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Exploring the Knowledge Sharing Practices among Medical Doctors in Ibadan Metropolis, Nigeria

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Abstract: Medical doctors constitute a vital component of the health sector's workforce. One major factor that aids their efficiency is knowledge of practice and what they do with it. Literature is replete with knowledge-sharing cases among other professionals but less visible concerning physicians, especially in Nigeria. This study investigates the knowledge-sharing practices among doctors in Ibadan, one of the country's major cities. The descriptive survey research design was adopted, and data collected through interviews with sixteen doctors selected through convenience sampling. Findings show that the doctors shared knowledge regularly through social media, formal discussions, and informal deliberations. The findings also indicated that the doctors derive benefits from exchanging information, while the knowledge-sharing process challenges stem from adverse social factors. This study is useful to medical practitioners, medical associations, and policymakers who need data for staff development and how that impacts the health sector.

Keywords: Medical doctors, knowledge sharing, social media, Ibadan, Nigeria.

Introduction

Knowledge is one of the most vital assets of any organization as people develop strategies to create a productive working environment. Knowledge sharing (KS) is one of the essential components of any knowledge management (KM), and it is a critical activity that boosts innovation and increases productivity. Knowledge sharing is a social interaction culture involving the exchange of knowledge, experiences, and skills. Organizations consider it an essential element for individuals and organizations (Radaelli, Lettieri, & Masella, 2015).

The medical field is an essential component of any society that ensures people's safety and care. With the growing complexities of the modern healthcare environment, an effective knowledge management system is necessary and indispensable for ensuring and advancing healthcare service quality (Zhou, Baptista-Nunes, Huang, & Liu, 2015). Life is at the center of health care, so minimizing errors is crucial (Anastasia, 2013; Adesina et al., 2019). This field faces daunting pressure to deliver care of excellent quality at a minimal cost. Sheffield (2008) asserts that healthcare delivery is a complex activity, making it quite different from other sectors. The quest for due diligence and dedication put more pressure on healthcare organizations as they most often work in teams (Chmielewska, Stokwiszewski, Filip, & Hermanowski, 2020; Taplin, Foster, & Shortell, 2013). Quality healthcare service delivery depends on collaboration and cooperation among health workers.

Health care delivery relies much on knowledge and an evidence-based approach. According to El Morr and Subercaze (2010), evidence-based medicine practice integrates both the practitioners' professional knowledge and clinical expertise while utilizing the empirical findings from current research. Studies have revealed the merits of KS in the healthcare system, which are reduction in medical error, increased cooperation among workers, innovation, improvement of quality of care, reduction in health costs, improvement of health knowledge organization and health organizational learning (Bolarinwa, Salaudeen, & Akande, 2012).

Medical doctors are knowledge-intensive professionals and primary professional groups in the health industry. They possess incredibly specialized knowledge and are trained and licensed to treat people with the utmost care. Ryu, Ho

and Han (2003) assert that out of the whole group of health organizations, professionals, medical doctors, regardless of their specialized knowledge, are the leading professional group. Their roles in communities are so crucial that the extent of their clinical expertise and professional knowledge determines the communities' strength and performance. As a result of this vital role, the authors aver that medical doctors should be ready to acquire new knowledge critical to patients' care, quality of health services, patient safety, cost-effectiveness, and reduction in medical errors (Gider, Ocak, & Top, 2014). Therefore, it is imperative and almost inevitable for medical professionals to update and share their knowledge to practice high-quality medicine continually.

Sharing is an essential process for knowledge management (Rehman, Ilyas, & Asghar, 2015; Yu, Lu, & Liu, 2010); a social interaction culture and activity through which knowledge (information, skills, or expertise) exchanges among people, communities or organizations. Wei et al. (2012) explain that KS is the dissemination or exchange of explicit or tacit knowledge, ideas, experiences, or even skills from one individual to another individual; while Cheng, Ho, and Lau (2009) posit that KS is about communicating knowledge within a group of people. Thus, it is crucial to translate individual learning into organizational capability as the act improves the competence of the people involved in the process and benefits the community or organizations by speeding up knowledge deployment.

KS has received immense attention due to its value in learning, knowledge creation, and innovation. Sharing brings about an increase in productivity, work-quality, decision-making skills, problem-solving efficiency, as well as competency (Parekh, 2009; Yang and Chen, 2007). While KS is related to individuals' willingness and readiness to share their knowledge with others (Lin, 2007); however, useful KS among individuals depends on the individuals' knowledge sharing behavior (KSB). Previous studies have shown that people that share knowledge are aware of the importance of sharing knowledge as a useful way to develop their relationships with colleagues or derive pleasure in helping others.

People may also not share knowledge because they do not know the importance of sharing or feel they may lose their superiority, power, or recognition by sharing what they

know with others. Hence, individuals' behavior toward knowledge is essential to successful KS. Studies (e.g., Asumptha, Punniyamoorthy, & Rayen, 2018; Balamurugan & Abdul Zubar, 2019; Bolarinwa et al., 2012; Sabeeh, Syed, & Mohamad, 2018). These authors have also highlighted KS's importance in the medical field and reiterated that the medical field is an essential component of any society that ensures people's safety and care.

Statement of the Problem

There are values, such as autonomy, sincerity, justice, and confidentiality, that the medical professionals pursue, thereby making them uninclined to sharing knowledge (Kim, 2013). While KM applications are extensively being employed in businesses and other sectors, its use in the health sector has been limited. Many studies have tried to investigate the KS behaviors of many professions; however, few studies have endeavored to investigate the KS behavior of medical personnel, especially in Nigeria. This gap creates the motivation to investigate the country. The third-largest city in Nigeria, Ibadan, with about five million people, is the focus. The KS investigation among the medical doctors practicing in the city has helped buoy up the subject's sparse literature.

Research Questions

The study provides answers to the following questions:

1. Do medical doctors in the Ibadan metropolis share knowledge?
2. What media do the doctors use to share knowledge?
3. How frequently do they share knowledge?
4. What benefits do they derive from sharing knowledge?
5. What are the challenges faced while sharing knowledge?

Significance of the Study

Organizations that do not implement knowledge management practices may find it quite difficult to realize their goals and objectives. Healthcare organizations' evidence-based nature makes it imperative to adopt knowledge management techniques to generate new knowledge. The study is an addition to the existing literature on knowledge sharing. It provides empirical data on knowledge sharing among medical doctors in the Ibadan metropolis as there is a paucity of information on knowledge sharing among medical doctors.

This study's findings reveal the doctors' current knowledge sharing status and how this can be improved

upon to realize the immense benefits of the knowledge management process fully. This study's findings can also provide substantial evidence for health administrators, policymakers, health professionals, non-governmental organizations, and researchers to plan and make interventions to improve knowledge and experience sharing practices in the study area. The study presents considerable information about practical knowledge sharing practices that can improve work efficiency, best practices, and avoid errors.

Literature Review

Desouza (2009) describes KM as a useful recipe to optimally achieve high-quality healthcare delivery at a minimal cost. The study identifies KM's specific processes, namely knowledge creation and elicitation, knowledge capture and storage, knowledge transfer and dissemination, knowledge application, and exploitation, which it considers essential. The study emphasizes the importance of KS and dissemination in hospitals, especially when there is a central data repository. However, the study stresses the need for adequate data or information security to prevent illegal and unauthorized access.

Guptill (2005), in her study of KM in healthcare, explains that KM, when appropriately implemented, could transform the health care delivery system into a more cost-effective, error-averse, and accountable public resource. The author reiterates that KM is a sustainable commitment intended to change the health care culture to a more collaborative, more transparent, and pro-active institution. However, this could be achieved when there is a collaboration among healthcare practitioners. The study identifies five components of KM applicable to healthcare. These are communities of practice (COP) and content management. Others are knowledge and capacity transfer, performance result tracking, and technology and support infrastructure. The COP includes the concept of collaboration among individuals with a shared and common purpose or interest. It is one of the means used to share knowledge.

The content management component has to do with the creation of a centralized knowledge library. Knowledge and capacity transfer are expected to cause innovation and improvement in organizational performance to ensure the spread or transfer of clinical knowledge within and across hospitals, emphasizing the

relationship between hospitals, physicians, and consumers in healthcare. Capacity or skill transfer involves how personnel is taught new skills necessary to engender knowledge applied and shared for improved organizational performance. The performance result tracking component involves a rigorous measurement of the results of a KM program. The measurement procedure entails outcome measure, process measure, and satisfaction measure. Technology and support infrastructure is a good enabler of KM, thus simplifying the collaborative and sharing processes and restructures the knowledge form to make it easy to capture and re-use.

The study of Bordoloi and Islam (2012) investigated KM practices' application and impact in healthcare delivery. It explored how different KM practices affect the performance of healthcare delivery through technical and interpersonal care. The paper identifies some essential KM practices and explores their connections with technical and interpersonal care. At the same time, from a practical point of view, it provided implications for administrators and practitioners in healthcare delivery on the management of contingency factors so that the KM practices can be implemented appropriately. The paper brings to fore the importance of KS in the healthcare sector. Authors (Lindsay & Gitelman, 2012; Folayan et al., 2018; Igbinoba et al., 2020; Amodu et al., 2019) Weaver, explored the potential uses of communication technology to seek healthcare solutions for such challenges as modifying behaviors related to chronic conditions, improving efficiency, and decreasing costs. The study revealed that electronic communication technologies such as e-mail, social media, text messaging, and electronic health records enhanced patient-provider e-communication in nursing.

Ventola (2014) studied the best practices, benefits, and risks of social media among health care professionals. The findings showed that many social media tools are available for KS among health care professionals, such as social networking platforms, blogs, microblogs, wikis, media-sharing sites, virtual reality, and gaming environments. These tools could be used to enhance professional networking and education, and public health programs.

Ryu et al. (2003) investigated the KSB of 286 physicians practicing in 28 types of subunits in 13 tertiary hospitals in Korea. They found that

the medical personnel engaged in KS and that the young doctors were always delighted when older doctors shared their knowledge with them. Lee and Hong (2014) also established that medical personnel do engage in KS. They identified three individual factors (reciprocity, subjective norms, and behavioral control) and three organizational factors (CEO support, IT system, and trust) that influence KS intention, behavior, and innovation behavior of university hospitals' employees in South Korea. Okoroji, Velu, & Sekaran's (2013) investigation found that there was general awareness by the medical and non-medical staff of an ophthalmology hospital about KS's importance. Some other studies, for example, Alade (2019), Asemahagn (2014), and Balogun (2014) found that medical personnel shared knowledge and had a positive attitude and predispositions towards KS.

These studies revealed that medical doctors engage in KS and thus exhibit KSB as they have recognized the importance of KS in the medical profession. However, a literature review reveals sparse literature investigating medical doctors' knowledge sharing behavior in Nigeria. No study was found significantly visible to have investigated medical doctors' knowledge sharing behaviors in Oyo state, Nigeria. One of the main requirements for disseminating research results is appropriate knowledge sharing (Firdaus, Suryadi, Govindaraju, & Samadhi, 2011; Head, 2010), which calls for the need to improve knowledge sharing among medical professionals. This study covers the gap concerning Nigeria.

Methodology

The study adopted a descriptive survey research design. The location of the study is Ibadan metropolis, Oyo state, Nigeria. The location is appropriate because of convenience and the fact that many hospitals operate in the area. This study used the semi-structured interview to investigate KS among medical doctors working in hospitals in the five local government areas. The areas are Ibadan North, Ibadan North East, Ibadan North West, Ibadan South East, and Ibadan South West) that make up the Ibadan metropolis. The convenience sampling technique helped select sixteen medical doctors who were available and willing to participate in the study. The selection ensured the requisite representation from all areas.

The data emerged through semi-structured interviews. These are

informal. They give the interviewee the chance to talk freely and provide answers about how they share knowledge (tacit/explicit), the media they use for KS, frequency of KS, benefits derived from KS, and challenges face while sharing knowledge. The interview sessions afforded the researchers to have an in-depth discussion about the subject with the respondents. The interview schedule had 11 questions. The doctors' interviews, each of which lasted between 20 and 30 minutes, did hold inside their hospitals. The structured interview was digitally recorded, transcribed, and analyzed using version 12 of *Nvivo* software.

Analysis and Results

RQ1: Do medical doctors in Ibadan metropolis share knowledge?

The numbers in Table 1 show the word frequency count identified from the responses.

Table 1: Word query frequency count for KS

Word	*Count*	*Weighted Percentage (%)*
Yes	8	50.00
Definitely	1	6.25
Do share knowledge	1	6.25
I actually share knowledge	1	6.25
Maybe	1	6.25
Not sure	1	6.25
Of course	1	6.25
Sure	1	6.25
Sure I share knowledge	1	6.25

Figure 1 identifies the themes as: "Yes," "Definitely," "I do share knowledge," "I actually share

knowledge," "Maybe," "Not sure," "Of course," "Sure," and "Sure I share knowledge." However, the word "Yes" shows most prominently, with the frequency count showing that eight of the sixteen doctors answered "Yes". Deducible from this data is that medical doctors in the Ibadan metropolis share knowledge affirmatively.

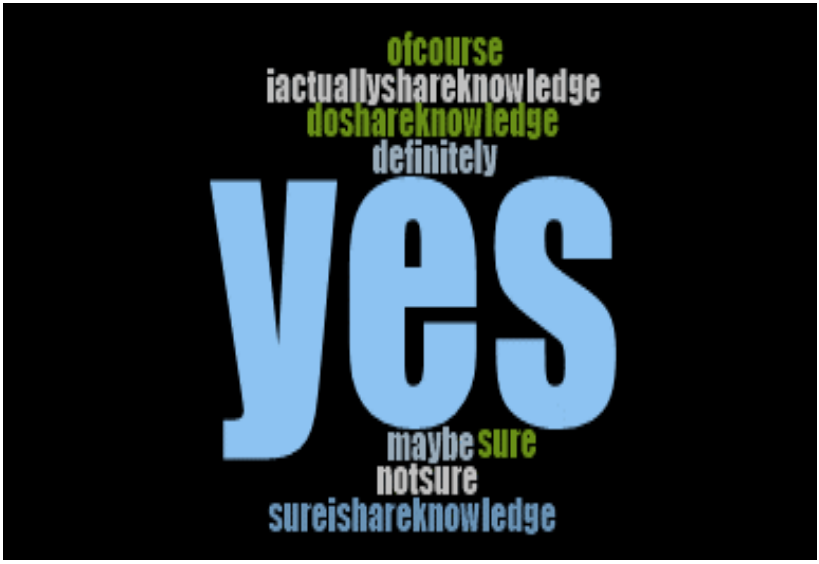

***Figure 1:** Word cloud showing the KSB of the doctors*

RQ 2: What medium/media do medical doctors in Ibadan metropolis use to share knowledge?

Findings show that the media and means used by the doctors in sharing knowledge are Whatsapp, phone call, continuous medical education, text messages, Facebook, phone chat, verbal discussion, e-mails, formal meetings, interpersonal meeting/counseling, letter,

online sites, and Telegram in that order of count, as shown in Table 2. However, WhatsApp is the most frequently used media to share knowledge.

Table 2: Word query frequency count for media used for KS

*Media used for KS**	*Count*	*Weighted %*
Whatsapp	10	25.00
Phone call	6	15.00
Continuous medical education	4	10.00
Text messages	3	7.50
Facebook	2	5.00
Phone chat	2	5.00
Verbal discussions	2	5.00
E-mails	1	2.50
Formal meetings	1	2.50
Interpersonal counseling	1	2.50
Letter	1	2.50
Online sites	1	2.50
Telegram	1	2.50
Verbal discussion	1	2.50
Websites	1	2.50
* Multiple choice answers		

Figure 2. Word cloud showing ***the media used for KS***

knowledge?

RQ3: How frequently do medical doctors share

Table 3: Frequency of "frequently" of KS among the doctors

Frequency of KS	***Count***	***Weighted %***
Daily	7	39.17
When needed	3	12.50
Every month	4	16.66
Not very frequently	2	8.33
Anytime	1	4.17
Once in two days	1	4.17
Three times a week	1	4.17
Twice a month	1	4.17
Weekly	1	4.17

The identified themes concerning the frequency of KS by the doctors, as shown in the word cloud (Figure 3), are "daily," "when needed," "every month," "not very frequently," "anytime," "once in two days," "three times a week," "twice a month," and "weekly."

Figure 3. Word cloud how frequent each KS item is

Research Question Four: What benefits do the doctors derive from KS?

The study also sought to know if the doctors derive benefits from sharing knowledge. Table 4 shows the results of the Nvivo analysis.

The results show that doctors identify many benefits they derive from KS. The identified themes are "better patient management," "better professional advice," "confidence in handling cases," "better relationship," among others.

Table 4: Frequency of benefits from sharing knowledge

Benefits	***Count***	***Weighted %***
Better patient management	5	15.15
Better professional advice	4	12.12
Confidence	3	9.09
Knowledge update	3	9.09
Bette relationship	2	6.06
Fulfillment	2	6.06
Feel happy	2	6.06
Broaden one's horizon	1	3.03
Enrich our knowledge	1	3.03
Enhances reading culture	1	3.03
Identify errors	1	3.03
Interpersonal skills	1	3.03
Productivity	1	3.03
Reciprocal gains	1	3.03
Reciprocate help	1	3.03
Respect	1	3.03
Satisfaction	1	3.03
Trust	1	3.03
Versatile	1	3.03

One doctor made a statement of note:

Knowledge sharing has a lot of benefits. Knowledge sharing improves ways of patient management and innovations. It reinforces knowledge, helps identify lapses and inadequacies. It creates a good interrelationship between you and the person. It builds confidence and good interpersonal relationship. *(Male; 31-35 years; Family medicine specialty; Ring Road Specialist Hospital, Adeoyo, Ibadan)*

Figure 4 shows the identified theme in the word cloud

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Figure 4: Word cloud showing the benefits derived by the medical doctors from KS.

RQ4: What are the challenges the doctors face while sharing knowledge?

Results in Table 5 show that the doctors faced some challenges in the knowledge-sharing process. Some of the challenges identified are "credibility of knowledge shared," "ego of knowledge sharer," "pride," "superiority," "adequacy of knowledge," "competition," "lack of facilities," "fear of criticism," "late response," "no motivation," among others.

Table 5 and word cloud (Figure 5) shows visibly that the credibility of knowledge shared, the ego of knowledge sharer, pride, superiority, adequacy of knowledge, and competition are some of the challenges the doctors faced while sharing knowledge.

Table 5: Frequency of challenges faced by doctors while sharing challenge

Word	*Count*	*Weighted %*
Credibility of knowledge	3	9.09
Ego	3	9.09
Pride	3	9.09
Superiority	3	9.09
Adequacy of knowledge	2	6.06
Competition	2	6.06
Lack of facility	2	6.06
None	2	6.06
Rigid	2	6.06
Betrayal	1	3.03
Fear of criticism	1	3.03
Late response	1	3.03
No motivation	1	3.03
Poor cordiality	1	3.03
Self centred	1	3.03
time	1	3.03
trust	1	3.03

Figure 5. Word cloud showing the challenges face while sharing knowledge

A doctor responded thus:

Some medical doctors are rigid. They don't like to teach others. It is ego. Some are self-centered. Some just try to outshine you. They know that you are good; they just want to outshine you. There is competition. That is why doctors sometimes have conflict. Some like to show seniority; they like to be distinct, so they are reluctant to share what they know. *(Male; 36-40 years; Paediatrician; Group Medical Hospital, Mokola)*

Another doctor explained:

Sharing knowledge often takes time. We do not usually have that time in this profession. Imagine having done so much work over the day, and someone is trying to tap knowledge from you. It takes a lot of patience. Also, there is something about sharing knowledge, not everything you get may be true. The onus is on you to conduct further research on it. *(Male; above 51 years; General Medicine specialty; Mobolaji Maternity and Ultrasound Hospital, Oke Bola)*

Discussion of Results

These findings generally show that doctors in the Ibadan metropolis share knowledge. This result could be that they know the importance of KS and have the right attitude toward it. This outcome is consistent with the findings of previous studies Alade (2019), Bhatti, Latif, & Rao (2014), Dessie (2017); Gider et al. (2015), and Jabr (2007). For instance, Gider et al. (2015) reported that physicians in Turkish hospitals share knowledge with their colleagues for professional tasks. Ryu et al. (2003) validate our findings that KS is ubiquitous among physicians in Korea's tertiary hospitals. Also, in consonance with this finding, Jabr (2007) reveals that medical doctors in health organizations in the Sultanate of Oman shared their knowledge based on the belief that KS is vital and required for professionalism. Alade (2019) also found that pharmacists share knowledge and are confident of their ability to share knowledge with other pharmacists.

Bhatti, Latif, & Rao (2014) study also reveals that doctors of private and government hospitals in Pakistan towards knowledge-sharing were very positive as they felt that KS is essential because it may help others. The inference is visible that medical doctors in the Ibadan metropolis share knowledge because of their deep insight into KS's importance. One of the doctors corroborated this:

Knowledge is power. One of the things that makes a particular doctor stand out is the knowledge he has. Generally, doctors

have been trained to have basic knowledge as they graduate from medical schools. Most times, doctors find themselves in a situation where they have to work together, especially in the same hospital. In this case, knowledge has to be shared. It won't do any doctor any good to keep all knowledge to himself. Knowledge should be shared for the benefit of the patient. Even in research, let me use HIV as an instance. The cure has not been found yet. Let us assume I find the lasting cure to it; it won't do me any good to keep it to myself. I have to share it for the benefit of humanity at large. In a nutshell, I share knowledge with my colleagues. *(Male; 36-40 years; Family medicine specialty; Alaafia Hospital)*

Another doctor stated:

Definitely, I share knowledge with my colleagues because nobody knows it all. I share knowledge with both senior and junior colleagues. Anybody who doesn't share knowledge is an epitome of doom. (*(Male; 36-40; Obstetricians and Gynaecologist; Mobolaji Maternity and Ultrasound Hospital, Oke Bola)*

These responses show that the doctors are aware of the importance of KS in their profession, which made them share knowledge as corroborated by this response:

I share knowledge and also receive knowledge from colleagues. Though, it is expected that you know the basic requirement in treating a patient, but there are cases where you are treating a patient, but you are not well vast in the types of ailment. In this case, one can seek knowledge from a fellow doctor. I have done it several times, and it works, even from doctors outside my organization. *(Female; 31-35 years; General medicine specialty; St George Hospital, Oke Bola, Ibadan)*

The results also show that the medical doctors majorly use social media platforms to share knowledge. WhatsApp is identified as the commonest medium of sharing knowledge among medical doctors in the Ibadan metropolis, perhaps because of the growing trend and its increasing popularity. Telephone calls are also common among medical doctors in Ibadan metropolis because of its ease and spontaneity, especially at urgent times. Continuous Medical Education (CME), which is a forum used by doctors to discuss salient medical topics. The forum is also used to assess the renewal of their medical licences. Text messages are also popularly used probably because of its ease of use and offline advantages. One of the doctors responded:

I use both physical and virtual media to share knowledge. I always have a verbal discussion with my colleagues and also

share knowledge through phone calls. We also use social media; WhatsApp, Telegram, and Facebook groups. In this hospital, professionals sometimes give us updates about new trends, certain drugs, and new practices. We do a regular meeting; we call it CME meetings, that is, Continuous Medical Education. We learn about new trends in this meeting. Medicine is a dynamic field; methods that were used in those days change with time; hence, doctors need to update their knowledge regularly *(Female; 41-45 years; Dentist; University College Hospital, Ibadan)*

Another doctor explained:

We share knowledge virtually every day. It depends on the group. WhatsApp group is open to all. You can decide to put anything at any time. For example, in the NMA WhatsApp group, we share knowledge daily. You can receive knowledge and updates daily. WHO also releases a quarterly publication, which gives new developments to health workers, not only the medical doctors. Basically, knowledge sharing is done every time. *(Male; 36-40 years; General Practice; Alaafia Hospital).*

Advances in information and communication technologies have supported the proliferation of various modes of human interaction, which includes knowledge sharing (Lin, Lai, & Yang, 2016; Sára et al., 2013; Okon et al., 2018). Knowledge sharing allows knowledge contributors to share knowledge with others via online platforms. In the medical field, various e-health applications such as health information websites and online social support networks are now used for health care services. Web medical forums are one type of health information website that provides an online platform for discussions among medical personnel, patients and physicians, and medical consultations. Web medical forums are relatively unique as knowledge sharing platforms because physicians participate exclusively as knowledge contributors and not really knowledge recipients. WMF such as eHealth Forum (http://ehealthforum.com) and WebMD (http://my.webmd.com) provide forums for health-related discussions and generate a significant amount of publicly available health information and knowledge.

Our results are consonant with several previous studies on the importance and ease of using the ICTs for KS. For instance, Weaver et al. (2012), as far back as 2012, realized that electronic patient education and communications, such as e-mail, text messaging, and social media, are rising for healthcare delivery and management. Sáenz, Aramburu, and Blanco (2012) explain that ICTs such as blogs, intranets, knowledge

repositories, and discussion play major facilitating roles in KS. Kanaan, Masa'deh, and Gharibeh (2013) also explain that ICTs used as media of KS enables KS capability. Ventola (2014) also explains that, when used wisely and prudently, social media, virtual reality, and gaming platforms offer the potential to promote individual and public health, as well as professional development and advancement.

Lin, Lai, & Yang (2016) found that physicians used various web medical forums to contribute knowledge. The Canadian International Development Agency (2003) also explained that physicians shared knowledge through communities of practice (networks), fora and meetings, workshops, training and seminar, and knowledge fairs.

The results show that "better patient management," "better professional advice," "confidence," "knowledge update" are the significant knowledge-sharing benefits identified by the doctors. Every medical doctor has a crucial goal of effectively managing a patient. Hence, actions and exercises that could enhance the effective management of patients would be embraced by them.

KS makes the best problem-solving experiences reusable, enable better and faster decision making, stimulate innovation and growth, and reduce the loss of know-how in professional institutions. Elium (2019) asserts that quick-thinking, innovation and development, collaboration, explicit constraints, direct feedback, a hierarchy-free digital workplace, performance, and operations, getting it right, speedy communication, pro-active pioneers, practices and procedures, internal improvements, and creating experts are benefits - all derive from KS. Also, Nazim and Mukherjee (2016) explain that KS brings about retaining intellectual assets and improving productivity, in consonant with Yang (2007), who also explains that KS facilitates the transformation of collective individual knowledge to organizational knowledge without the existence of orphaned knowledge and knowledge depreciation. The finding of Xia, Kolotylo, and Tan (2016) also corroborate our findings.

Our study identifies some of the challenges the doctors face while sharing knowledge, such as credibility of knowledge shared, the ego of knowledge sharer, pride, superiority, lack of facilities, lack of motivation, among others. Riege (2005) identifies three-dozen factors that hinder people from sharing knowledge, among which are some of the medical doctors' challenges in the Ibadan

metropolis. Also consistent with this study's finding, Razmerita, Kirchner, and Nielsen (2016) identify a lack of trust and time constraints as barriers to successful KS. Alade (2019) shows that poor interpersonal relationships, personal ego, lack of motivation, lack of time, too much workload, unconducive work environment, and other pharmacists' unfriendly attitude are all barriers. Others pride, lack of self-esteem, and inferiority complex are all barriers to KS among pharmacists in Oyo state of Nigeria. Advanced technologies, particularly ICTs, enlightenment on KS's importance, provision of facilities, and conducive environment could help overcome some of these identified barriers.

Conclusion and Recommendations

This study visibly that medical doctors in the Ibadan metropolis frequently share knowledge through various media, majorly social media, and phone calls. The doctors are also aware of KS's many benefits, which made them share knowledge with their colleagues. However, in sharing knowledge, they face some challenges that majorly have to do with individual, organizational and technological factors. The following are the recommendations:

1. Hospitals should implement more collaborative practices that will foster interaction among medical doctors, which will engender trust and openness among them. Despite a thriving knowledge-sharing culture among the respondents so far, more activities in this regard should be encouraged.
2. Members of related departments should be encouraged to work in a team to induce a sense of oneness, which is a notable index to promote KS, thereby achieving more successes and increased productivity.

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