemic such as COVID-19 was recommended. The major similarity between both studies is that the former study adopted all the population of the study. The current study also adopted the entire population of the study. The difference between both studies is that the former study was based on the social media use and the challenges of information dissemination during emergencies, while the current study was based on knowledge sharing through social media on information credibility and decision making among health practitioners in Federal Medical Centre North-Central Zone Nigeria.

Cui (2017) investigated the Internet and Social Media use among Pharmacists ina state in Nigeria. The Objectives was to determine the use of internet and social media by pharmacists in Delta State as well as their experiences with the Internet and patients. The methodology for the study was achieved through the use of a 32 item, structured questionnaire, pretested and administered to 100 pharmacists attending the quarterly meeting of Pharmaceutical Society of Nigeria in Abraka, Delta State. Use of Internet and social media were evaluated by Chi square analysis, using SPSS 20. At 95% confidence interval, a 2-tailed, P- value less than 0.05 was considered significant.

The Results of the study revealed that out of the 100 questionnaires administered, 81 were returned, giving a response rate of 81%. Majorities (29.6%) were aged 30-39 years, there were more males (54.3%) than females, one third (39.5%) had been in practice for 1-10 years. Nearly half (48.1%) were in community practice, more than half (56.8%) were practicing in Asaba. Majority (61.7%) used electronic communication for professional services; a quarter (27.2%) used email to communicate with their patients. Whatsapp was 3.5%, text messaging and Face book were 1.2% each. Significant differences were found in their online activities. Reasons for not communicating online included respondents not being computer literate (9.9%), irregular power supply in location (9.9%), lack of time (2.5%).

The conclusion for the study showed that Internet use among respondents in the study area was poor, with those practicing in urban capital using the internet most. There is need to encourage greater internet use among pharmacists because of the obvious benefits to patient care. The similarity between both studies is their use of questionnaire as instrument for data collection. The difference between both studies is that the former study used SPSS to analyze data, while the current study used descriptive statistics and PPMC to analyze its data.

Peter *et. al.* (2018) investigated the factors influencing the use of electronic health records among nurses in a teaching hospital in Nigeria Effective use of Electronic Health Records (EHR) by healthcare professionals has great potentials of optimizing the process of healthcare service delivery, especially in clinical sites.

Despite high potentials for transformation of healthcare services through implementation of EHR as the core driver of prompt access, timely interventions, evidence-based decision making, cost-effective care, efficient management of scarce resources and client satisfaction; some EHR projects had fallen short of fulfilling these critical objectives. In recent past, factors ranging from human to socio-technical issues have been reported as determinants of use and non-use of EHR among target professionals. Therefore, this study investigated knowledge of EHR, access to electronic recording devices, awareness of an EHR named Made-In-Nigeria Primary Healthcare and Hospital Information System (MINPHIS), utilization of MINPHIS, and perceived factors responsible for use or nonuse of MINPHIS among nurses in a teaching hospital in Nigeria. The nurse-user, institutional and societal related factors influencing utilization of MINPHIS in the pioneering teaching hospital was determined.

A cross-sectional design was used to collect quantitative data using a structured questionnaire among nurses working in the teaching hospital of reference. Systematic random sampling was used to select 230 nurses, out of which 206 consented. Data analysis was done using SPSS version 17. Hypotheses were tested at p value < 0.05 using Chi square and correlation coefficient.

The results of the findings showed that majority of nurses (80.1%) had never used MINPHIS despite a significant percentage (79.6%) willing to use electronic health records. Only 37.4% claimed they were provided with MINPHIS computer system in their workplace, while 86.9% had never been trained. 26 of the 27 nurses that were trained claimed it lasted for few days while 25 affirmed it had no impact on use of MINPHIS. Consequently, 93.7% emphasized that paper documentation remained dominant. Statistically, there was significant relationship between use of the EHR (MINPHIS) and age (p = 0.045), years of working experience (p = 0.007), availability of computer system (p = 0.000), and training of users (p = 0.000).

The study concluded that nurses are willing to use Electronic Health Record system but the required practical on-the-job training, necessary equipment and enabling environment are not supportive of the reported interest. All factors, user-related, institutional and societal factors, need to be appropriately examined and supported for successful use of EHR for improved healthcare delivery in Nigeria and similar developing countries.

The study recommended that future researches should adopt a multi-level approach (i.e. individual, institutional and societal) in evaluating factors that may influence successful implementation of EHR projects among target users. Mboro (2012) investigated the Use of routine health information for decision making among health workers at coast general hospital, Mombasa County, Kenya. The study aimed at assessing technical, organisational and behavioral factors that influenced information use among health workers at Coast General Hospital (CGH), Mombasa County, Kenya.

The Study design utilized was descriptive cross sectional. Probability, simple random sampling was used as this avoided bias. Self-administered questionnaire, key informant interview guide and focus group discussion guide were tools used to collect data. A total of 236 health workers participated in the study. Quantitative data was analyzed using Statistical Package for Social Science (SPSS) version 20 and qualitative using QSR international NVivo11. Descriptive statistics and chi-square test to determine significant association was done and results presented in tables, graphs and charts. The results showed 69.6% use of routine health information for decision making with 30.0%% reporting having received minimal training on information management areas.

Highest education level attained by health worker, professional training and accessibility to resources like computer had statistical significant association to information use for decision making (p < 0.05). Inadequate support from the immediate supervisor 124

(52.5%) compounded by unclear roles and responsibilities 107 (45.4%) were reported as hindrance to information use. In conclusion the study demonstrated partial use of routine health information for decision making with interplay of technical, organisational, and behavioural determinants. In the view of the findings, this study recommends need for County HMT in conjunction with the national level to provide training to improve health workers' skills with specific focus on information use through on- job trainings mentorship and enhance organisational context by providing resources that supports information use with targeted regular review meetings, feedback coupled with support supervision are also recommended.

The similarity between both studies is that the former study used questionnaire as instrument for data collection, while the current study also used questionnaire as instrument for data collection. Quantitative data was analyzed using Statistical Package for Social Science (SPSS) version 20 and qualitative using QSR international NVivo11 for the former study, while descriptive statistics involving mean, frequency and standard deviation will be used to analyze the result of the present study.

2.5 Summary of the Literature Reviewed

In order to cover the related and available literature of this study, the review was divided into four main headings thus: conceptual framework, theoretical framework, review of empirical studies and summary of review. The review of the literature was mostly based on documentary sources, which consisted of journal articles, textbooks, conference papers, theses and electronic sources such as the Internet and also other important publications. The review was presented from previous studies to give a proper view to this study. The review captured the variables of the study. It stressed on concept of the use of social media, factors influencing the use of social media, social media tools, how health practitioners measures the credibility of knowledge shared on social media on information credibility and decision among, perceptions of health practitioners towards the use of social media for sharing knowledge on information credibility and decision making and challenges of using social media for sharing knowledge on information credibility and decision credibility and decision media for sharing knowledge on information credibility and decision making and challenges of using social media for sharing knowledge on information credibility and decision credibility and decision media for sharing knowledge on information credibility and decision making and challenges of using social media for sharing knowledge on information credibility and decision credibility and decision media for sharing knowledge on information credibility and decision making and decision among health practitioners.

Literature has been reviewed and has showed that several studies have been conducted with regards to knowledge sharing and the use of social media for knowledge sharing. However, no literature has been conducted on knowledge sharing through social media on information credibility and decision making among health practitioners in Federal Medical Centres North-Central Zone Nigeria. This is the gap the current study intends to fill and would certainly improve the existing literature in this field.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Research Design

The study adopted descriptive design called correlation and survey research design method. Nwaogu *et al.*, (2015) define descriptive design correlation as the type of research design that seek to establish the relationship that exist between two variables, also defined survey research design method as a data collection tool used to gather information about individuals. This method allows for the selection of random samples from large and small population to obtain empirical knowledge of a present nature. It is less expensive than many other data collection techniques. More importantly, survey method could be used to collect information on a wide range of things, including personal, facts, attitudes, past behaviours and opinions. The survey research design was relevant for this study because it enabled the study to sample the opinion of health practitioners in Federal Medical Centre in North Central Zone, Nigeria on how knowledge was shared using social media on information credibility and decision making.

3.2 Population of the Study

The total population for the study comprises of all the medical practitioners working in Federal Medical Centres (FMC) in North Central Zone, Nigeria. FMC Kogi has 92, FMC Abuja has 95, FMC Markudi has 94, FMC Bida has 93, FMC Nasarawa has 95 health practitioners respectively. The total health practitioners is 469.

The brake down is shown in Table 3.2.1.

State	Nurses	Doctors	Population
FCT, Abuja	66	29	95
Bida	65	28	93
Makurdi	69	25	94
Kogi	65	27	92
Nasarawa	67	28	95
Total	332	137	469

 Table 3.2.1: Population of the Study

Source: Federal Ministry of Health Statistics of Health Practitioners (2020)

3.3 Sample and Sampling Techniques.

A simple random sampling technique was used for this study. the sample size of this study was three hundred and seventy-four (374). The sample size was 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 was obtained, a sample size of 73 was obtained from 92.

Table 3.3.1 shows the detailed brake down of the sample size

Table	3.3.1:	Sample	Size
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States	Sample Size
FCT, Abuja	76
Bida	74
Makurdi	75
Kogi	73
Nasarawa	76
Total	374

3.4 Instruments for Data Collection

The study used structured questionnaire for data collection. The choice of structured questionnaire is to enable the respondents express their opinions for the study. Questionnaire is the most appropriate instrument for this study because it is easy to administer and data can be collected within a very short timeframe (Ibrahim, 2013). The structured questionnaire was divided into eight sections. Section A deal with the social demographic information of the respondents, while sections B-I deal with the research questions.

3.5. Validity of Research Instruments

Content and face validity was done to ensure that the research instrument measures what was expected to measure. The questionnaire was being validated by the researcher's supervisor, and a Health Practitioner in the Health Centre in Federal University of Technology Minna, Niger State, for their necessary inputs, observations and comments so as to which led the researcher arrived at a valid measure on all the relevant concepts of the study.

3.6. Reliability of Research Instruments

A pilot study was conducted in General Hospital, Idah, Kogi State. Thirty (30) copies of the questionnaire were administered to the health practitioners in order to determine the level of its reliability. Data collected was analysed using Cronbach Coefficient Alpha formula. Data analysis for each sections shows as follows 0.823, 0.730 and 0.827, 0.852, 0.934, and 0.910, with an average calculation of 0.85 therefore the instrument was considered reliable and usable. Details of the reliability study was appended in appendix B.

3.7. Procedure for Data Collection

The researcher collected a letter of introduction from the Head of Department, Library and Information Technology, Federal University of Technology, Minna to the four federal medical centres in North Central Zone, Nigeria. The letter will be attached to the copies of the questionnaire administered. The researcher will personally administer the questionnaire to health practitioners in Federal Medical Centre in North Central Zone, Nigeria. The administration of the questionnaire took four weeks.

3.8. Method of Data Analysis

To enable the researcher, analyse the data adequately, the data collected was analyzed using descriptive and inferential statistics. Descriptive statistics such as frequency count, percentage, mean and standard deviation was used to analyze the research questions, while the Pearson Product Moment Correlation Coefficient (PPMC) was used to test all the null hypotheses at 0.05 level of significance.

CHAPTER FOUR

4.0 RESULTS AND DISCUSSION

4.1 Response Rate

A total number of three hundred and seventy-four (374) copies of questionnaire were administered to the respondents in the five (5) federal medical centres studied. Three hundred and sixty-one (361) copies of questionnaire were filled, returned and found usable for the analysis representing 97% response rate. Table 4.1 below shows the response rate based on the copies of questionnaire administered, returned and their percentage(s) in each of the federal medical centre studied.

Table 4.1: Response Rate

S/N	Name of Federal	No. of Administered	No. of	Percentage(s)
	Medical Centre	Questionnaire	Returned	(%)
			Questionnaire	
1	Federal Medical			
	Centre, Abuja	76	71	93
2	Federal Medical			
	Centre, Bida	74	70	95
3	Federal Medical			
	Centre, Keffi	75	74	99
4	Federal Medical			
	Centre, Lokoja	73	71	97
5	Federal Medical			
	Centre, Makurdi	76	75	99
	Total			
	i otai	374	361	97

Table 4.1 reveals that 76 copies of questionnaire were administered to medical practitioners in Federal Medical Centre, Abuja, 71 copies representing [93%] were returned, 74 copies of questionnaire were administered to medical practitioners in Federal Medical Centre, Bida, 70 copies representing [95%] were returned, 75 copies of questionnaire were administered to medical practitioners in Federal Medical Centre, Keffi, 74 copies representing [99%] were returned, 73 copies of questionnaire were administered to medical practitioners in Federal Medical Centre, Keffi, 74 copies representing [99%] were returned, 73 copies of questionnaire were administered to medical practitioners in Federal Medical Centre Lokoja, 71 copies representing [97%] were returned and 76 copies of questionnaire were administered to medical practitioners in Federal Medical Centre, Makurdi, 75 copies of questionnaire representing [99%] were returned.

4.2 Descriptive Analysis of Demographic Data

The respondents were asked to indicate their demographic variables, Table 4.2 shows the responses based on their gender, marital status, educational qualifications and job position.

Table 4.3: Demographic Data of the Respondents

Gender	Frequency	Percentage(s)	Valid percent	Cumulative percent
Male	191	52.9	52.9	52.9
Female	170	47.1	47.1	100.0
Total	361	100.0	100.0	
Marital	Frequency	Percentage(s)	Valid percent	Cumulative
Status	1 1 1		r i r	percent
Single	186	51.5	51.5	51.5
Married	175	48.5	48.5	100.0
Total	361	100.0	100.0	

Educational Qualification	Frequency	Percentage(s)	Valid percent	Cumulative percent
Diploma	78	21.6	21.6	21.6
Degree	231	64.0	64.0	85.6
Master	47	13.0	13.0	98.6
PhD	PhD 5		1.4	100.0
Total	361	100.0	100.0	
				Cumulative
Job Position	Frequency	Percentage(s)	Valid percent	percent
Doctor	229	63.4	63.4	63.4
Nurse 132		36.6	36.6	100.0
Total	361	100.0	100.0	

The results from Table 4.2 show that 191 (52.9%) of the respondents (medical practitioners) were males, while 170(47.1%) of them were females. This shows that most of the respondents are males. On the other hand, 186 (51.5%) of the respondents are single, while 175 (48.5%) of the respondents are married. This shows that most of the respondents were single.

Table 4.2 equally indicated that 78 (21.6%) of the medical practitioners were Diploma holders, 231 (64.0%) of the medical practitioners are degree holders, 47 (13.0%) of the medical practitioners are MLS holders and 5 (1.4%) of the medical practitioners have Ph.D.

Furthermore, 229 (63.4%) of the medical practitioners are doctors, while 132 (36.6%) of the medical practitioners were nurse. This shows that most of the practitioners in the study areas were doctors.

4.3 Answering Research Questions

Research Question One: What are the various decision making processes among health practitioners in federal medical centres in North-Central Zone Nigeria?

Table 4.3 shows the decision-making processes among health practitioners in the federal medical centre libraries studied.

Table 4.3 The various decision-making processes among health practitioners in the federal medical centre libraries studied.

		1 SD	2	3	4			
S/N	Statements	~_	D	Ă	SA	Mean	STD	Decision
1.	I conceptualise ideas during decision making processes	0(0.0)	45(12.4)	156(43.2)	160(44.3)	3.3186	.68387	Accepted
2.	During decision making processes we gather relevant information	71(19.6)	28(7.7)	142(39.3)	120(33.2)	2.8615	1.08663	Accepted
3.	I identify alternatives during decision-making process	34(9.4)	60(16.6)	107(29.6)	160(44.3)	3.0886	.99046	Accepted
4.	During decision-making process, I choose among alternatives	0(0.0)	15(4.1)	131(36.2)	215(59.5)	3.5540	.57541	Accepted
5	During decision making processes, I evaluate every decision made	7(1.9)	34(9.4)	190(52.6)	130(36.0)	3.2271	.69397	Accepted
5	decision made							

Note: *Decision Rule: mean values less than 2.50 are rejected, while those greater than or equal to 2.50 are Accepted.*

Note Bench mark = = SD=1, D=2, A=3, SA=4

1 + 2 + 3 + 4/4 = 2.5

Table 4.3: Decision Making Processes among Health Practitioners.

Table 4.3 shows that five items were listed for health practitioners to respond on their decisionmaking 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, I choose among alternatives (\overline{x} =3.55; SD=0.57), item 1: I conceptualize ideas during decision making processes (\overline{x} =3.31; SD=0.68), item 5: During decision making processes, I evaluate every decision made (\overline{x} =3.22; SD=0.69), item 3: I identify alternatives during decision-making process (\overline{x} =3.08; SD=0.99) and item 2: During decision making processes I gather relevant information (\overline{x} =2.86; SD=1.08).

Research Question Two: What are the major constrains affecting decision making among health practitioners in Federal Medical Centre North?

Table 4.4 shows the responses of health practitioners on factors influencing decision making among health practitioners in the federal medical centres studied.

Table 4.4 Responses of health practitioners on challenges influencing decision making among health practitioners in the federal medical centres studied.

		1 SD	2	3	4			
S/N	Statements	50	D D	A	4 SA	Mean	STD	Decision
1.	Insufficient time to conceptualize ideas during decision making process	0(0.0)	102(28.2)	166(45.9)	93(25.7)	2.9751	.73556	Accepted
2.	Poor information supply during decision making processes	0(0.0)	0(0.0)	188(52.0)	173(47.9)	3.4792	.50026	Accepted
3.	I feel fatigue during decision making process	0(0.0)	115(31.8)	150(41.5)	96(26.5)	2.9474	.76376	Accepted
4.	Insufficient equipment to aid decision making processes	0(0.0)	134(37.1)	227(62.8)	0(0.0)	2.6288	.48379	Accepted
5	My decision can be influenced by higher authorities	0(0.0)	118(32.6)	98(27.1)	145(40.1)	3.0748	.85144	Accepted

Note: Decision Rule: mean values less than 2.50 are rejected, while those greater than or equal to 2.50 are Accepted.

Note Bench mark = = SD=1, D=2, A=3, SA=4

1 + 2 + 3 + 4/4 = 2.5

Table 4.4: Factors Influencing Decision Making among Health Practitioners

Table 4.4 shows five items were listed for health practitioners to respond on the factors influencing their decision-making process. All the five items produced high mean scores above the bench mark of 2.50. These items include item 2: Poor Information supply during decision making processes (\bar{x} =3.48; SD=0.50), item 5: My decision can be influenced by higher authorities (\bar{x} =3.07; SD=0.85), item 1: Insufficient time to conceptualize ideas during decision making process (\bar{x} =2.97; SD=0.73), item 3: I feel fatigue during decision making process (\bar{x} =2.94; SD=0.76) and item 4: Insufficient equipment to aid decision making processes (\bar{x} =2.62; SD=0.48).

Research Question Three:

What are the various types of knowledge sharing channels health practitioners use in Federal Medical Centre in North-Central Zone Nigeria?

Table 4.5 shows methods use in knowledge sharing among health practitioners in FederalMedical Centre in North-Central Zone Nigeria.

Table 4.5 Channels use in knowledge sharing among health practitioners in Federal Medical Centre in North-Central Zone Nigeria.

		1 SD	2	3	4			
S/N	Statements	~~	D	Ă	SA	Mean	STD	Decision
1.	Facebook	0(0.0)	18(4.9)	99(27.4)	244(67.5)	3.6260	.57859	Accepted
2.	LinkedIn	110(5.5)	208(57.6)	23(17.4)	20(19.3)	1.8698	.95945	Rejected
3.	Twitter	0(0.0)	90(24.9)	66(18.2)	205(56.7)	3.3186	.84716	Accepted
4.	Telegram	5(1.3)	125(34.6)	171(47.3)	60(16.6)	2.7922	.72537	Accepted
5	Pinterest	239(66.2)	35(9.6)	87(24.0)	0(0/0)	1.5789	.56399	Rejected
6	Whatsapp	20(5.5)	55(15.2)	124(34.3)	162(44.8)	3.1856	.88908	Accepted

Note: Decision Rule: mean values less than 2.50 are rejected, while those greater than or equal to 2.50 are Accepted.

Note Bench mark = = SD=1, D=2, A=3, SA=4

1 + 2 + 3 + 4/4 = 2.5

Table 4.5 Methods used in Knowledge Sharing among Health Practitioners

Table 4.5 shows that six items were listed for health practitioners to respond on the methods used in knowledge sharing. Only four 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), item 2: LinkedIn (\bar{x} =1.87; SD=0.96) which indicate disagree, it does not meet the bench mark 2.50, item 6: WhatsApp (\bar{x} =3.18; SD=0.89) item 5: Pinterest indicate (\bar{x} =1.58; SD=0.56) falling below benchmark which signifies disagree and item 4: Telegram (\bar{x} =2.79; SD=0.72).

Research Question Four: What are the factors influencing knowledge sharing among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

Table 4.6 shows the factors influencing knowledge sharing among health practitioners in Federal Medical Centres studied.

Table 4.6 Factors influencing knowledge sharing among health practitioners in Federal Medical Centres studied.

		1 SD	2	3	4			
S/N	Statements	02	D	Ă	SA	Mean	STD	Decision
	I prefer to use Facebook because it							
1.	provides health information	35(9.6)	0(0.0)	66(18.2)	260(72.0)	3.5263()	.91287	Accepted
2	I do not use LinkedIn for decision making, because it does not provide health related information	67(18.5)	69(19.1)	45(12.4)	180(49.8)	2.9363	1.19668	Accepted
2.	Pinterest is very difficult to navigate							
3.	due to complex interface	0(0.0)	60(16.6)	253(70.0)	48(13.2)	2.9668	.54671	Accepted
	It consumes more data because of it							
4.	heavy data traffic	0(0.0)	7(1.9)	185(51.2)	169(46.8)	3.4294	.60196	Accepted
5	Inadequate power supply to use these platforms	47(13.0)	96(26.5)	43(11.9)	175(48.4)	2.9584	1.12839	Accepted
	Inadequate Funds to subscribe to this							
6	platform professionally	11(3.0)	40(11.0)	258(70.9)	52(14.4)	3.0942	.60736	Accepted
7	Poor Internet connectivity to use social media tools effectively	80(22.1)	188(52.0)	44(12.1)	49(13.5)	2.1717	.92699	Rejected

Note: Decision Rule: mean values less than 2.50 are rejected, while those greater than or equal to 2.50 are Accepted.

Note Bench mark = = SD=1, D=2, A=3, SA=4

1 + 2 + 3 + 4/4 = 2.5

Table 4.6 Factors Influencing Knowledge Sharing among Health Practitioners

Table 4.6 shows that seven items were listed for health practitioners to respond on factors influencing knowledge sharing among health practitioners. Six items produced high mean scores above the bench mark of 2.50. These items include item 1: I do use Facebook for decision making, because it does provide health related information (\bar{x} =3.52; SD=091), item 4: It consumes more data because of its heavy data traffic (\bar{x} =3.43; SD=0.60), item 6: Inadequate Funds to subscribe to this platform professionally (\bar{x} =3.09; SD=061), item 3: Pinterest is very difficult to navigate due to complex interface (\bar{x} =2.97; SD=054), item 5: Inadequate power supply to use these platforms (\bar{x} =2.95; SD=1.12) and item 2: I do not use LinkedIn because it does not provides health information (\bar{x} =2.94; SD=1.19).

Research Question Five: What are the measures use in verifying the credibility of knowledge shared among health practitioners in Federal Medical Centre North-Central Zone, Nigeria?

Table 4.7 shows the measures used in verifying the credibility of knowledge shared among health practitioners.

Table 4.7 shows measures used in verifying the credibility of knowledge shared among health practitioners.

S/N	Statements	SD	2 D	A A	4 SA	Mean	STD	Decision
1.	I check for the source of the knowledge shared on social media	0(0.0)	45(12.4)	54(14.9)	262(72.5)	3.6011	.70032	Accepted
2.	The authority of the knowledge shared is considered	31(8.5)	0(0.0)	180(49.8)	150(41.5)	2.7452	1.09361	Accepted
3.	The timeliness of the knowledge shared is checked	0(0.0)	0(0/0)	141(39.0)	220(60.9)	3.6094	.48856	Accepted
4.	The relevance of the knowledge shared is examined	0(0.0)	10(2.7)	39(10.8)	312(86.4)	3.8366	.43893	Accepted
5	Completeness of information are considered	0(0.0)	10(2.7)	266(73.6)	85(23.5)	3.2078	.46969	Accepted
6	Accuracy of the knowledge shared is considered	75(20.7)	137(37.9)	35(9.6)	114(39.0)	2.5208	1.14029	Accepted

Note: Decision Rule: mean values less than 2.50 are rejected, while those greater than or equal to 2.50 are Accepted.

Note Bench mark = = SD=1, D=2, A=3, SA=4

1 + 2 + 3 + 4/4 = 2.5

Table 4.7 Measures Used in Verifying the Credibility of Knowledge Shared amongHealth Practitioner

Table 4.7 shows that six items were listed for health practitioners to respond on the measures used in verifying the credibility of knowledge shared by them. All the six items produced high mean scores above the bench mark of 2.50. These items include item 4: The relevance of the Knowledge shared is examined (\bar{x} =3.83; SD=0.43), item 3: The timeliness of the knowledge shared is checked (\bar{x} =3.61; SD=0.49), item 1: I check for the source of the knowledge shared on social media (\bar{x} =3.60; SD=0.70), item 5: Completeness of information are considered (\bar{x} =2.75; SD=1.09) and item 6: Accuracy of the knowledge shared is considered (\bar{x} =2.52; SD=1.14).

Research Question Six: What are the challenges in verifying credible knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

Table 4.8 shows the challenges in verifying credible knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria

Table 4.8 Challenges in verifying credible knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria

		1 SD	2	3	4			
S/N	Statements	50	2 D	A A	4 SA	Mean	STD	Decision
1.	Verifying shared information is a very hectic process	15(4.1)	53(14.6)	142(39.3)	151(41.8)	3.1884	.83532	Accepted
2.	Knowledge shared can be very expensive to verify depending on the source	25(6.9)	158(43.7)	85(23.5)	93(25.7)	2.6814	.93447	Accepted
3.	Professional hierarchy does not affect verification processes	22(6.0)	162(44.8)	160(44.3)	17(4.7)	2.4765	.68323	Rejected
4.	Knowledge shared can be reposted affecting information currency on social media	5(1.3)	84(23.2)	82(22.7)	190(52.6)	3.2659	.86357	Accepted
5	Lack of consistency in publishing health information	0(0.0)	210(58.1)	144(39.8)	7(1.9)	2.4377	.53450	Rejected
6	Timeliness affects information verification process	0(0.0)	120(33.2)	50(13.8)	191(52.9)	3.1967	.90835	Accepted

Note: *Decision Rule: mean values less than 2.50 are rejected, while those greater than or equal to 2.50 are Accepted.*

Note Bench mark = = SD=1, D=2, A=3, SA=4

1 + 2 + 3 + 4/4 = 2.5

Table 4.8 shows the responses of health practitioners on the challenges in credible knowledge sharing. Four items produced high mean scores which were above the bench mark of 2.50. These items include item 4: Knowledge shared can be reposted affecting information currency on social media (\bar{x} =3.26; SD=0.86), item 6: Timeliness affects information verification process (\bar{x} =3.19; SD=0.91), item 1: Verifying shared information is a very hectic process (\bar{x} =3.18; SD=0.83) and item 2: Knowledge shared can be very expensive to verify depending on the source (\bar{x} =2.68; SD=0.93). On the other hand, two items produced low mean scores which were below the bench mark of 2.50 which include item 3: Professional hierarchy can affect verification processes (\bar{x} =2.48; SD=0.68) and item 5: Lack of consistency in publishing health information (\bar{x} =2.43; SD=0.54).

4.4 Testing of Hypotheses

 H_{o1} : There is no significant relationship between knowledge sharing and decision making among health practitioners in Federal Medical centre North-Central Zone Nigeria.

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

Table	4.9
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Variables	Ν	Mean	Std.dev	Df	R	P-Value
knowledge sharing	361	3.2194	.14019	359	0.563	0.001
		2.9873	.34747			
Decision making	361					

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 Zone Nigeria.

 H_{02} : There is no significant relationship between information credibility and decision making among health practitioners in Federal Medical centre North-Central Zone Nigeria.

Table 4.10 shows relationship between information credibility and decision making among health practitioners in the federal medical centres studied.

Tabl	le	4.	1	0

Variables	N	Mean	Std.dev	Df	R	P-Value
Decision making	361	2.9873	.34747	359	0.635	0.003
Information credibility	361	3.0175	.47445			

Correlation is significant at P<0.05

Table4.10 shows the relationship between information credibility and decision making among health practitioners in the studied areas, from the table it can be deduced that the obtained result from PPMC shows that there is significant relationship between the two variables, since p-value (0.003) is less than 0.05 level of significance. R indicates 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=0.635, this result infers a strong positive influence (correlation) between information credibility and decision making among health practitioners in FMC. This infers

that, predatory journals have (0.635*100) = 63.5% positive influence on information credibility and decision making among health practitioners. The result therefore declares a strong basis to reject the null hypothesis (H_{02}) in favor of the alternative (H_{12}) and conclude that there is a strong positive relationship between information credibility and decision making among health practitioners in Federal Medical centres North-Central Zone Nigeria.

 H_{03} : There is no significant relationship between Knowledge Sharing and Information Credibility among health practitioners in Federal Medical centre North-Central Zone Nigeria. Table 4.10 shows relationship between Knowledge Sharing and Information Credibility among health practitioners in the federal medical centres studied.

Table 4.11

Variables	Ν	Mean	Std.dev	Df	R	P-Value
knowledge sharing	361	3.2194	.14019	359	0.382	0.000
information credibility	361	3.0275	.47445			

Correlation is significant at P<0.05

Table4.11 shows the relationship between knowledge sharing and information credibility among health practitioners in the studied areas, From the table result it can be deduced that the obtained result of PPMC shows that there is significant relationship between the two variables, since the p-value = 0.000 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=0.382, this result infers a weak positive influence (correlation) between knowledge sharing and information credibility among health practitioners in FMC. This infers that, predatory journals have (0.382*100) = 38.2% weak positive influence on knowledge sharing and information credibility among health practitioners. The result therefore declares a
strong basis to reject the null hypothesis (H_{03}) in favor of the alternative (H_{13}) and conclude that there is significant relationship between knowledge sharing and information credibility among health practitioners in Federal Medical centre North-Central Zone Nigeria.

4.5 Summary of Findings

Based on the results of the analysis, the following are the summary of findings:

- The study revealed that health practitioners in Federal Medical centre North-Central Zone Nigeria put in effort to follow the various decision-making processes such as conceptualizing ideas, choosing among alternatives among others before making final decision.
- 2. The study revealed that health practitioners in Federal Medical centre North-Central indicated poor information supply, fatigue during decision making process and hierarchy influence as part of the challenges affecting their decision-making processes.
- 3. The study further revealed that the health practitioners indicated Facebook, Twitter, LinkedIn, Telegram, Pinterest and Whatsapp are the major channels used as methods of sharing knowledge among health practitioners
- **4.** The respondents agreed that inadequate power supply to use official knowledge sharing platforms and heavy data traffic while sharing high content media such as videos are part of the factors negatively influencing Knowledge sharing among health practitioners in Federal Medical centre North-Central Zone Nigeria.
- **5.** The study also revealed that the health practitioners in Federal Medical centre North-Central Zone Nigeria indicated that they do carry out measure in verifying shred knowledges such as checking the source of every shared knowledge, timeliness etc.
- 6. The respondents indicated that professional hierarchy, and the hectic faced during the process of verifying knowledge shared are part of the challenges in verifying

knowledge shared among health practitioners in Federal Medical centre North-Central Zone Nigeria.

- 7. There is significant relationship between knowledge sharing and decision making among health practitioners in Federal Medical centre North-Central Zone Nigeria
- 8. There is significant relationship between information credibility and decision making among health practitioners in Federal Medical centre North-Central Zone Nigeria.
- 9. There is significant relationship between knowledge sharing and information credibility among health practitioners in Federal Medical centre North-Central Zone Nigeria.

4.6 Discussion of the Findings Research Questions

4.6.1 Research question 1: What are various decision making processes among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

The findings of the study 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, *et al.*, 2014).

4.6.2 Research question 2: What are the constraints affecting decision making among health practitioners in Federal Medical Centre North the factors influencing North-Central Zone Nigeria?

The findings of 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.

4.6.3 Research question 3: What are the various types of knowledge sharing channels health practitioners use in Federal Medical Centre in North-Central Zone Nigeria?

The findings of the research question three revealed that the methods used for knowledge sharing among knowledge practitioners were Facebook, twitter, telegram, and Whatsapp, LinkedIn and pinttrest however are not popularly used by the health practitioners. 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 pateints, 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.

4.6.4 Research question 4: What are the factors influencing knowledge sharing among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

The findings of the study revealed that the influence of knowledge sharing among health practitioners is low. The medical practitioners indicated that they prefer to use LinkedIn because it provides them with health information. However, poor Internet connectivity to use social media tools effectively, inadequate fund to subscribe to social media platforms, inadequate power supply, difficulty to navigate Pinterest because of complex interface and the consumption of more data while using social media platforms because of heavy traffic were seen as factors influencing knowledge sharing through social media among health practitioners negatively. This is in contrast with the findings of New bold and Campos (2011) that healthcare facilities are taking advantage of the reach provided by social media to publish health information and to engage with their customers. Similarly, Crawford (2014) added that social media now seem to have replaced face to face contact as a means of communication between people.

4.6.5 Research question 5: What are the measures use in verifying the credibility of knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

The findings of the study revealed that the authority of knowledge shared, timeliness of the knowledge shared, the relevance of the knowledge shared, completeness of information, sources of knowledge shared and the accuracy of the knowledge shared were measures used in verifying the credibility of knowledge that is shared among health practitioners in the federal medical centres studied. Knowledge shared by health practitioners should be easily understood and utilised among individuals for decision making. This is in line with the findings of Medhekar (2017) that knowledge sharing is the process by which knowledge of an individuals

or health practitioner is converted into a form that can be understood and used by other individuals and health practitioners. 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).

4.6.6 Research question 6: What are the challenges in verifying credible knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

The study equally revealed that respondents indicated that verifying shared information is a very hectic process, knowledge shared could be expensive to verify depending on the source, knowledge shared could be deposited affecting information currency on social media and timeliness affects information verification process were seen as challenges in verifying credible knowledge shared through social media among health practitioners in the federal medical centres studied. This partly agrees with the findings of Lin (2017), he perceived social media causes distractions and interruptions while at work, taking care of patients requires non stimulating environment, and hence, social media is a detractor for health care providers. In addition, Gill *et. al.* (2012) argued that various studies had established the fact that use of mobile phones that is Internet connected all the times is a potential danger for health workers decreasing the full attentions of the health workers on patient care. Similarly, Jianlei and Bingbing (2017) posited that violation of confidentiality and privacy of patient is having a very great negative usage of social media in the healthcare setting.

4.7 Discussion of Findings base on the Tested Hypotheses

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

The test of null hypothesis one revealed that there is significant relationship between knowledge sharing and decision making among health practitioners in Federal Medical centre studied. This implies that knowledge sharing through social media influences decision making processes among health practitioners. This agrees with the findings of White (2013) that social media tools are used to publish explicit knowledge (papers, blog posts, articles, tweets), to get exposure, to find knowledge from a global community of experts and to engage others to share knowledge. Levy (2014) corroborated this finding that the utilisation of social media tools facilitates knowledge sharing across widely dispersed elements within institutions by involving people who have common interests to create and share knowledge.

H₀₂: There is no significant relationship between information credibility and decision making among health practitioners in Federal Medical centre North-Central Zone Nigeria.

The test of the null hypothesis between information credibility and decision making among health practitioners in the Federal Medical centre studied has shown that there is significant relationship between them. This implies that the credibility of information greatly influences the decision of health practitioners.

CHAPTER FIVE

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 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 Zone 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 subscribe to social media platforms professionally and poor Internet connectivity to use social media tools effectively negatively affect decision making activities 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.

5.2 **Recommendations**

Based on the findings of the study, the following recommendations are made:

1. The management of federal medical centres in North-Central Zone Nigeria should ensure the provision of equipment to aid medical practitioners in decision making processes and ensure the provision of only rich information.

- The management of federal medical centres in North-Central Zone 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 Zone 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.
- 4. The management of federal medical centres in North-Central Zone Nigeria should make provision for fast and reliable Internet connectivity and wireless data network to access social media platforms among health practitioners.
- 5. The management of federal medical centres in North-Central Zone Nigeria should properly address the challenges faced by medical practitioners particularly in the area of epileptic and erratic power supply. This can be made possible by finding an alternative way to generate power supply such as a standby generator, inverter or solar energy system in the federal medical centres.
- 6. The management of federal medical centres in North-Central Zone Nigeria should ensure that timely, relevant and accurate information is shared among health practitioners.
- Higher health authorities should allow flexibility in decision making and also enough time for other sub bodies to carry out credible research and investigation on any shared subject matter.

5.3 Contribution to Knowledge

The study contributes to knowledge in the following areas:

- 1. The study provided empirical evidence that even though health practitioners are expected to use social media platforms alongside ICT facilities and associated gadgets for knowledge sharing, they need to be very cautious in terms of the credibility of information especially those shared form higher authorities to enable them make better decision.
- The study has equally added to the already existing body of literatures available on knowledge sharing by health practitioners for better and informed decision making among patients.

5.3 Suggestion for Further Research

- 1. Knowledge sharing and information credibility as correlate of decision making among health practitioners in federal medical centre in South-west Zone, Nigeria.
- Assessment of information credibility and knowledge sharing through social media as correlate of decision making among medical practitioners in general hospitals in North-East Zone, Nigeria.
- Assessment of information dissemination and knowledge sharing for decision making among HIV/AIDS patients by librarians in specialist hospitals in North-Central Zone Nigeria.
- 4. There is also the need for research on general hospitals to get more findings on knowledge sharing and information credibility as correlate of decision making among health practitioners in North-Central Zone Nigeria.

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APPENDIX A

QUESTIONNAIRE FOR FEDERAL MEDICAL HEALTH PRACTITIONERS.

Department of Library and Information Technology, School of Information and Communication Technology, Federal University of Technology, Minna. Niger State.

Dear Respondent,

I am a postgraduate student of the Department of Library and Information Technology, Federal University of Technology, Minna with matriculation number MTECH/SICT/2018/7980. I am currently conducting research titled "KNOWLEDGE SHARING AND INFORMATION CREDIBILITY AS CORRELATE OF DECISION MAKING AMONG HEALTH PRACTITIONERS IN FEDERAL MEDICAL CENTRE NORTH-CENTRAL ZONE NIGERIA. Please complete the attached questionnaire as your kind response will be appreciated and any information provided will be treated as confidential as possible and will be used for research purpose alone.

Thank you.

Yours faithfully,

Adaji Trust Kadiri MTECH/SICT/2018/7980

SECTION A: Demographic information of the respondents

```
Gender: (i) Male { } (ii) Female { }
Marital Status
(i) Marriage { }(ii) Single { } (iii) Widowed { }(iv) divorced { }
Educational Qualifications
(i) Secondary education { }(ii) Diploma or Certificate{ } (iii) Bachelor Degree { }
(iv) Master Degree { } (v) PHDs { }
f. Job position
i) Doctor { }
ii) Nurse { }
```

Section B: What are the various decision making processes among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

s/n	Statement	SA	Α	D	SD
1.	I conceptualize ideas during decision making processes				
2.	During decision making processes I gather relevant Information				
3.	I identify alternatives during my decision-making process				
4.	In my decision-making process I choose among alternatives				
5.	During decision making processes I evaluate every decision made				

Key: SA: Strongly Agreed; A: Agreed; D: Disagreed; SD: Strongly Disagreed

1. Section C: What are the constraints affecting decision making among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

s/n	Statement	SA	Α	D	SD
1.	Insufficient time to conceptualize ideas during decision making process				
2.	Poor Information supply during decision making processes				
3.	I feel fatigue during decision making process				
4.	Insufficient equipment to aid decision making processes				
5.	My decision can be influenced by higher authorities				

Key: SA: Strongly Agreed; A: Agreed; D: Disagreed; SD: Strongly Disagreed

Section D: What are the various types of knowledge sharing channels health practitioners use in Federal Medical Centre in North-Central Zone Nigeria?

s/n	Statement	SA	А	D	SD
1.	Facebook				
2.	LinkedIn				
3.	Twitter				
4.	Telegram				
5.	Pinterest				
6.	Whatsapp				

Key: SA: Strongly Agreed; A: Agreed; D: Disagreed; SD: Strongly Disagreed

Section E: What are the factors influencing knowledge sharing among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

s/n	Statement	SA	Α	D	SD
1.					
	I prefer to use Facebook because it provides health information				
2.	I do not use LinkedIn for decision making, because it does not provide health related information				
3.	Pinterest is very difficult to navigate due to complex interface				
4.	It consumes more data because of it heavy data traffic				
5.	Inadequate power supply to use these platforms				
6.	Inadequate Funds to subscribe to this platform professionally				
7.	Poor Internet connectivity to use social media tools effectively				

Section F: What are the measure use in verifying the credibility of knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

s/n	Statement	SA	А	D	SD
1.	I check for the source of the knowledge shared on social media				
2.	The authority of the knowledge shared is considered				
3.	The timeliness of the knowledge shared is checked				
4.	The relevance of the Knowledge shared is examined				
5.	Completeness of information are considered				
6.	Accuracy of the knowledge shared is considered				

Section G: What are the challenges in verifying credible knowledge shared among health practitioners in Federal Medical Centre North-Central Zone Nigeria?

s/n	Statement	SA	Α	D	SD
1.	Verifying shared information is a very hectic process				
2.	Knowledge shared can be very expensive to verify depending on the source				
3.	Professional hierarchy does not affect verification processes				
4.	Knowledge shared can be reposted affecting information currency on social media				
5.	Lack of consistency in publishing health information				
6.	Timeliness affects information verification process				

Key: SA: Strongly Agreed; A: Agreed; D: Disagreed; SD: Strongly Disagreed

Appendix II

Reliability

	Notes	
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Comments		
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Missing Value Handling		Statistics are based on all cases with
	Cases Used	valid data for all variables in the
		procedure.
		RELIABILITY
		/VARIABLES=VAR00001 VAR00002
		VAR00003 VAR00004 VAR00005
Svintov		VAR00006 VAR00007 VAR00008
Syntax		VAR00009
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		ALL
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Resources	Elapsed Time	00:00:00.02

[DataSet0]

Scale: RESEARCH QUESTION 1

Case Processing Summary

			-
		N	%
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Cases	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's	N of Items
Alpha	
.823	9

Scale: RESEARCH QUESTION 2

Case Processing Summary

		N	%
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Cases	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's	N of Items
Alpha	
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Scale: RESEARCH QUESTION 3

Case Processing Summary

		N	%
	Valid	30	100.0
Cases	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's	N of Items
Alpha	
.827	9

Scale: RESEARCH QUESTION 4

Case Processing Summary

		N	%
	Valid	30	100.0
Cases	Excluded ^a	0	.0
	Total	30	100.0

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Reliability Statistics

Cronbach's	N of Items
Alpha	
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Scale: RESEARCH QUESTION 5

Case Processing Summary

		N	%
	Valid	30	100.0
Cases	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's	N of Items
Alpha	
.934	8

Scale: RESEARCH QUESTION 6

Case Processing Summary

		N	%
	Valid	30	100.0
Cases	Excluded ^a	0	.0
	Total	30	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's	N of Items
Alpha	
.910	8