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Relationships of information sharing behaviour, motives and barriers in social media context: A survey of doctors from Pakistan

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Abstract

Motives of information sharing behavior, barriers in sharing information and attitude toward information sharing are very important for knowledge efforts. The current study analyzed the relationships of information sharing behavior, barriers, motives, and satisfaction of health professionals in social media contexts. Quantitative research design is used to explore the information sharing behavior of doctors. For data collection, the researcher designed a questionnaire based on the literature review. The data was collected from 300 Doctors of College of Physicians & Surgeons, Pakistan (CPSP) by using convenience sampling. Descriptive and inferential statistics were used to predict the relationships. Spearman correlation was used to measure the strength of relationship among different variables. The findings show that significant relationships exist among motives, barriers, usage intentions and satisfaction level. Four constructs of motives of information sharing (altruism, reputation, earn respect and networking) has positive effects with three constructs of behavior aspects of information sharing (self-efficacy, attitude, future intentions) and satisfaction. The results showed that barriers in information sharing have negative effects on motives, behavior aspects of information sharing and satisfaction. The current study would be an important addition to the information management literature in Pakistan. The findings would help the healthcare professionals to understand the dynamics of sharing information on social media. The finding have implications for hospitals, and healthcare institutions in Pakistan for developing strategies to make more effective policies in promotion of information sharing among doctors on social media.

1. Introduction

It's important to elaborate information sharing especially in the light of increasing popularity of Social Media (SN) as a platform for information share. Information sharing behavior is elaborated as the terms of information and expertise to solve problems by collaborating with one another, creating new vision and implementation of policies and procedures (Wang & Noe, 2010). Chen et al., (2013) termed information sharing as a method for exchange of

information among people, groups, and institutions. Pangil and Chan (2014) defined information sharing as a way of communication by using information as well as learned and useful for recipient. Information sharing happens when persons communicate knowledge with one another to convey their knowledge as well as learn.

Information sharing behavior can be considered as a set of actions or activities through which information is make available to one another. The information behavior may be proactive or in response to request and has an effect on one another person's image of the world. According to this definition the act of sharing information involves two main steps providing people with information and collecting information that has been provided by the information provider. Knowledge sharing has been defined by analogous mechanisms. Hendriks (1999) asserts that sharing of information presupposes an act of externalization on the part of people who possess knowledge or knowledge owners. An instruction that stipulates knowledge or elaborates an idea's implication is example of externalization. The act of internalization or knowledge reconstructions by individuals obtaining information is also assumed when information is shared. In addition, internalization can take numerous other forms, such as erudition by doing or reading books.

Social media is a dominant mean for collaboration and interaction among range of individuals. Social media is considered as a group of online sites that provide social platform for information generated by users. Examples of SM are social networking, Wikipedia, micro blogging, chatting, gaming and social bookmarking. The social sites are YouTube, Facebook, WeChat, Messenger, WhatsApp, and Instagram. The SM allow users to publish contents directly by its features such as web space, constructing identities, posting contents, conversing and generating parts. The materials shared on SM consist of images, pictures, text, videos and audios (Kim et al., 2015). Manning (2014) elaborated SM that involves interactive input between people of like minds. SM generates knowledge by digitally mediated means and facilitates the sharing of conception, thoughts, career benefit and other forms of knowledge with society of practice and various practiced networks. The social networking sites have replaced face to face human interaction and conversation with online collaboration.

Through the generation of online groups and networks, the social media is technologies based tool with the intention to makes it easier to share ideas, views, and information. Social media is a technology that facilitates the sharing of thoughts, opinion and information through the creation of networks and communities (Ventola, 2014). Online technologies that facilitate the development and exchange of user-created content are referred to as social media. Television, radio, newspapers, and movie production studios are examples of social media platforms that have been recognized in the prose (Stensland et al., 2013). Digital platforms that allow users to generate, interact, and share with material and one another in online mutual spaces are often how social media is defined .Social media applications and websites allow users to access, share, and ascertain material generated by one another users (Chretien et al., 2011). The predictable distinction between media and audience is tangled by social media since it offers forums for widespread engagement and participation, inspiring users from receivers to creators (Lee & Ma, 2012). It differs from conventional media by enabling real-time, interaction in both directions between a large numbers of people without any outside intervention (Chen et al., 2018). The connectivity its offer allows for comprehensive social contact, involvement, and contribution through comments, posts, reviews, and feedback.

Social media's recognition and expansion have primarily changed how individuals communicate with one another and collect information. It is easy to make use with little expenses and the requirement of minimum technical have made it particularly well-liked by

people of different ages from 18 to 34 years (Hruska & Maresova, 2020). Nearly half of the world's population is using SM now and its users are continually growing universally. Notwithstanding disagreement around space to you, fake news as well as hacking, between new things, the world continues to use social media.

Social media has also implications for health professionals and patients to use digital communication. Social media help health professionals to tackle information, to endorse health behaviors, to talk about health care policy and put into practice issues, to connect with the public and to educate and interact with patients, students, guardians, and contemporaries (Bernhardt et al., 2014; Fogelson et al., 2013; MacMillan, 2013). HCPs can employ social media to potentially improve health outcomes, build up a professional network, enhance personal awareness of news and encourage patients, discoveries and make available health information to the community (George et al., 2013). Physicians mostly join online forums where they can study news feed, articles, journals, expert's point of views, discussion with colleagues regarding patient's issues and medical research queries. They can share ideas, cases, dissemination of their research, management challenges, make referrals, advertise their practices and participate in health encouragement. An emergent majority of physicians also uses social media to be in touch straightforwardly with patients to make better clinical care (Chretien & Kind, 2013).

SM has provided health professionals with a way to overcome many barriers militating delivery of distinction concern to the patients in unkindness of the diseases that bring them to the hospital (Kaplan & Haenlein, 2010). The impact of the positive facet of social media is that it has improved self-management skills between patients and provides several opportunities for providers to carry out research in their variety of fields (Mattingly, 2015). In recent era, social media is one of the furthermost conducts to collect, drawing and investigate clinical data into orderly papers and scholarly communication (Tonia, 2014; Ventola, 2014). The positive aspects of SM may contain complexity controlling the intention of the group members as well as the speedy extend of fallacies and not deliberate terminology. Every unfortunate replace of online information can potentially lead to injurious consequences and weak reputation of group members. Most significantly social media podium does not assurance confidentiality of information shared among the group members.

Health professionals normally have to make an effort with a massive level of information shared by their clients to competently send their jobs and turn into sustainable health care relief. One approach to achieve a holistic concerned is by sharing information moreover via the conformist face to face communication or from first to last the use of social media and or social network.

According to Wang and Noe (2010), the primary motivation for employees to seek or exchange knowledge is to learn. Medical personnel physicians share a wealth of knowledge and experience with their coworkers in healthcare facilities, which are knowledge-extensive institutions (Rafique, 2014; Ryu et al., 2003). The construction, association, sharing, easy right to use and the actual use of information are pillars for health sponsorship. SNSs make available platforms facilitating well-organized announcement, connections and interaction between health professionals in forefront medical perform, proficient networks, education and training. Consequently, the World Health Organization emphasizes on the consequence to access and share precise health facts for patients and among health professionals (Baker, 2006). The use of information technology and health workflow improves the capability of health facilities (Pakenham-Walsh et al., 1997). To eliminate spatial and time distances, technologies can accelerate the use of health information (Egbu, 2004). Groups of

healthcare professionals make use of SM for information sharing as a new information and communication technology (Zickuhr & Madden, 2012).

Every social media platform is unique in design, interfaces, uses, and target users. It is needed to investigate the usage of SNSs for communication among health professionals. Different studies have been conducted for utilizing the social media communication among health professionals but fewer have explicitly distinguished reasons of their use. Furthermore, there is less literature about the use of social media for communication among medical officers in Pakistan. Previous studies show that many authors work on social media needs of students' academic institutions. But this is the first study to find out the information sharing behavior among health professionals through social media in Pakistan scenario. The current study therefore seeks to investigate the information sharing behavior of health professionals through the use of social media in for doctors affiliated with College of Physicians and Surgeons Pakistan (CPSP).

2. Research Questions

Social media enables health professionals to grow more information and have enhanced health practices by sharing their experiences, opinions and going up dealings with contemporaries (Lau et al. 2011). Therefore, health workers use of social media platforms has been resourceful in diminishing healthcare expenses by information sharing (Tanhapour & Safaei 2015). For example, Med Help is a SN of patients and health professionals that authorize users in the direction of share their facts with others and make obtainable opportunities for the swap over of ideas, experiences and opinions (Lau et al. 2011). The following research questions are designed to examine information-sharing behavior of Doctors in Pakistan:

1. What are the motives of health professionals to share information on social media?
2. What are the barriers faced by health professionals on social networking sites?
3. Are the motives for sharing information associated with attitude to information sharing?
4. Are the barriers in information sharing related with motives and attitude to share information?
5. Have the motives, barriers and attitude to share information on job satisfaction level of health professionals?

3. Research Hypotheses

The following hypotheses are framed to achieve objectives of the study:

H1: Motives of information sharing are positively associated with information sharing behaviour

H2: Barriers are negatively associated with information sharing behaviour of doctors.

H3: Barriers are negatively associated with information sharing motives.

4. Literature review

Previous literature revealed that different authors have examined the predictors of information and knowledge sharing behaviour. These studies are presented in chronological order. Ryu et al., (2003) examined elements affecting physician's knowledge sharing

behavior within a hospital. They used the Theory of Reasoned Action (TRA) and The Theory of Planned Behavior (TPB). Data was collected from 289 physicians, working in 28 different departments in 13 different hospitals. The TPB model manifest that data shows more advanced in explaining health professionals intent to share knowledge than TRA. In TPB model, subjective norms have great effect on sharing information on social media. Second factor to share knowledge on social media is attitude to share knowledge. It influences to share information on SM but lesser quantity. Behavioral control shows it is one of the lesser factors that affect physicians to share knowledge on SM.

Bock et al., (2005) explore that people share information only to get benefits from it Purposely, costs can occur in cognitive and executioner forms. Researcher employs theory of reasoned action TRA to find out sharing behavior. Total 154 participants were selected from 27 Korean organizations to test hypothesis. Finding show that individuals self-worth play important role to knowledge share with others.

Wasko and Faraj (2005) explore that information provider share information without any benefit and take it as also enjoyable challenge to solve others problems. Thus, altruism plays a vital role in non-work group of communities. Altruism is in which ones willing to build up their well-being without expecting something from others.

In social exchange theory, costs are defined as pessimistic outcomes of behavioral exchange, and it reduces the behavior occurrences. Tong et al., (2007) examines to fill the gap by developing model and also find out the consumers and information disseminator point of view to share information. Results support the social exchange theory model. Before taking any action, people reflect about the positive and negative results. Previous studies suggested that costs and benefits are important factors in knowledge sharing.

On the basis of theory of reasoned action, Hsu and Lin (2008) developed a model than collected data from 212 blogs users. Results showed that enjoyment and joy has positive impact to share and use blogs for information sharing.

Yu et al., (2010) examined ways to encourage individuals to share personal knowledge and to help community members to share their proficiency. Study find out many factors that helpful to share knowledge voluntarily in this implicit community. Three categories related with sharing culture equality, recognition and ingenuousness has a linear permutation, which shows that they enjoy helping others and without any concern to promote information sharing. To test this model, 442 members selected from three online groups and results shows that fairness and openness have positive effect on information sharing on SM. As well as helping others, relevancy and sharing culture equality is linked with behavior of sharer.

While sharing information on social media doctors build their reputation by signifying their precious proficiency on diseases, medicine, and medical treatment (Chang & Chuang, 2011). Reputation build up their images of earning respect and intensify their position to be participant in online health communities. Well reputation playing roll for physical and mental satisfaction and get benefits from society as well as it also affects the persons to share information on social media. Thus, it is put forward that excellent reputation and personal reflection are the most essential factors motivating participants to build up knowledge sharing behavior.

In addition, a good reputation is not usually built at once, but twisted through the dependable revelation of unique and significant behaviors across an assortment of occasions (Zinko et al., 2012). This is two-study investigate personal knowledge management. Thus, the study explore that reputation will have no effect on a sole affair of general knowledge and specific knowledge sharing. Study shows that success, power and appreciation are the outcomes of reputation.

Ma and Chan, (2014) examined that altruism had great and beneficial effect on users' mindset to share information on Facebook. This theory based on theory of belonging and intrinsic motivation. Total 299 students were selected for data collection. Results shows that online attachment motivation has direct and significance impact on knowledge sharing.

Mobile phones, internet access, and patient medical history files were among the technical instruments that Ruckel, Dannerer, and Roithmayr (2010) identified as being applied by nurses for Knowledge Sharing. Data was collected by using quantitative research. Total 500 questionnaires were distributed among patient and 170 were return back. According to Lau (2011), nurses' opinions on the use of web 2.0 tools in Knowledge Sharing were gritty.

People take into account the exceptional costs such the time, matter and economic profits before they connect in certain actions. Online health users codify their implicit vision before replying to online messages. This will take time and energy to understand weather their share knowledge or not. Previous studies have shown that knowledge is shared with certain intentions (Jalilvand et al., 2012). Person share information by taking into account whether it is useful or not for others. A person's concerns over privacy are partial to a noteworthy degree by some exterior factors such as the industrial sector, cultures and a country's rules and regulations. The external influences depend on person's previous expertise.

Eid and Nuhu (2011) explored technological and social influences on learning culture and information technology use. The effect of these factors on knowledge sharing, a cross-sectional survey among students of the King Fahd University of Petroleum and Minerals in Saudi Arabia was conducted. Data was collected from 302 graduates, undergraduates and preparatory students. The results show a significant positive relationship between student learning ethnicity and information technology use and students' knowledge sharing behavior.

Zamiri et al., (2012) analyzed that factors that affect KSB via technology by survey approach to a sample of 68 students from MBA having three courses .The researcher used the MYIBS electronic learning open source software platform based on Claroline to get data from students about information sharing. The results show that supposed worth is positively correlates to the students' objective to share knowledge in mainframe.

Thomas and Adeniyi (2013) examined discernment of health personnel's on the use of SM in healthcare system in rural and urban communities of Oyo state, Nigeria. There are relationship between respondent's perception and knowledge according to personnel interviews.

Psychologists suggest that people have to cognitively develop a great deal of information about an environmental motivation before physically responding to it (Fiske & Taylor, 2013). In other words, peoples retrieve their information from general to specific. The cognitive process is wide-ranging, and patients may remind their pain and emotions which can cause negative psychological effects like irritation, depression, and panic attacks. This complex cognitive process will weaken knowledge sharing particularly for precise knowledge which outcome from unhappy experiences of special healing.

Steijn and Schouten (2013) explored correlation between sharing personal information and relationship development in the context of SNS. Information sharing on these networks is affecting contacts in different ways as compared to time honored meeting such as, messages and to face to face talks. Respondents whose age from 12-83 was selected. These respondents build relationship through Facebook and hyves. There was a positive effect of information sharing on the use of SNS. Finding shows that SNS might affect distinct fashion as connections and disclosure of personal details to everyone instead of close friends.

Antheunis, Tates and Nieboer (2013) explored that the patient and health professionals motives, barriers and expectations to use social media for health related queries. Descriptive

online survey method used for data collection. Data was collected from 139 patients and 153 health care professionals in obstetrics and gynecology. They asked questions about their social networking sites i.e, Facebook, Hyves, Twitter, LinkdIn and YouTube. Finding shows that patients frequently use Twitter for information sharing and Facebook for social support. Health professionals frequently use LinkdIn and Twitter for communication. Patients' main barrier was loss of privacy risk and fake information issues. But they are interested to spend more time on social media. Health professionals' main barrio was lack of expertise in IT skills. Health professionals' expected to share information on social media in future.

Katagiolas, Korfiatis. Kourouthanasis and Alexias (2014) examined that the health care professionals both physicians and nursing staff searching behavior and find the factors influences on their work related search. Questionnaire was used to collect the data. Data was collected from one of the largest private hospital of Greece and all type employee of hospital was selected. A pilot study was performed and data collect from 10 participants. Total 199 questionnaires were distributed and 120 questionnaires were received back. Likert scale was used in questionnaire. This research provides in-depth detail regarding workplace information seeking behavior resources instead of external resources. Finding indicates the credibility and trust are equally strong information sharing behavior factors both in controlled and uncontrolled environments.

Lin et al., (2016) examined the factors affecting the willingness of physicians to share professional knowledge on medical platforms by developing a research model. This model shows that shared vision, altruism, reputation, and self-efficacy definitely sway these attitudes and impact positively. Data was collected from 164 physicians by using conventional sampling method same like this model. Results show that shared vision has positive impact on other constructs.

Chung et al., (2016) examined information sharing behavior of different groups on SNS from the viewpoint of information contributors and their individuality. It used the identity and bond based attachment lens for this examination. Social networking, helping others and reputation for sharing data have to kind of. Therefore, attachments based on identity show much stronger effect on information sharing.

Hajli and Lin (2016) analyzed the safekeeping of SNS by taking a look at the manipulation of users' supposed have power over of information over their information sharing behaviors by empirical study to check the importance of SNS users behavior to share information on social media. Therefore study show that perceived control have been negatively impact of privacy risk and information sharing behavior attitude of participant's .Gender discrimination is also an important factor that influences on information sharing because of privacy risk and attitude.

Chen et al., (2018) determined that people share information about social disaster through WeChat. It is one of the most used forums for such kind of information. Study develops 365 WeCat users to test this model. It is observed that crisis information as an alternative to entertainment was obtained from others by using daily routine networks. It is also notify that status information, reciprocity optimistic effect WeChat user. The study also found that socializing, reciprocity and status seeking has positively affected perceived subjective norms about the behavior. In accumulation, it was established that by using structure of the planned behavior theory, WeCat users share information regarding social crisis daily.

Srimarut and Techasatian (2019) examined the motivations and barriers among healthcare patients and practitioners in the use of SNS. It was found that patients and healthcare professional users contribute daily on Facebook with greater frequency as compared to Twitter and YouTube. Use of LinkedIn among healthcare professionals was higher (95%)

because it is fetching a widespread network of social group. The results find out a greater inconsistency in the motives of patients and physician's for the use of social media.

Kruikemeier and Boerman, (2020) explore that privacy issues of users. This study follows the social Contract theory. This study based on two way panel surveys almost 1222 participants were selected and distinguished them in five subgroups. Finding shows that some highly concerned people don't trust in online communities and others were curious about online communities. Very small amount of participants thought that online communities are more reliable than others and some have no interest about privacy risks at all. Some even not bother to express their feeling regarding online hub.

Wu et al., (2021) examined that the impact of the emotional and motivational factors on knowledge sharing behavior (KSB) and knowledge sharing intention (KSI). These factors are self-directed motivation, user emotional empowerment, and psychosomatic ownership. The results showed that user emotional empowerment, organization based psychosomatic possession, and self-directed motivation had significant and positive impacts on KSB and KSI.

Yao and Sheng (2022) determined the psychosocial and technological factors on health information sharing implementation through social sharing. Data collected from 375 participants by using structural equation model. Results oblique that social distinctiveness of normative viewpoint was the most critical variable affecting behavioral intent, which exposed the significance of psychosocial factors; behavioral purpose was also determined by user's recital anticipation, facilitating situation, biased model; personal views had a negative impact on behavioral intent and positive impact on effort anticipation; and effort expectation and social identity had a positive impact on performance.

Mutambik et al., (2022) determined that user attitudes and behaviors for SNS are unnatural by privacy risks and affects the subject to significant cultural factor. Results supported the hypotheses and impact on gender and cultures. Some issues find out from discussions, interviews SNS users and privacy policies regarding ethical concerns. These views reflect different conditions in different settings.

Yen (2022) investigated the purpose of participation in online health communities from both the facilities and barriers points of view. From the facilitator's viewpoint, subjective well-being of each member's plays a vital role in sharing information. On the other hand, from the barriers point of view, SNS overtiredness would negatively influence. The questionnaire was conducted to online support groups, including parents of children with autism spectrum disorder. The results showed that social support is positively correlated with members' self-efficacy and has a positive effect on subjective well-being. Moreover, subjective well-being of members' determines their information sharing purpose.

Xiang et al., (2023) investigate the online health community user by using the Technology Acceptance Model, Theory of Planned Behavior and Knowledge Attitude Practice theory. The study examines the impact of superficial ease of use, perceived usefulness, and supposed behavioral control, health information sharing approach, supposed reliance and health information sharing intention on health information sharing behavior by employing Structural Equation Modeling. Data was collected by using three stage fuzzy set qualitative comparative analysis models. Participants are online health community users. Findings shows that when users realize that sharing health information can improve their own thoughts and beneficial in future it impact a positive behavior to share and search information from social media.

5. Research methodology

On the basis of data, research methodology may be categorized into qualitative, quantitative, mixed methods and multimethods (Ullah & Ameen, 2022; Ullah & Ameen, 2023).

Quantitative research methodology is used for the current study which is based on primary data sources. The data is collected from three hundred health professionals of college of physicians and surgeons Pakistan by developing a questionnaire. Two regional Centers are selected for data collection by using convenient sampling technique. CPSP is one of the reputed institutions from where health professionals completed their specialization in many fields.

The population of the study consists of all surgeons and physicians of "College of Physicians and Surgeons" in Lahore and Karachi. There are many centers of CPSP but we selected two centers for feasibility. We collect data from all the surgeons & physicians of CPSP by using quantitative research method through online and personal visits.

For data collection convenience sampling technique is used. The data of 300 surgeons and physicians of "College of Physicians and Surgeons" from Lahore and Karachi was collected. The data was collected through personal visits from doctors. Although, random sampling techniques is one the best choice for unbiased sample but it is difficult for researcher to select sample randomly. They mostly rely on non-random sampling techniques because of practical restraints such as unavailability of complete list of population. Whatsoever, convenience sampling is the best option for selecting participants non-randomly who ever happens to be available at the time of data collection (Gay, Mills and Airasian, 2012). The population of study has two strata (FCPS & MCPS doctors). The questionnaire is used as a research instrument. The questionnaire consists of the demographic and economic profile of respondents and the Lickert scale of dependent and independent variables.

Data reliability analysis is conducted by using Cronbach's Alpha. This analysis assesses the external consistency of scale either the scale is related to each other or not. If the Cronbach's Alpha value found to be greater than 0.72-0.95 it means that the data is reliable.

6. Results

61 Demographic Characteristic Respondents'

FPSC is a fellow of College of Physicians & Surgeons Pakistan whereas MCPS is a member of College of Physicians & Surgeons Pakistan. Doctors are students at the college and residents are those students who have cleared FPSC (Part-I). The current study collected 300 valid questionnaires from respondents in terms of their positions, gender, ages, qualification, status, specialties, and medical fields. On the basis of position, majority of respondents are residents (60%) and 23% are classified as surgeons. The physicians are 17% and doctors are only 3% (see table 1). Majority of the participants were female (60%) and percentage of male was less than female (40%). One third of the participants MBBS (38%) while slightly less than two third were either FPSC or MCPS (66%).

Table 1: Demographic detail of respondents

Position of respondents	**Frequency**	**(%)**
Resident	180	60.0
Surgeons	60	20.0
Physician	50	16.7
Doctor	10	03.3
Gender		
Male	120	40.0

Female	180	60.0
Education		
MBBS	101	33.7
FPSC/MCPS	199	66.3
Total	**300**	**100**

6.2. Jnformtion sharing constructs

Mean score was calculated to campare the types of motives. The respondents agree with the statements about motives of knowledge sharing (mean score more than 4). The mean score for altruism is higher follwed by reputation and earning respect. Increase in networking has less mean score as compared to other motives.
Mean score was calculated to campare the self-efficacy, attitude towards use, intention for future use of the participants. The respondents agree with the statements about behaviour of knowledge sharing (mean score more than 4). The mean score is higher for intention to use in future followed by attitude to use social media and self-efficacy in knowledge sharing.
Mean score was calculated to campare the barriers of Information sharing. The respondents disagree with the statements about barriers of Information sharing (mean score less than 2). The mean score for loss of privacy is higher follwed by response cost and cognitive cost.

Table 2: Mean values for infornation sharing constructs (N=300)

Constructs	**Mean**	**SD**
Motives of information sharing		
Altruism	4.88	.276
Reputation	4.67	.526
Earn Respect	4.66	.547
Increase in Networking	4.59	.670
Behaviour of information sharing		
Future Intention to use	4.70	.828
Attitude towards use	4.57	.876
Self-efficacy of Information sharing	4.53	.892
Barriers of information sharing		
Loss of Privacy	1.73	1.09
Response Cost	1.36	.851
Cognitive Cost	1.29	.628

6.3 Correlation of information sharing motives with attitude

This study found that four constructs of motives of information sharing i.e, altruism, reputation, earn respect and increasing networking has positive effects with three constructs of behavior aspects of knowledge sharing i.e, self-efficacy in information sharing, attitude to information sharing, future intentions to information sharing and satisfaction.
The results showed that three constructs of barriers in information sharing are cognitive cost, response, loss of privacy has negative effects on four constructs of knowledge sharing motives are altruism, reputation, earn respect and increasing networking, three constructs of

behavior aspects of information sharing are self-efficacy in information sharing, attitude to information sharing, future intentions to information sharing and satisfaction.

Table 3: Pearson correlation of different variables of information sharing

Constructs: Motives of information sharing	Self-efficacy in information sharing	Attitude of sharing information	Intention to share information	Satisfaction
Altruism	.858**	.915**	.915**	.690**
Reputation	.889**	.900**	.769**	.536**
Networking	.953**	.947**	.845**	.529**
Respect	.940**	.930**	.831**	.582**

6.4 Correlation of information sharing behaviour with challenges

Three constructs of information sharing behaviour are negatively associated with challeges experienced by doctors in the use of social media. The value of pearson correlation coefficient (higher than .913) shows a signicant negative relationships.

Table 4: Pearson correlation of information sharing behaviour with challenges

Information sharing behaviour	Cognitive cost	Respose cost	Loss of privacy
Self-efficacy	-.917**	-.947**	-.913**
Attitude to share information	-.958**	-.976**	-.945**
Intention to share information	-.927**	-.972**	-.976**

6.5 Correlation of information sharing motive with challenges

Three constructs of motivations of information sharing are negatively associated with challeges experienced by doctors in the use of social media. The value of pearson correlation coefficient (higher than 913) shows a signicant relationship. Cognitive and response cost and loss of privacy has negative influenced altruism, reputation, networking and respect for information sharing among doctors.

Table 5: Pearson correlation of information sharing motives with challenges

Motive of information sharing	Cognitive cost	Respose cost	Loss of privacy

Motive of information sharing	Cognitive cost	Respose cost	Loss of privacy
Altruism	-.975**	-.944**	-.920**
Reputation	-.878**	-.836**	-.777**
Networking	-.927**	-.908**	-.754**
Respect	-.931**	-.895**	-.841**

7. Findings and Discussion

Among the motives for information sharing among doctors, altruism has highest mean. They serve others without expectations and also help other to increase reputation, earn respect and build networking with others. With respect to information sharing behaviour, the mean score is higher for intention to use social media in future followed by attitude to use social media and self-efficacy in knowledge sharing. The mean score for barriers is lower than mean score for motives and behaviors of information sharing.

In case of relationships between different constructs, this study found that four constructs of motives of information sharing (altruism, reputation, earn respect and increasing networking) has positive effects with three constructs of behavior aspects of information sharing(self-efficacy in information sharing, attitude to information sharing, future intentions to information sharing) and satisfaction. Three constructs of barriers in information sharing (cognitive cost, response, loss of privacy) has negative effects on four constructs of information sharing motives (altruism, reputation, earn respect and increasing networking), and three constructs of information sharing behaviour (self-efficacy in knowledge sharing, attitude to information sharing, future intentions to information sharing).

8. Conclusions

Furthermore, this study highlight that majority of participants were preferred to share information on social media without any concern. The main motive to share information on social media is Altruism. They share information for their peers, their juniors and also to build their reputation. Loss of privacy is one of the main barriers to share information on social media. The results showed that three constructs of barriers in knowledge sharing (cognitive cost, response, loss of privacy) has negative effects on four constructs of information sharing motives. They face problems to share information due to loss of privacy. Majority of health professionals use social media to share and obtain information. Lack of know how to use social networking sites is also an issue. Due to privacy issue professionals avoid to share information. Practically this study is useful to draw attention of medical practitioners for using social media in way beneficial to upgrade and improve their information by sharing with others. The hospital administration can take measures to encourage this practice by providing needed infrastructure and making official platforms and information sharing groups and linking them to credible and secure sources. Lastly, the awareness regarding the use of social media in medical information sharing should be spread via training and informal influence.

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