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Article

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MANAGEMENT | RESEARCH ARTICLE

The impact of information sharing on the quality of decision-making: From the point of view of employees in Jordanian private hospitals

Fahd Alduais^{1*}, Atef Raoush², Abeer Samara¹ and Khaled Sartawi³

Abstract: This paper examines how information sharing impacts the quality of decision-making in Jordanian private hospitals from the point of view of employees. It involved a structured questionnaire, which consisted of demographic data, information sharing, and decision-making. The research results suggest that sharing information in both common and unique situations significantly positively influences the decision-making abilities of teams. Merely possessing unique information does not enhance the ability to make decisions; conversely, common information is crucial to facilitate the decision-making process. Participant characteristics have no effect on decision-making quality, especially as team functional diversity continues to rise, with information sharing even less relevant as a result. Our results indicate that participants' characteristics do not predict whether the discussion of shared information will contribute to decision-making quality. As a practical contribution, our findings recognise the importance of decision teams in information management, encourage flexibility and openness in organisational relations, and assist policymakers, managers, and regulators through training programs that confirm participation is one of the most important components of generating new ideas.

Subjects: Business, Management and Accounting; Healthcare Administration and Management; Administration and Management

Keywords: Information sharing; decision making; common information; unique information; Jordanian hospitals

1. Introduction

Effective decision-making is critical to successful organisational performance, particularly in the healthcare sector. In recent years, the importance of information sharing in decision-making has gained increased attention in the literature (Schreurs et al., 2013; Sundram et al., 2020; Super et al., 2016; Wang & Ruhe, 2007). While the benefits of information sharing in decision-making are well-documented, the specific ways it affects decision quality in the context of private hospitals in Jordan remains a relatively unexplored area of research. This study aims to fill this gap in the literature by examining the impact of information sharing on decision-making in private hospitals in Jordan from the perspective of employees.

Although the concept of decision sometimes seems limited to the final choice, it encompasses not only what leads to the actual implementation of the decision. In this process, we often fail to

pay enough attention to information that seems obvious to others, leading to poor decisions. Overall, decision-making must consider various relevant information, especially when decisions are made in a group as a team (Brodbeck et al., 2007; Super et al., 2016) because they have solutions and resources for different problems (Nijstad & De Dreu, 2012). However, some problems arise during decision making like accuracy, timing, communication, participation, and implementation of the information (Bruch & Feinberg, 2017; Elwyn et al., 2016). Information used in decision-making can be of quantitative or qualitative nature and may often be incomplete, vague, subject to change, unavailable, or common. This, in turn, results in a high degree of uncertainty in the decision-making process, as noted by (Wierenga, 2011). Decision-making is a process that is dependent on the quality of information available, and although the information may not be perfect, the best decisions can only be made once information is effectively shared, and everyone has access to the most relevant information.

Many research studies have been conducted on decision-making in various fields, including business, economics, nursing, and medicine (Bahrami et al., 2017; Johansen & O'brien, 2016; Lu et al., 2012; Nelson et al., 2022; O'Neill et al., 2015; Pahlke et al., 2015; Super et al., 2018; Thakkar et al., 2022; Zheng et al., 2021). Decision-making involves choosing the most suitable option or course of action based on specific criteria or strategies, as explained by (Wang & Ruhe, 2007). It is regarded as the most critical task performed by managers, and the results of their decisions have significant and long-term consequences on the organisation's overall performance, as noted by (Keh et al., 2007). (Bruch et al., 2016; Suomala, 2020) suggests that decision-making involves several stages that lead to an appropriate decision or alternative that aligns with the desired goals, including psychological, economic, social, and unexpected circumstances.

Research on decision-making in healthcare organisations has highlighted the critical role of information sharing in ensuring that decisions are made based on all available and relevant information (O'Neill et al., 2015). Effective information sharing helps reduce ambiguity and uncertainty in decision-making by providing decision-makers with a more complete picture of the situation (Pahlke et al., 2015). This is particularly important in healthcare, where decisions can significantly affect patient health and safety. Despite the importance of information sharing in decision-making, there are gaps in the literature regarding its impact on decision-making in private hospitals in Jordan. This study aims to address this gap by examining the current information-sharing practices in private hospitals in Jordan, the impact of information-sharing on decision-making from employees' perspectives, and the factors that influence information-sharing in private hospitals.

Information sharing is a crucial aspect of decision-making in organisations, including hospitals, and it can significantly impact the quality of decisions made by employees. Information sharing involves exchanging knowledge, expertise, and insights among individuals or groups to support decision-making processes (Wang & Ruhe, 2007). It is a complex process that requires trust, transparency, and effective communication to ensure all relevant information is shared and considered. Despite the importance of information sharing in decision-making, there are gaps in the literature, particularly in the context of private hospitals in Jordan. Firstly, there is a lack of research on how information-sharing practices differ among private hospitals compared to public hospitals in Jordan. Secondly, while some studies have focused on the impact of information sharing on decision-making in healthcare organisations, few studies have examined this from the perspective of employees in private hospitals in Jordan (Ahmad, 2007; Al-Saa'da et al., 2013; Alloubani & Almatari, 2014; Dahiyat et al., 2023; Dammaj et al., 2016; Darwazeh et al., 2021;

Mohammad et al., 2019). Finally, there is a need for more research on the factors that influence information-sharing practices in private hospitals in Jordan, including organisational culture, leadership style, and incentives (Dahiyat et al., 2023; Dammaj et al., 2016).

In light of these gaps in the literature, the following research questions are proposed: The main question is how well hospital departments and skilled information-sharing holders in Jordan share information to support their decision-making process. How can we help teams to share information for decision-making purposes? What are the current information-sharing practices in private hospitals in Jordan, and how do they differ from those in public hospitals? How do employees in private hospitals in Jordan perceive the impact of information sharing on the quality of decision-making? What factors influence information-sharing practices in private hospitals in Jordan, and how can these be addressed to improve the quality of decision-making? By addressing these research questions, this study aims to contribute to understanding information-sharing practices in private hospitals in Jordan and their impact on decision-making. It also provides insights for improving these practices to enhance the quality of decisions made by employees. Ultimately, this study has important implications for how private hospitals in Jordan can improve their decision-making processes by improving their information-sharing practices.

In addition, this study comes together with the state's interests in supporting its organisational structures from various aspects, especially research. In several practical aspects of interest to senior leaders, planners and those responsible for the decision-making process might provide honest and reliable data from field studies, enabling them to make timely decisions. Additionally, this study contributes directly to information-sharing research. It supports several research studies demonstrating the benefits of using shared information and making better decisions. The study has significant implications for how information sharing can improve and support the quality of decision-making. It is recommended that the decision-making environment (or context) be strengthened and supported by monitoring the administrative and legal infrastructure and the additional capabilities of the relevant authorities.

The remainder of this paper is organised as follows: the literature review and hypothesis development are presented in Section 2; the methodology and data used are introduced in Section 3; Section 4 reports the results; Section 5 shows the discussion of the study; Section 6 explains the implications, limitations, and future research and section 7 concludes the paper.

2. Literature review

Previous studies have explored multiple aspects of information sharing in different contexts. For example, (Fulton, 2009) examined the impact of information sharing on supply chain management, while (Hall & Goody, 2007) explored the impact of information sharing on supply chain performance. (Hersberger et al., 2007) investigated the impact of information sharing on organisational learning, and (Millen & Dray, 2000) studied the impact of information sharing on the effectiveness of virtual teams. (Super et al., 2016) conducted a systematic literature review of the impact of information sharing on patient safety. However, this study aims to explore what can be learned from other disciplines and apply it to the context of Jordanian private hospitals. These theoretical frameworks will be used to guide the analysis and interpretation of the study's findings. By examining the impact of information sharing on the quality of decision-making in Jordanian private hospitals from the perspective of employees, this study will contribute to the theoretical understanding of the role of information sharing in healthcare organisations.

2.1. Theoretical framework

The theoretical framework for this study is based on several theories that have been developed in the fields of organisational behaviour, management, and healthcare management. Information asymmetry theory suggests that decision-making can be negatively impacted when one party has more information than the other (Akerlof, 1970). In healthcare organisations, this can occur when healthcare providers have more information about patient care than patients or other stakeholders. Information-sharing theory suggests that the quality of decision-making can be enhanced by sharing relevant, timely, and comprehensive information (Daft & Lengel, 1986). This can lead to more accurate diagnoses, better treatment decisions, and improved patient outcomes in healthcare organisations.

In the context of this study, employees may be more likely to share information if they feel that their organisation values their input and will reward them for their contributions. Information richness theory suggests that communication effectiveness depends on the richness of the information being communicated (Daft & Lengel, 1986). In this study, effective information sharing requires that the information being communicated is relevant, timely, comprehensive, and communicated using the appropriate communication channels.

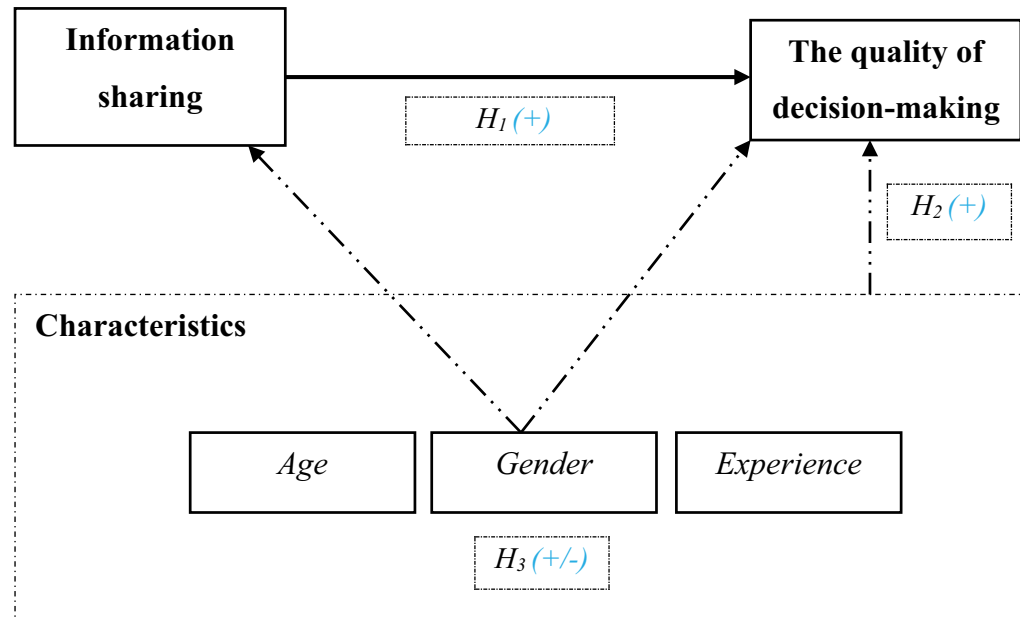
Decision-making theory provides a framework for understanding the cognitive and social processes that underlie decision-making (Simon, 1955). By applying decision-making theory to the context of healthcare organisations, it is possible to gain insights into the factors that influence decision-making, such as individual and collective decision-making processes, the availability and quality of information, and the influence of organisational and environmental factors. The decision-making process can be informed by several different types of information, including explicit and tacit knowledge (Polanyi, 1966) and individual and collective decision-making processes (Janis & Mann, 1977). In the context of this study, the quality of decision-making may depend on the quality of the information being shared and the decision-making processes used by employees.

These theoretical frameworks will be used to guide the analysis and interpretation of the study's findings. By examining the impact of information sharing on the quality of decision-making in Jordanian private hospitals from the perspective of employees, this study will contribute to the theoretical understanding of the role of information sharing in healthcare organisations.

2.2. The current study

In this paper, we strive to develop a comprehensive theoretical framework that is more inclusive, applicable to numerous situations and offers a greater insight into contextual factors that may influence information sharing and decision-making, see Figure 1. Hospitals are institutions concerned with providing health services to the community, and they occupy a prominent position in the health field based on the goals they seek to achieve. Therefore, this topic aims to highlight the role that information sharing can play in making decisions within health institutions in Jordan (Al-Balas & Al-Balas, 2021). Institutions in the health sector have faced a significant challenge that requires them to apply more modern management techniques (Alhassan & AlDossary, 2021). Information exchange is perhaps one of the methods that contribute to improving the effectiveness of organisations and providing services at a higher level and more efficiently. In order to enhance the quality of decision-making, healthcare institutions are required to address a growing number of internal and external environmental challenges. These challenges encompass the surging demand for information, fierce competition among healthcare facilities, and an absence

Figure 1. Conceptual framework.



of explicit standards and objective benchmarks to assess both administrative and clinical performance efficiency and effectiveness (Khan et al., 2022).

There is an increase in the number of legal complaints against hospitals due to medical malpractice, an increase in awareness among users, and an increase in their interest in quality (Alhassan & AlDossary, 2021; Jiang et al., 2014; Schwartz & Woloshin, 2019; Soelberg et al., 2017). Consequently, these institutions searched for appropriate strategies for selecting information that will assist the various teams within hospitals, as well as the resulting responsibilities for continuous improvement, changes to the work climate, development of team spirit, mastery of work, and abandonment of information that does not contribute to enhancing decision-making quality (Alhassan & AlDossary, 2021) and enhance employee commitment and dedication and accomplish organisational goals. (Brum, 2007; Bulut & Culha, 2010; Meyer et al., 2004; Nayak & Sahoo, 2015; Nongo & Ikyanyon, 2012; Raoush, 2022). In this way, developing productivity, efficiency, quality specifications, behaviour patterns, and internal and external dealings has become a permanent philosophy embraced by employees and managers alike.

Hence, this study seeks to identify the sources of information gathering needed by hospitals for decision-making. We also identified the methods hospitals use to obtain information for decision-making. Moreover, it is essential to identify steps that can be taken in a hospital decision-making process to activate information use.

2.3. Hypothesis development

Effective decision-making is critical to organisational success, and information sharing plays a crucial role in this process. Accurate, timely, and relevant information is essential at all stages of decision-making, and the quality of decisions depends on the accuracy and correctness of

available information (Li et al., 2016). The availability of adequate information helps decision-makers to take informed actions, thereby improving decision-making effectiveness (Caughron et al., 2013). Information sharing is a valuable means of gaining insight, and it can facilitate sense-making by enabling the exchange of information between stakeholders (Miranda & Saunders, 2003). Moreover, information sharing is a behavioural outcome that occurs after sense-making, as individuals can share information with others (Z. J. Yang et al., 2014). Therefore, effective information sharing is essential for coordinating decision-making and promoting cooperation among team members (van Ginkel et al., 2009). In this regard, it is crucial to establish clear goals and distribute information equitably among all team members to enhance communication and promote collaboration (Sundram et al., 2020). However, information asymmetry can hinder effective information sharing within organisations, as different team members may have access to different information, which can create discrepancies in knowledge and decision-making (Ganesh et al., 2014). Hence, sharing information across all organisational levels is essential for enhancing the decision-making process (Brodbeck et al., 2007; L. Xiao & Eastmure, 2014; Nelson et al., 2022; Postmes et al., 2001; Savich, 1977; Stofkova et al., 2022; Y. Xiao et al., 2016).

Given the importance of decision-making in administrative work, it is essential to have accurate and reliable information for comparing and selecting alternatives (Deng et al., 2023). Therefore, organisations should pay attention to information systems design that facilitates the flow of information across different levels (Phung et al., 2021). In this study, we aim to explore the impact of information sharing on decision-making quality in middle and executive management.

Our first hypothesis suggests that information sharing has a statistically positive and significant impact on the quality of decision-making. Numerous studies in various fields support this hypothesis. For example, a study by (Wittenbaum et al., 2004) found that groups that shared information more frequently made higher-quality decisions than groups that shared information less frequently. Another study by (Cheon et al., 2015; Zhang & He, 2015) found that information sharing among members of project teams was positively related to the quality of project outcomes. (Rulke & Galaskiewicz, 2000) examined the relationship between information sharing and organisational performance. The authors found that information sharing was positively associated with organisational performance, especially when shared across departmental boundaries.

Overall, these studies suggest that sharing relevant information can lead to better decision-making outcomes. Individuals and groups can make more informed and effective decisions by thoroughly understanding the situation. Based on the literature review, we propose the following hypothesis:

H1. Information sharing has a statistically positive and significant impact on the quality of decision-making.

By examining the relationship between information sharing and decision-making quality, this study aims to provide insights for researchers and practitioners on the importance of information sharing in enhancing decision-making effectiveness. Furthermore, effective team decision-making relies on the ability of team members to share their unique skills, knowledge, and experiences. However, the common information effect can hinder this process, as teams often prioritise shared and readily available information that all members possess, leading to a lack of exploration of

individual perspectives and hidden profiles. In fact, studies have shown that group members tend to share more common information than unique information (Henningsen et al., 2004; Reimer et al., 2010).

To mitigate the common information effect, there are two primary ways to share information before the team meets for the first time (Lu et al., 2012; Mesmer-Magnus & DeChurch, 2009; Y. Xiao et al., 2016). One is through no overlapping information, where each team member has unique information and viewpoints. The other is through fully shared information, where all team members possess identical information. However, teams may also share only a fraction of their information, which can impact decision-making (Liu et al., 2020). Furthermore, personal characteristics, relationships, and diversity within the team can also affect decision-making. Research suggests that understanding these factors is crucial, as they can either enhance or hinder the sharing of information and greatly impact the quality of decisions made (Babiak & Thibault, 2009; Füllbrunn & Luhan, 2017; Maxwell, 2003; Mesmer-Magnus & DeChurch, 2009; Nelson et al., 2022; Zheng et al., 2021). Therefore, it is essential for teams to actively seek out and consider unique perspectives to prevent the common information effect and improve the quality of their decisions.

The second hypothesis states that participants' general characteristics, including gender, age, and experience, have a statistically significant and positive influence on the quality of decisions. This hypothesis suggests that the general characteristics of individuals, such as their gender, age, and experience, can impact the quality of decisions they make. Several studies have examined the relationship between these characteristics and decision-making.

In terms of gender, some studies have found that women tend to be more risk-averse and cautious in decision-making, while men tend to take more risks (Eagly & Johnson, 1990). However, the impact of gender on decision-making quality is less clear, with some studies finding no significant differences (L. Q. Yang et al., 2012). In general, these studies suggest that the general characteristics of individuals can impact the quality of decisions they make. By understanding these characteristics, individuals and organisations can better assess decision-making capabilities and make more informed decisions. After reviewing the literature, we posit the following hypothesis:

H2. The general characteristics (Gender, Age, and Experience) of participants statistically significantly influence the quality of decisions.

The hypothesis for our study was developed based on previous research on gender and communication in the workplace. Past studies have suggested that there may be gender differences in communication styles, with women often being perceived as more collaborative and relationship-focused, and men as more assertive and task-focused (Eagly & Johnson, 1990; Williams & Dempsey, 2014). These differences may impact the way in which information is shared in the workplace, as individuals may be more likely to seek out information from others who share their communication style or who they perceive as being similar to themselves. As such, we hypothesised that there would be differences in the effectiveness of information sharing, difficulties of information sharing, sources of information sharing, and decision-making scores between male and female employees in our study. By examining these factors in the context of gender, we aimed to provide insight into the role that gender plays in information-sharing processes in the workplace.

H3. There is a significant difference in dimensions of sharing information and decision-making scores with different employees' gender.

3. Research methodology

3.1. Sampling and data collection

The purpose of this quantitative study was to determine whether information sharing has a positive impact on the quality of decision-making among employees in Jordanian private hospitals using simple linear regression. Furthermore, the paper investigated how participants' general characteristics influence their decision-making. Study participants included healthcare professionals and administrative staff working in private hospitals in Jordan; therefore, those who did not meet these specifications were excluded from the study.

According to the 2021 annual report from Jordan's Ministry of Health, the private hospital sector in Jordan has 68 hospitals as of 2020 and 2021 and is staffed by a total of 64,529 healthcare workers in 2021, including Physicians, Dentists, Pharmacists, Registered Nurses, and Midwives (MOH Annual Report, 2021). For this research, the population was limited to health workers in private hospitals. However, no official report was available to provide the exact number of health professionals working exclusively in this sector at the time of the study. Using the Krejcie and Morgan table for determining sample size (Krejcie & Morgan, 1970), the authors calculated that a sample size of 370 participants would be sufficient to represent the population of interest with a confidence level 95%. However, a random sample of 420 individuals was selected for the survey. Of those who were given questionnaires, 342 completed and returned them, indicating an 81.4% response rate, which is considered a strong level of participation according to standard practices in research (Sekaran & Bougie, 2016). To ensure the anonymity of participants, no identifying information was requested or collected. The study followed ethical guidelines to avoid potential unethical behaviour, such as misrepresenting study results, misleading respondents, or breaching confidentiality. Additionally, measures were taken to ensure that the study adhered to legal requirements and protected the privacy of all participants.

3.2. Measures

The questionnaire consisted of three parts; demographic data, information sharing, and decision-making, all of which were accompanied by a cover letter that outlined the study purpose and confidential considerations, the questionnaire was accessed by google form on 7 July 2022. In the first part, demographic information about participants' baseline characteristics, including age and years of employment, was obtained. In the second part of the survey, 19 items were included within three constructs for information sharing, and in the third part, 20 items were included within a single construct for decision-making. A number of similar studies were reviewed to construct the questionnaire adapted from (Hilverda & Kuttschreuter, 2018; Olorunniwo & Li, 2010; Omar et al., 2010; Ramayah & Omar, 2010; Schreurs et al., 2013; Sundram et al., 2020; Z. J. Yang et al., 2014). The questionnaire items were evaluated by the respondents using a five-point Likert scale, where they could choose from a range of responses varying from Strongly Agree (5) to Agree (4), Neutral (3), Disagree (2), or Strongly Disagree (1).

The process of developing a robust and reliable questionnaire for a study related to healthcare workers involved a rigorous and thorough approach to ensure the validity and accuracy of the instrument. The questionnaire was first translated from English to Arabic and then back to English by a team of expert translators to ensure its accuracy. Following this, pre-tests were conducted by

interviewing three academics and three clinical managers to assess the clarity of the survey questions and validate the questionnaire. The content validity ratio was calculated for each item to evaluate the questionnaire's effectiveness further using the (Lawshe, 1975) method. This approach measures the extent to which the questions accurately reflect the study's intended purpose. All items successfully passed this rigorous process, indicating their validity and suitability for the study. The questionnaire's final edition was then modified based on feedback to ensure that it was clear and straightforward for participants to understand. A pilot study was subsequently conducted with 20 healthcare workers to further test the questionnaire's effectiveness and identify any potential flaws in the study design. This meticulous approach to questionnaire development ensures that the study results are reliable, representative, and accurately reflect the studied population. It also provides valuable insights into the experiences of healthcare workers and contributes to the overall body of knowledge in this critical field.

3.3. Data analysis

In this study, quantitative data were analysed using SPSS 25th version software. The scale was first subjected to a validity and reliability assessment to analyse the study data. Table 1 reveals the assessment of construct content validity and the presence of common method bias using common method factor analysis (Liang et al., 2007). The results indicate no common method bias as the score from Harman's single factor test is less than 50%. Barlett's sphericity test was significant ($p < 0.01$). The KMO Measure of Sampling Adequacy (MSA) was found to be 0.50 for all 39 items, which is deemed acceptable according to (Kaiser & Rice, 1974).

In order to assess the reliability of the questionnaire used in the study, Cronbach's alpha coefficient was calculated. The analysis indicated an alpha coefficient of 0.919, which is considered to be a highly reliable result. Each dimension of the questionnaire's alpha coefficient is presented in Table 2 for further reference. As per established research standards (LoBiondo-Wood & Haber, 2013), an acceptable value for alpha coefficient is 0.7 or higher. Thus, the Cronbach's alpha result of 0.919 indicates that the study tool used in this research is highly reliable.

4. Results

The main objective of this research paper was to investigate the influence of information sharing on the quality of decision-making, as perceived by employees working in private hospitals in Jordan. Demographic data collected in this study was analysed using descriptive statistics, including the frequency and percentage of participants falling within various demographic categories. As illustrated in Table 3, the majority of participants were female (52.3%) while 47.7% were male. A significant proportion of participants (34.8%) belonged to the age group of 35 to less than 45, with only 16.1% of respondents aged 55 years or above. In terms of professions, the study comprised Physicians (18.4%), Nurses (46.5%), and Administrative Staff (35.1%). Furthermore, more than half (52.6%) of the participants had 10 or more years of work experience, while the lowest percentage (6.1%) had less than 5 years of work experience.

The researchers utilised the correlation matrix presented in Table 4 and the variance inflation factor (VIF) calculation to evaluate the presence of multicollinearity in the regression model in Table 5. The results of the analysis revealed that there was no evidence of multicollinearity since the associations between variables were generally weak. Moreover, the majority of the correlation coefficients between variables were below 0.5, indicating a feeble association between the variables and a low probability of multicollinearity.

Table 1. Validity analysis							
Total Variance Explained				KMO Measure of Sampling Adequacy (MSA)			
Factor	Initial Eigenvalues			Extraction Sums of Squared Loadings			Barlett's test for sphericity
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	
1	11.956	30.656	30.656	11.956	30.656	30.656	$p < 0.01$

Table 2. The reliability of the data

Variables	No. of Items	Cronbach's Alpha
Independent Variable: Information-sharing items	19	0.855
Dependent Variable: Decision-making items	20	0.961
Total Questionnaire Cronbach's Alpha	39	0.919

Table 3. Descriptive statistics

Demographics		Frequency	Percentage
Gender	Male	163	47.7
	Female	179	52.3
Age	less than 35 years	57	16.7
	35 – less than 45 years	119	34.8
	45 – less than 55 years	111	32.5
	55 years and above	55	16.1
Profession	Physician	63	18.4
	Nurse	159	46.5
	Administrative Staff	120	35.1
Work experience	Less than 5 years	21	6.1
	From 5 to less than 10 years	141	41.2
	10 years and more	180	52.6
Total		342	100%

Table 4. Matrix of correlations

Variable	The quality of decision-making	Information sharing
The quality of decision-making	—	0.161** 0.003
Information sharing	0.161**	—
	0.003	—

Note: ** $p < 0.05$.

To test the first hypothesis (H1) that there is a significant impact of information sharing on the quality of decision-making from the perspective of employees in Jordanian private hospitals, a simple linear regression analysis was conducted. This analysis aimed to examine the relationship between information sharing, an independent variable, and the quality of decision-making, a dependent variable. The results are displayed in Table 5, showing a positive correlation between information sharing and the quality of decision-making, as indicated by the significant regression coefficient ($B = 0.220$, $R = 0.161$, $R^2 = 0.026$, $F = 8.992$, $p = 0.003$). Therefore, the study found a significant and positive association between information sharing and employee commitment, and thus supports H1.

To examine the second hypothesis (H2) regarding the influence of participants' general characteristics on the quality of decision-making, one-way ANOVA was employed. The analysis, presented in Table 6, revealed that age ($p = 0.285$), gender ($p = 0.189$), and work experience ($p = 0.273$) did not have a significant impact on the quality of decision-making. Thus, H2 is not supported by the study findings.

4.1. Further analysis

In our quest to test hypothesis H3, we employed the Independent T-test method to examine the relationship between employee gender and various aspects of information sharing. Our results indicated that there were no statistically significant differences in the effectiveness of information sharing, difficulties of information sharing, or decision-making scores between male and female employees ($p < 0.05$), see Table 7.

However, we did observe a significant difference in the sources of information sharing between the two groups ($p = 0.019$). Specifically, male employees reported a higher mean score ($M = 3.6477$, $SD = 0.63236$) compared to female employees ($M = 3.5419$, $SD = 0.62550$). These results suggest that the way in which information is shared among male and female employees may differ.

It is important to note that while our findings did not reveal any significant differences in certain aspects of information sharing, there may still be underlying factors that influence these processes. Further research is necessary to understand better the complexities of information sharing in the workplace and to create more equitable environments for all employees.

5. Discussion

The purpose of this study is to investigate how information sharing affects the quality of decision-making. This research sheds light on the common and unique information-sharing process. Decision-making is the driving force behind the administrative process, which is a crucial part of it. An organisation's success or failure depends on the rationality of its decisions. Consistent with (Stofkova et al., 2022), effective decision-making is essential for a company's success in the present and future. Decision-making is dependent primarily on the availability of appropriate information at the right time. That is why information plays such an important role in decision-making, particularly in light of the complexity and difficulty of the decision-making process as a result of the complex environment in which decisions are made. Overall, we found that sharing information positively influences decision-making quality.

For a decision to be successful, it is essential that the information used is both valid and accurate. Our research aligns with the studies conducted by (Reimer et al., 2010; Y. Xiao et al., 2016) that highlight the primary benefit of teamwork, which is the ability to pool together the

Table 5. The impact of information sharing on the quality of decision-making

Independent Variables (Information sharing)	Dependent Variable (The quality of decision-making)									
	R	R2	B	Beta	F	Sig(F)	VIF	Skewness		Decision
	.161a	.026	.220	.161	8.992	.003a	1.000	Statistic	Std. Error	Accepted
								-0.586	0.132	Accepted

a. Predictors: (Constant), Independent Variables mean (Information sharing)
 **Correlation is significant at the 0.05 level (2-tailed).

Table 6. ANOVA test						
ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Age	Between Groups	53.606	54	.993	1.114	.285
	Within Groups	255.751	287	.891		
	Total	309.357	341			
Gender	Between Groups	15.583	54	.289	1.188	.189
	Within Groups	69.730	287	.243		
	Total	85.313	341			
Experience	Between Groups	22.155	54	.410	1.122	.273
	Within Groups	104.924	287	.366		
	Total	127.079	341			

Table 7. Differences between groups - Independent T-test

Variables	Gender	N	M	SD	Sig. (2-Tailed)	t-test
Decision-making	M	163	3.9890	0.44165	0.485	-0.700
	F	179	4.0366	0.46792		
Sources of information sharing	M	163	3.6477	0.63236	0.019	2.366
	F	179	3.5419	0.62550		
Effectiveness of information sharing	M	163	3.6643	0.41492	0.113	1.591
	F	179	3.5451	0.41100		
Difficulties of information sharing	M	163	3.8196	0.64993	0.192	1.309
	F	179	3.7274	0.72866		

collective knowledge and information of team members during the decision-making process. According to (Y. Xiao et al., 2016), it is imperative for team members to share and utilise information effectively as a team.

It may encounter numerous difficulties and problems, some of which may be related to conflicting or lacking data, incorrectness, or the inability to obtain it from its sources, among others. A higher quality of information is necessary to make rational and appropriate decisions. Furthermore, it is crucial to accurately present and explain the facts regarding the phenomenon under discussion. It is considered essential for decision-making to have accurate, timely, and adequate information since it is used to evaluate alternatives and determine which is most suitable. Our findings are consistent with (Reimer et al., 2010), who found that the discussion bias decreases as the number of decision alternatives decrease. In line with (Uitdewilligen & Waller, 2018), we suggest that the team members should be encouraged to offer common information that may contribute to the team's functioning, even if it does not directly relate to a topic on the team's agenda.

Furthermore, our empirical findings demonstrate that information sharing plays a crucial role in shaping team decisions across all conditions. The mere sharing of unique information is inadequate in driving decision outcomes, as the common information primarily assists decision-making. The quality of decision-making is not significantly impacted by the participants' general characteristics, particularly when team functional diversity increases and the relevance of information sharing becomes even less crucial. Overall, our findings show that participants' characteristics do not predict the discussion of shared information to contribute to decision-making quality—as well as provide additional insights into group processes, this result is consistent with (Henningesen et al., 2004). However, according to a number of research studies (Anderson & Galinsky, 2006; Andersson et al., 2016; Brooks et al., 2019; Eriksen et al., 2020; Ertac et al., n.d.undefinedFüllbrunn & Luhan, 2017; Jianakoplos & Bernasek, 2008; Montinari & Rancan, 2018; Pahlke et al., 2012, 2015), individuals' demographic characteristics have a significant impact on their risk-taking behaviour and decision-making power.

The decision-making process relies heavily on information, as it provides the basic input to it, and it is considered a key factor in reducing the number of possible alternatives and evaluating those alternatives with the best chance of success.

The results of our study shed light on the relationship between employee gender and information sharing in the workplace. Specifically, our findings suggest that while there were no statistically significant differences in the effectiveness of information sharing, difficulties of information sharing, or decision-making scores between male and female employees, there was a significant difference in the sources of information sharing between the two groups. These results are consistent with previous research that has found that gender can influence the way in which information is shared in the workplace (Eagly & Johnson, 1990; Karpowitz et al., 2012; Tasi et al., 2017; Williams & Dempsey, 2014). Additionally, our findings agree with those of L. Q. (L. Q. Yang et al., 2012), who observed no significant variations in decision-making quality between males and females.

The observed difference in the sources of information sharing between male and female employees highlights the need for organisations to be mindful of gender differences when developing information-sharing strategies. For example, organisations may consider implementing training programs that promote awareness of gender biases and encourage inclusive

communication practices. By doing so, organisations can help ensure that all employees have equal opportunities to share and access information.

It is important to note that while our study focused specifically on gender differences in information sharing, other factors may also influence these processes. Future research may benefit from examining the effects of other individual differences, such as race, and culture, on information sharing in the workplace (Gelfand et al., 2007; McLeod et al., 1996).

Overall, our study contributes to the growing literature on information sharing in the workplace. By identifying areas of difference and potential areas for improvement, our findings can inform organisational policies and practices that promote inclusivity and equality in the workplace.

6. Implications, limitations, and future research

The results of this study suggest that information sharing can have a positive impact on the quality of decision-making among employees in private hospitals in Jordan. Healthcare managers and leaders in Jordanian private hospitals should prioritise and encourage information sharing among their employees as it can lead to better decision-making and improved patient care. Training programs and interventions can be developed to improve information sharing among healthcare professionals in Jordanian private hospitals.

The findings of this study have several implications for private hospitals in Jordan and healthcare organisations more broadly. Firstly, the study highlights the critical role of information sharing in decision-making and suggests that common information is more important than unique information. This implies that healthcare organisations should prioritise the sharing of common information to facilitate effective decision-making. Secondly, the study suggests that participant characteristics have no effect on decision-making quality, which highlights the importance of team functional diversity in decision-making. Healthcare organisations should aim to build diverse decision teams to ensure that a range of perspectives and expertise are brought to the decision-making process. Finally, the study underscores the importance of training programs for healthcare employees to ensure that they are equipped with the necessary skills to share and use information effectively in decision-making.

One of the limitations of this study is that it used a quantitative approach, which may not capture the complexity of the decision-making process in healthcare. The study only focused on private hospitals in Jordan, so the findings may not be generalisable to public hospitals or healthcare facilities in other countries. The study relied on self-reported data, which may be subject to bias and may not accurately reflect the actual decision-making practices of the participants.

This study offers valuable insights into the influence of information sharing on decision-making in private hospitals in Jordan. However, there are several limitations that must be recognised. Firstly, the data collected in this study is solely based on self-reporting from a survey source, which may limit the generalizability of the results. Secondly, the study does not take into account the effect of organisational culture and context on information sharing and decision-making, which may have implications for the findings. Lastly, the study does not explore the effect of information sharing on patient outcomes, which represents a crucial area for future research.

This study provides a starting point for future research on information sharing and decision-making in healthcare organisations. Firstly, future research should aim to replicate this study using a larger and more diverse sample to improve the generalizability of the findings. Secondly, future research should explore the impact of organisational culture and context on information sharing and decision-making in healthcare organisations. Finally, future research should examine the impact of information sharing on patient outcomes to better understand the relationship between information sharing and healthcare quality. Additionally, future research can investigate the role of technology in facilitating information sharing and decision-making, and the impact of decision-making on employee job satisfaction and burnout.

Future research should explore the decision-making process in more depth, using qualitative approaches that allow for a more nuanced understanding of the factors that influence decision-making among healthcare professionals. Studies can be conducted to compare the decision-making practices and information sharing behaviours of healthcare professionals in private and public hospitals in Jordan, as well as in other countries. Further research can investigate the role of organisational culture and leadership styles in promoting information sharing and effective decision-making in healthcare settings.

7. Conclusion

Decision-making is the core of the administrative process. It is also impossible to imagine the decision-making process's existence without multiple alternatives to the problem in question. The desired goal is the cornerstone of the decision-making process. The decision-making process is influenced by the constituent factors of the organisation's internal and external environment. The decision maker's knowledge and understanding of the constituent factors of the organisation's internal and external environment contribute greatly to making rational decisions. Information is considered the material of the administrative decision, as the success of the decision depends on its validity, accuracy, quality, adequacy, and availability at the right time and in the right quantity. The problem of decision-makers is no longer how to obtain information but, more importantly, how to determine what is required. Information required to make decisions varies in quantity, details, source, and basic characteristics according to the type of decisions and the management level. The role of the decision maker and the quality of information needed to make the decisions increases with the complexity of the decision problem. Overall, our findings suggest that participants' characteristics do not predict the quality of group decision-making or insight into group processes from discussions of shared information. Furthermore, sharing information positively impacts decision-making.

Our findings offer a practical contribution to policymakers, managers, and regulators by recognising the importance of decision teams in information management, as well as encouraging flexibility and openness in organisational relations and engaging them in new ideas through training programs that confirm participation as one of the most important ingredients to generating new ideas. Communication must be constantly improved through the development of friendship, harmony, and cooperation between members to enhance trust and sharing of information. Encourage members to develop commitment, trust, coordination of team activities, and deal with differences and conflicts by motivating and encouraging them to build their commitment. As the research is limited to hospitals, its results are very relative, and it also uses a data collection tool—the questionnaire—without supporting research methods such as interviews. This topic, however, has the potential for new and diverse research opportunities in the future as we expand our study to cover a broad range of institutions in a variety of sectors to test the generalizability of the results, as well as utilise a combination of different research tools and methods to increase its credibility.

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Index

Index 1. The variables and items of the study

Variables	Items
Demographic characteristics	
<i>Gender</i>	Male Female
<i>Age</i>	25–35 36–45 46–55 56 or more
<i>Experience years</i>	Less than 5 5–10 More than 10
Information Sharing	
<i>Sources of information needed to make decisions</i>	(1) Laws and legislative texts (2) official reports (3) Operational plans (4) personal contacts (5) Meetings, seminars and conferences (6) Media (7) Books and references
<i>Effectiveness of information sharing in decision making</i>	(1) Information is provided in a timely manner to support decisions (2) All necessary information is provided regularly (3) The process of obtaining and understanding the information is straightforward. (4) All team members participate in executing tasks and gain a sense of importance as team members. (5) The most important component of sharing useful information is creating a climate of trust. (6) Team members are motivated to obtain as much information as possible. (7) Discussion, critical thinking, and ranking of alternatives to achieve consensus are encouraged.
<i>Difficulties that members face when sharing information</i>	(1) The type of information that members tend to discuss is common information. (2) Team members may make wrong decisions based on common information. (3) Members do not have the opportunity to speak sufficiently to provide unique information. (4) Increasing the number of members leads to a reduction in effective information sharing. (5) The focus is on common information rather than creative thinking in sharing unique information. (6) Waste a lot of time discussing common information.

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Decision making

- (1) The problem is expressed clearly and adequately.
- (2) A problem-solving plan is drawn up with the participation of team members.
- (3) Decision makers determine the degree of importance of the problem.
- (4) Decision makers gather the necessary data to study and understand the problem.
- (5) Decision makers analyse the problem thoroughly.
- (6) Making quick decisions is crucial when dealing with complex issues.
- (7) Multiple alternatives are developed for the same problem
- (8) Alternatives are always being developed to fit the mechanism of action.
- (9) The alternatives are classified in order to take the most suitable alternatives.
- (10) Decision makers can determine the most appropriate alternatives for the external environment.
- (11) Decision makers avoid personal bias as much as possible.
- (12) Sharing ideas is the best way to come up with the best alternatives.
- (13) Choosing the best and most direct alternative and avoiding complications.
- (14) Decision makers make full use of the available resources in implementing the decision.
- (15) Decision makers carefully analyse data to make and implement decisions.
- (16) When making decisions, there is scope for logical and creative thinking.
- (17) Innovative thinking in decision making depends on generating new ideas.
- (18) The decision is formulated clearly and directly.
- (19) A suitable time is chosen to follow up on the implementation of decisions.
- (20) Decision makers use modern technical methods in implementing decisions.