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PERSONAL FACTORS AND KNOWLEDGE SHARING BEHAVIOUR OF HEALTHCARE PRACTITIONERS AT UNIVERSITY COLLEGE HOSPITAL, IBADAN

Awomuse, Omotayo Fredrick, PhD
Department of Office and Information Management,
College of Applied Social Sciences,
Lagos State University of Science and Technology,
Ikorodu, Lagos, Nigeria
(08033066119)

Ogunyemi, Victoria Adesola
Department of Office and Information Management,
College of Applied Social Sciences,
Lagos State University of Science and Technology,
Ikorodu, Lagos, Nigeria (08033066119)

OWOICHO, Ochigbihi Prince, PhD
National Institute of Construction Technology and Management
Uromi, Edo State
p.owoicho@nict.edu.ng

Abstract

This study investigated personal factors influence knowledge-sharing behaviour among healthcare practitioners at University College Hospital (UCH), Ibadan. This study employed a cross-sectional survey design. The population consisted of 585 health practitioners from the University College Hospital in Ibadan. Six objectives guided this study. A purposive sampling technique was used. A self-developed questionnaire was used as instrument of data collection. Both descriptive and inferential statistics were used at a 5% significance level. The study findings revealed that out of all the indicators of personal factors from a combined perspective, only age will significantly influence knowledge sharing behaviour (β = 0.342, p < 0.05) while others such as gender will not significantly influence knowledge sharing behaviour (β = 0.062, p > 0.05), level of education will not significantly influence knowledge sharing behaviour (β = -.112, p > 0.05), job position will not also significantly influence knowledge sharing behaviour (β = 0.008, p > 0.05) and also job experience will not also significantly influence knowledge sharing behaviour (β = 0.062, p > 0.05). The study concluded that among the personal factors considered only age has a significant influence on knowledge-sharing behaviour among healthcare practitioners, while factors such as gender, level of education, job position, and job experience do not have a significant impact. Based on these findings, the study recommended that management should focus on creating age-inclusive knowledge-sharing initiatives that leverage the experience and perspectives of older

practitioners, while also fostering an environment that encourages knowledge-sharing across all demographic groups, regardless of other personal factors.

Keywords: Age, Gender, Job experience, Job position, Knowledge sharing, Level of education,

Introduction

Knowledge sharing among healthcare practitioners is critical for the advancement of healthcare delivery systems. According to Adeyemi and Popoola (2020), effective knowledge sharing ensures that healthcare providers are well-equipped with the latest medical knowledge, best practices, and innovations necessary to deliver high-quality patient care. In hospitals, where the complexity of cases often requires interdisciplinary collaboration, the ability to share knowledge efficiently can significantly impact patient outcomes. However, the propensity to share knowledge is often influenced by various personal factors, including but not limited to the practitioners' attitudes, beliefs, cultural backgrounds, and professional experiences (Omotayo et-al. 2021). This study seeks to explore the influence of these personal factors on knowledge-sharing behaviour among healthcare practitioners at the University College Hospital (UCH), Ibadan, a leading tertiary healthcare institution in Nigeria.

Globally, the importance of knowledge sharing in healthcare has been recognized as essential for the continuous improvement of medical practices and patient care. In advanced healthcare systems like those in the United States, knowledge sharing has been institutionalised through electronic health records (EHRs), continuous medical education (CME), and collaborative research (Esmaeilzadeh, 2020). Despite these mechanisms, studies have shown that personal factors such as individual motivation, perceived competence, and trust in colleagues play significant roles in determining whether healthcare professionals actively engage in knowledge sharing (Esmaeilzadeh, 2022). A study conducted in the United States of America (USA), it was found that physicians with a high level of intrinsic motivation and a strong sense of professional identity were more likely to share their knowledge freely with colleagues (Woolsey, 2016). It was suggested that even in environments where knowledge-sharing infrastructure is well-developed, personal factors can be a critical determinant of behaviour.

Similarly, in Europe, particularly in the United Kingdom (UK), the National Health Service (NHS) has emphasised the role of knowledge sharing in improving healthcare delivery (Von-Behr et- al., 2023). The NHS has invested in knowledge management systems and communities of practice aimed at facilitating the exchange of information among healthcare professionals (Day & Goswami, 2020). However, research indicates that personal factors such as job satisfaction, perceived organisational support, and the individual's professional network significantly influence the extent to which healthcare workers engage in knowledge sharing (Cresswell et- al., 2020). An investigative study conducted among NHS staff revealed that those who felt supported by their

organisation and had positive relationships with their peers were more likely to share knowledge, highlighting the impact of personal and relational factors on knowledge-sharing behaviour (Colnar et-al., 2022; Maniatopoulo set-al., 2020).

Moving to Asia, the healthcare systems in countries like Japan have also recognized the importance of knowledge sharing in enhancing patient care. Japan's healthcare system, known for its advanced technology and high-quality care, has made strides in promoting knowledge sharing through initiatives like regular interdisciplinary meetings and collaborative learning sessions (Nguyen et-al., 2022). However, studies suggested that cultural factors, such as a collectivist mindset and respect for hierarchy, can either facilitate or hinder knowledge-sharing practices. Japanese healthcare professionals who view knowledge sharing as a collective responsibility and who feel comfortable navigating the hierarchical structure of their institutions are more likely to engage in this behaviour. This underscores the influence of cultural and personal factors on knowledge-sharing practices (Raghavan et-al., 2021).

In Africa, the context of knowledge sharing in healthcare is shaped by various challenges, including limited resources, infrastructural constraints, and diverse cultural backgrounds. In countries like South Africa, the healthcare system is marked by a mix of public and private providers, with significant disparities in resources between urban and rural areas (Kwame & Petrucka, 2020). Despite these challenges, Ayatollahi and Zeraatkar (2020) stated that knowledge sharing remains crucial for improving healthcare delivery across the country. Studies in South Africa have indicated that personal factors such as language barriers, trust levels among healthcare workers, and individual attitudes toward collaboration can significantly influence knowledge-sharing behaviour. Healthcare practitioners who overcome language differences and build trust with their colleagues are more likely to engage in knowledge-sharing activities, which is essential for addressing the healthcare needs of the population (Chaudhary et-al., 2023).

In East Africa, Kenya's healthcare system has been grappling with the need for better knowledge-sharing practices to address its healthcare challenges. The Kenyan healthcare sector, like many others in Africa, faces issues related to limited access to up-to-date medical information, particularly in rural areas (Abuki & Muchemi, 2022). Allwood et-al. (2022) opined that personal factors such as the level of professional education, exposure to modern healthcare practices, and the willingness to collaborate with peers have been identified as key determinants of knowledge-sharing behaviour among Kenyan healthcare workers. Research shows that healthcare practitioners with higher levels of education and those who have had international exposure are more likely to engage in knowledge sharing, highlighting the importance of continuous professional development in enhancing knowledge-sharing practices (Gitau, 2020; Nkunkwane & Fombad, 2022).

In Nigeria, the healthcare system faces significant challenges exacerbated by limited resources and a high burden of disease (Ojewale & Mukumbang, 2023). Tsiga-Ahmed et-al. (2021) held that effective knowledge sharing among healthcare practitioners at healthcare institutions is crucial for improving healthcare delivery. However, the sector suffers from poor knowledge-sharing practices, which have led to fragmented care, redundant efforts, and suboptimal patient outcomes (Okunade et-al., 2023). This issue is exacerbated by various personal factors such as individual attitudes towards collaboration, perceived professional competence, and levels of trust within the healthcare system. These factors collectively hinder the seamless exchange of knowledge and best practices among healthcare professionals, thereby impeding efforts to enhance overall healthcare quality and efficiency in Nigeria. Understanding and addressing these barriers are essential steps towards fostering a more collaborative and effective healthcare environment in the country (Balogun, 2022).

Despite the recognized importance of knowledge sharing in improving healthcare outcomes, there remains a gap in understanding how personal factors influence this behaviour among healthcare practitioners (Adeyemi & Popoola, 2020). While global and regional studies have highlighted the impact of personal factors on knowledge-sharing practices, there is limited research focused on the Nigerian context, particularly within tertiary healthcare institutions like UCH (Omotayo et-al., 2021). Furthermore, the problem of poor knowledge sharing has resulted in significant gaps in the continuity of care, particularly in the management of chronic diseases and complex medical cases. This deficiency has led to instances where healthcare practitioners are unable to fully leverage collective expertise, resulting in delayed diagnoses, treatment errors, and inconsistent patient care outcomes (Nguyen et-al., 2022). The absence of a robust culture of knowledge sharing also contributes to a lack of innovation in medical practices and limits the capacity for healthcare professionals to stay updated with the latest advancements in medical science (Chaudhary et-al., 2023; Von-Behr et-al., 2023). Addressing these issues is imperative for improving healthcare delivery, ensuring patient safety, and ultimately achieving better health outcomes in Nigeria's healthcare system.

Objectives of the Study

The objectives of the study are to:

1. determine the influence of gender on the knowledge sharing behaviour of health care practitioners at the university college Hospital, Ibadan, Oyo State, Nigeria;
2. investigate the influence of age on the knowledge sharing behaviour of health care practitioners at the university college Hospital, Ibadan, Oyo State, Nigeria;
3. find out the influence of job experiences on the knowledge sharing behaviour of health care practitioners at the University College Hospital, Ibadan, Oyo State, Nigeria;

4. determine the influence of job position on the knowledge sharing behaviour of health care practitioners at the university college Hospital, Ibadan, Oyo State, Nigeria;
5. ascertain the influence of level of education on the knowledge sharing behaviour of health care practitioners at the university college Hospital, Ibadan, Oyo State, Nigeria;
6. ascertain the combine influence of gender, age, job experience, job position, and level of education on the knowledge sharing behaviour of health care practitioners at the university college Hospital, Ibadan, Oyo State, Nigeria;

Research Hypothesis

H_o: Personal factors have no significant influence on knowledge sharing behaviour among healthcare practitioners at University College Hospital, Ibadan

Review of Related Literature

The study reviewed related literature in the area of investigation and provided insights into the concepts of the study.

Personal Factors

Personal factors encompass a range of individual attributes that influence behaviour, performance, and interactions within various contexts. These factors include personality traits, motivations, values, interests, and personal circumstances (Veeck et al, 2020). For example, a person's level of motivation can drive their engagement and productivity, while their values and interests can impact their job satisfaction and alignment with organisational goals. Allwood et-al. (2022) opined that personal factors are critical because they shape how individuals approach tasks, interact with colleagues, and contribute to team dynamics. Understanding these factors allows organisations to tailor strategies to individual needs and preferences, fostering a more supportive and effective work environment. Personal factors also play a significant role in knowledge sharing and collaboration. Individuals with a strong inclination towards collaboration and learning are more likely to actively participate in knowledge-sharing activities, contributing to a culture of openness and innovation (Arvidsson et-al., 2020).

Gender

Gender refers to the social, cultural, and psychological attributes and roles associated with being male, female, or individuals who do not identify exclusively as male or female. It influences various aspects of individuals' experiences and interactions within an organisation, including communication styles, leadership approaches, and career progression (Abreu et-al., 2022). In the opinion of Alon et-al. (2020), gender can affect how individuals are perceived and treated in the workplace, which in turn can impact their opportunities for advancement, job satisfaction, and overall performance. Organisations that acknowledge and address gender dynamics can create a

more inclusive environment, leading to improved collaboration, diversity of thought, and equitable opportunities for all employees (Brown et-al., 2021).Gender also plays a role in shaping organisational culture and practices. For example, gender diversity can enhance team performance by bringing a wider range of perspectives and problem-solving approaches (Sheffield et-al., 2022). However, gender imbalances or biases may lead to disparities in career advancement and work experiences. Addressing these issues involves implementing policies and practices that promote gender equity, such as equitable hiring practices, career development opportunities, and support systems for all employees (Dangis et-al., 2020).

Age

Age refers to the number of years an individual has lived and can impact their perspectives, experiences, and interactions in the workplace (Lemaire et-al., 2020). Kanwar et-al. (2020) stated that age diversity brings a range of viewpoints and skills to an organisation, from the fresh perspectives of younger employees to the extensive experience of older workers. Each age group contributes differently, with younger employees often bringing new ideas and technological proficiency, while older employees offer valuable experience and institutional knowledge. Age can also influence career progression and workplace dynamics (Jiang et-al., 2021). For instance, younger employees might face challenges related to gaining experience and credibility, while older employees may encounter age-related stereotypes or biases. Organisations that recognise and value the contributions of all age groups can create a more balanced and effective work environment (Kanwar et-al., 2021). Implementing policies that support lifelong learning, mentorship programmes and inclusive practices can help harness the strengths of a diverse age range, leading to enhanced innovation and productivity (Lemaire et-al., 2020).

Job Position

Job position refers to the specific role an individual holds within an organisation, including their responsibilities, authority, and rank (Dwianto, 2020). This position determines the scope of tasks, access to information, and level of influence within the organisational hierarchy. Higher job positions often come with greater responsibility and decision-making power, providing access to strategic information and opportunities to lead and mentor others. Conversely, lower job positions may involve more routine tasks with less influence over strategic decisions but can offer valuable operational insights (Topchyan & Woehler, 2021). According to a joint study by Wanberg et al. (2020), job position had a major impact on worker performance and knowledge exchange. Individuals in higher positions are typically more involved in strategic planning and decision-making, which can enhance their ability to share valuable insights and foster a collaborative culture. However, they may also face challenges such as increased workload or bureaucratic barriers that can limit their availability for informal knowledge sharing (Dwianto, 2020). Conversely, employees in lower positions might have less access to strategic information but can

offer practical, on-the-ground perspectives that are equally valuable. Balancing these dynamics effectively can lead to a more integrated and cohesive organisational knowledge base (Yang et-al., 2021).

Job Experience

Job experience encompasses the practical skills and knowledge gained from performing various roles and responsibilities over time. This experience includes hands-on learning, problem-solving, and the application of theoretical knowledge in real-world scenarios (Heinrichs et al, 2020). It enhances an individual's expertise, adaptability, and problem-solving abilities, making them more effective in their roles. Employees with extensive job experience often bring valuable insights and lessons learned from previous challenges, contributing to better decision-making and innovation within the organisation (Shin et-al., 2020).

Sheehy et-al. (2021) submitted that experienced individuals are typically well-equipped to mentor others and provide guidance based on their accumulated knowledge. Their practical understanding of job-related challenges and solutions can be instrumental in improving processes and fostering a culture of continuous improvement. However, the effectiveness of this experience depends on the individual's willingness to share their knowledge and the organisation's mechanisms for facilitating such exchanges. Leveraging job experience effectively can lead to enhanced team performance and a more robust organisational knowledge base (Dwianto, 2020).

Level of Education

Level of education refers to the highest academic degree or qualification an individual has achieved, reflecting their depth of knowledge and specialised skills. Educational levels range from basic diplomas to advanced degrees like master's and doctoral qualifications. A concluded study by Concepción-Zavaleta et-al. (2020) indicated that higher education typically provides individuals with advanced theoretical knowledge and critical thinking skills, which are essential for complex problem-solving and strategic decision-making. It also influences career opportunities, as advanced degrees often open doors to specialised and higher-level positions. The level of education affects an individual's ability to perform and contribute to an organisation in various ways (Jafari-Sadeghi et-al., 2020). Rosselli et-al. (2023) Positedthat higher educational attainment generally correlates with improved problem-solving abilities, analytical skills, and a deeper understanding of specialised fields. This can lead to better job performance and increased opportunities for career advancement. Additionally, a well-educated workforce can drive innovation and competitiveness within an organisation. However, while education is crucial, it is most effective when combined with practical experience and a supportive work environment that encourages continuous learning and application of knowledge (Strelan et- al., 2020).

Methodology

This research utilised a cross-sectional survey research design to collect data. The target population for this study comprised 585 health practitioners of the University College Hospital, Ibadan. A purposive sampling method was used to select 260 medical professionals. This method was used to ensure that the study only included respondents who had the necessary training, experience, and work position.

A standardised and structured questionnaire was used to collect the data. Face validity and the knowledge of an expert in the topic of research were used to validate the instruments. To confirm validity, a pilot research was also carried out. The Cronbach's alpha reliability coefficients for the constructs was 0.94. A response rate of 83.5% was recorded. Data were analysed using both descriptive and inferential statistics at 5% level of significance.

Testing of Research Hypothesis

Ho1: Personal factors (years of experience, gender, level of education, job position and age of respondents) have no significant effect on knowledge sharing behaviour of healthcare practitioners at University College Hospital, Ibadan, Nigeria.

Table 1: Multiple regression analysis of personal factors and knowledge sharing behaviour **among healthcare practitioners at University College Hospital, Ibadan**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.530	.281	.264	.183

a. Predictors: (Constant), Years of Job Experience, Gender of Respondents, Level of Education, Job Position, Age of respondents

ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.754	5	.551	16.494	.000
	Residual	7.046	211	.033		
	Total	9.800	216			

a. Dependent Variable: knowledge sharing behaviour

b. Predictors: (Constant), Years of Job Experience, Gender of Respondents, Level of Education, Job Position, Age of Respondents.

Coefficients

Model		Unstandardised Coefficients		Standardised Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	3.256	.078		41.572	.000
	Gender of Respondents	.027	.027	.062	.989	.324
	Age of Respondents	.056	.014	.342	3.838	.000
	Level of Education	-.017	.010	-.112	-1.720	.087
	Job Position	.000	.004	.008	.114	.909
	Years of Job Experience	.023	.012	.168	1.874	.062

a. Dependent Variable: Knowledge Sharing Behaviour

Interpretation

Table 1 shows the level of significance of the combined indicators of knowledge sharing behaviour. The table revealed that gender of respondents will not significantly influence knowledge sharing behaviour ($\beta = 0.062$, $p > 0.05$). Age of respondents will significantly influence knowledge sharing behaviour ($\beta = 0.342$, $p < 0.05$). Level of education will not significantly influence knowledge sharing behaviour ($\beta = -.112$, $p > 0.05$). Job position will not also significantly influence knowledge sharing behaviour ($\beta = 0.008$, $p > 0.05$). Finally, years of job experience will not also significantly influence knowledge sharing behaviour ($\beta = 0.062$, $p > 0.05$).

Discussion of Findings

The study revealed that out of all the indicators of personal factors from a combined perspective, only age significantly influenced knowledge sharing behaviour ($\beta = 0.342$, $p < 0.05$) while others such as gender did not significantly influence knowledge sharing behaviour ($\beta = 0.062$, $p > 0.05$), level of education did not significantly influence knowledge sharing behaviour ($\beta = -.112$, $p > 0.05$), job position did not also significantly influence knowledge sharing behaviour ($\beta = 0.008$, $p > 0.05$) and also job experience did not also significantly influence knowledge sharing behaviour ($\beta = 0.062$, $p > 0.05$).The study by Ojewale and Mukumbang (2023) found that personal factors significantly influenced knowledge sharing and non-communicable diseases during the COVID-19 pandemic in Ibadan, Nigeria. Similarly, Tsiga-Ahmed et-al. (2021) revealed that healthcare workers' knowledge, attitude, and preventive practices were significantly affected by personal and job-related factors, including their experience and job position. Evanoff et-al. (2020) identified a strong association between work-related and personal factors and the mental well-being of healthcare and other workers during the COVID-19 response. Arvidsson et-al. (2020) reported that occupational and personal factors, such as job position and gender, significantly impacted musculoskeletal pain among female nurses, sonographers, and teachers

Conclusion

The study investigated personal factors and knowledge sharing behaviour of healthcare practitioners at university college hospital, Ibadan. The study found that among the personal factors examined, age was the only significant indictor of knowledge-sharing behaviour among healthcare practitioners at University College Hospital, Ibadan. As practitioners get older, their likelihood of engaging in knowledge-sharing activities increases. Other factors, including gender, level of education, job position, and years of job experience, were not significant influences on knowledge-sharing behaviour in this context, highlighting age as the most crucial determinant.

Recommendations

Based on these findings of the study the following recommendations were made

1. Strategies to enhance knowledge-sharing behaviour among healthcare practitioners should particularly focus on leveraging the experience and maturity associated with older age groups.
2. Organisations could create mentorship programmes where older practitioners are encouraged to share their extensive knowledge with younger colleagues. Additionally, while age has been identified as a significant factor, it is essential to foster a supportive and inclusive environment that encourages all practitioners, regardless of their gender, education, job position, or experience, to engage in knowledge-sharing activities.

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