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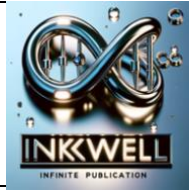
Original Article

Using Social Media Platforms to Share Health Information from the Perspectives of Physical Therapists in Kuwait

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Article Info

Abstract

Background: In recent times, health professionals have used their personal or professional social media (SM) accounts to disseminate health information through SM platforms. This study explores the factors influencing physical therapists' (PTs) intentions to share health-related information on social media (SM) platforms in Kuwait, addressing a significant gap in the literature. **Methods:** The study utilizes the Unified Theory of Acceptance and Use of Technology (UTAUT) framework to examine the impact of performance expectancy (PE), effort expectancy (EE), social influence (SI), and facilitating conditions (FCs) on PTs' intentions. A survey was conducted with PTs, and data were analyzed using linear regression to identify significant predictors of intention. One-way ANOVA was also used to examine the effects of demographic factors. **Results:** The results indicate that FCs, EE, and PE significantly predict PTs' intentions to share health information on SM, accounting for 47% of the variance in intentions. Specifically, FCs had the highest impact ($\beta = .347$, $p = .002$), followed by EE ($\beta = .284$, $p = .003$) and PE ($\beta = .193$, $p = .048$). SI did not significantly influence PTs' intentions ($\beta = .054$, $p = .581$). Demographic factors such as age and years of work experience did not significantly affect intentions. **Conclusion:** This research provides valuable insights into the factors driving PTs' intentions to share health information on SM. Future research should explore additional variables such as trust, attitudes, and financial incentives, and extend the model to other SM platforms and larger, more diverse populations. Understanding these factors can help in developing strategies to enhance the use of SM for public health communication.

Keywords: Social Media, Physical Therapists, Performance Expectancy, Effort Expectancy, Social Influence, Facilitating Conditions, Intention.

Introduction

The medical field has also been affected by the social communication revolution. SM expand to communicate and exchange knowledge and experiences among medical communities, whether among specialists or between specialists and the public. SM platforms can be defined as applications that utilize the Internet and enable users to share, transfer, and create their content

(Wang et al., 2019). The most popular SM networks in Kuwait are X, Snapchat, Instagram, Facebook, YouTube, and WhatsApp Such platforms.

SM has spread in an unprecedented manner. According to statistics, in 2018, 2.65 billion people are using SM worldwide. That number is expected to be 3 billion in the end of 2021 (Saadeh R, Saadeh N & E la Torre, 2020). SM platforms, collectively, are powerful, innovative, and advanced tools. Yet, at the same time, they may be destructive (Surani et al., 2017). As part of a larger community, health care workers, physicians, pharmacists, nurses, and paramedical staff use SM platforms for various purposes: to communicate with friends and with each other, learn and share experiences, and follow global developments. Prior studies considered healthcare workers' reasons for using these platforms and the literature review section summarizes their conclusions. Many studies previously confirmed that healthcare providers' use of SM platforms has grown quickly (Antheunis, Tates, & Nieboer, 2013).

Online searches for health-related information are considered an important reason why healthcare providers use SM platforms. The fast, interactive nature of these platforms is essential for encouraging health workers to share their health information and expertise with the public. Recently, increasingly more health professionals have used their personal or professional SM accounts to disseminate health information. Many social networking celebrities are also health workers, and they post educational and medical content on these platforms. Currently, almost all SM applications spread medical information in all disciplines, whether managed by a person, a group, or an organization (De Choudhury, Morris, & White, 2014).

Due to the gap in research studies that aim to find out the opinions of health care workers in Kuwait regarding the use of these interactive networks, this research aims to investigate the variables that may affect PTs' intention to publish and circulate health information on SM. Intention is defined as the determination or plan to do something in the future (Belanger & Carter, 2008). This study is limited to PTs in Kuwait, whether in the governmental or private sector. Especially in response to the coronavirus pandemic and the subsequent closure of facilities and clinics, many SM accounts have appeared around physical therapy, health problems, and treatment methods. Sometimes, diagnoses are shared from behind screens and such accounts have gained attention from SM platform users.

This study investigates PTs' perspectives towards sharing health information about physical therapy on SM. Do PTs use these platforms to exchange or disseminate health information? What are the factors that could affect PTs' intention towards using SM to spread health information related to physical therapy? The research tests several variables from UTAUT that may affect the PTs' intention to disseminate or circulate health information related to physical therapy by using SM platforms to communicate and disseminate information.

SM Use

For different reasons, the vast majority of health practitioners use SM. A 2017 study conducted for health care providers in South Texas found that nearly 87.9% of the participants used SM regularly. Health care providers under the age of 40 are more involved in SM than their older colleagues. The same study concluded that, although a small percentage of health care workers in the survey considered information on SM reliable, the majority of participants

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encouraged their patients to search for and follow medical information on SM applications (Surani et al., 2017).

The discussion of SM-related topics is due to the recent emergence of applications. Many previous studies have investigated SM platforms used in the medical field by health practitioners. Most of these studies were conducted among doctors and nurses to understand their attitudes toward using SM platforms for professional purposes. A cross-sectional survey of registered Chinese nurses in China found that eighty-four percent believed that SM platforms directly affect clinical practice. Most participants stated that they reposted medical information on SM (Wang et al., 2019).

Health Information on SM

People search for health information on the Internet before asking specialists or doctors. A study conducted in the United States with 8,935 participants found that 4,764 reported using the Internet. Forty percent of those who use the Internet said that the Internet influenced their healthcare decisions (Baker et al., 2003). In research done by Hesse et al. (2005), a survey was conducted on 6,369 participants to measure their online health-related activities, trust, and preference of sources. The findings indicate that approximately 63% of the study sample represented Internet users. The equivalent of 63.7% of participants searched for health information using the Internet at least once a year. Of the study sample, 48.6% stated that they sought online health information for medical advice. Online medical information can influence people's attitudes, decisions, and beliefs regarding health.

The expansion in using SM platforms to obtain or publish health-related information has provided fertile scientific material for several studies. A study conducted in 2013 surveyed 1,745 adults by phone to ask if they used the Internet to search for health information. The results indicate that 41.15% of the participants reported doctors' rankings and reviews on SM when searching for health-related information, and 31.58% resorted to social networking sites (Thackeray, Crookston, & West, 2013). Regarding research conducted by Hausmann et al. (2017), nearly half of the sample (51.5%) shared their medical information on SM applications, while 25% of the total number of respondents trusted the information posted on SM platforms.

The increasing popularity of SM platforms has led to several challenges for those who provide medical information on these interactive platforms. A study conducted in China in 2016 on 1,636 participants, used one of China's popular SM platforms (WeChat). They found that 71.97% of the participants received their health education or information from that SM platform. Nearly one-third of the sample obtained and read the medical information using the WeChat interactive platform. The general public participating in the study was interested in interactive health information from doctors. SM provides more information than other medical sites on the Internet (Zhang, Wen, Liang, & Lei, 2017).

A 2018 study conducted by Li et al. was similar to this current research, but it assessed general users. The study aimed to determine the factors influencing users' intentions to search for health-related information and to share it. Based on the theory of social support and previous research on e-service adoption, the study built a model that tested a survey in two countries, China and Italy. The study concluded that several theories confirm the perceived benefits of information are directly related to the users' intention towards sharing health information. The perceived risks are not

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associated with sharing health information intentions (Li, Wang, Lin, & Hajli, 2018).

UTAUT

The unified theory of acceptance and use of technology (UTAUT) is the product of several theoretical approaches that study how people accept and use information systems or technology. Researchers widely use UTAUT because of its interpretations and factors that can be applied in other environments; the theory helps explain individuals' intent to use technology and innovation. According to Venkatesh et al. (2013), researchers find similarities between theoretical factors and choose among one or more approach. Therefore, there is a need to define a unified approach that includes each of these theories: Theory of Reasoned Action (TRA), Technology Acceptance Model (TAM), Theory of Planned Behavior (TPB), the Combined Model of TAM, and TPB (C-TAM-TPB), motivational model, the model of P.C. utilization, social cognitive theory, and innovation diffusion theory (Dwivedi et al., 2019). Williams et al. (2014) conducted a study that lasted for six months, during which time they presented the study at four institutions. According to the results, eight theoretical models obtained 17%–53%of the variance in the intentions to use Information Technology (IT). In contrast, the UTAUT obtained approximately 69%, which outperformed the other models.

This study's theoretical model has been adopted and tested in many studies, making it impossible to list them all. Users in several fields apply this theory to measure the use and the acceptance of the technology in economics, education, IT, and in the medical field. Many studies have cited Venkatesh's original article on UTAUT. Among the vast number of papers that cited the original article of UTAUT, amounted to about 870 studies; 43 studies have used this theory as a research

method (Dwivedi, Rana, Chen, & Williams, 2011). This theoretical model is widely used in Western societies, but only minimally so in non-Western societies.

To verify this theory's applicability in non-Western societies, research in the Kingdom of Saudi Arabia measured the intention and behavior of using desktop applications by knowledge workers. Approximately 722 surveys were distributed. The results indicate that the theoretical approach explained 39.1% of the intention to use variance and 42.1% using variance. PE positively affects the intention to use desktop applications. In contrast, EE and FCs did not strongly affect intention (Al-Gahtani, Hubona, & Wang, 2007). UTAUT has been adopted in several studies to investigate the factors affecting user intentions. In a 2013, this theory was adopted to examine the factors that could affect Indian MBA students' intention to use technology in India. The results of 517 complete questionnaires underwent statistical analysis; the findings confirmed that students' behavioral intentions were significantly affected by subjective norms and ease of use; other factors had minimal effect (Akhtar, Patel, & Khan, 2013).

When studying health information, adopting UTAUT as a research approach is widespread. Research by El-Gayar et al. (2008) found that this theory can provide an acceptable explanation for the extent to which nurses and physician assistants accept electronic medical record applications as a means of prediction use. The SI had a more significant impact than PE and EE in electronic medical record adoption. Several studies have expanded the UTAUT to enhance research results.

In a study conducted in Bangladesh in 2018 to determine the factors that affect mobile health service adoption, the UTAUT expanded to include

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new factors, perceived reliability and price. From a survey of nearly 296 participants from various public and private hospitals, results indicated that all four factors, namely PE, EE, SI, FCs, and perceived reliability, significantly impacted mobile health services' adoption intention. Simultaneously, there was no effect mentioned for price (Alam, Hu, & Barua, 2018).

Methodology

This research adopts a testing model to investigate factors influencing physical therapists' (PTs') intention to share health information on social media (SM) platforms. These factors are pivotal in understanding PTs' inclination to utilize SM for disseminating information related to physical therapy. The theoretical framework is based on the Unified Theory of Acceptance and Use of Technology (UTAUT), which integrates various models and theories into a comprehensive approach (Dwivedi et al., 2019).

UTAUT comprises four primary constructs: Performance Expectancy (PE), Effort Expectancy (EE), Social Influence (SI), and Facilitating Conditions (FCs). The theory also identifies several moderating factors such as voluntariness of use, gender, age, and experience, which can influence the relationships between these constructs and behavioral intentions (Ahmed, 2014). The constructs in this study—PE, EE, SI, FCs, and Intention (I)—are derived from the model developed by Venkatesh et al. (2003).

Measurement instruments for all constructs were developed based on prior literature. In this study, Performance Expectancy (PE) is defined as the extent to which PTs believe that sharing professional information on SM will enhance job performance. Effort Expectancy (EE) refers to the ease associated with using SM platforms. Social

Influence (SI) measures the PTs' perception of others' expectations regarding the use of SM for health information sharing. Facilitating Conditions (FCs) assesses the PTs' belief in the technical and organizational support for using SM platforms to share health information (Venkatesh et al., 2003).

This study comprised a sample of 86 physical therapists (PTs) currently practicing in Kuwait, representing both male and female professionals from both public and private healthcare sectors. All participants were regular users of social media (SM) applications. A total of 86 questionnaires were distributed online, with 80 therapists successfully completing the survey, yielding a high completion rate of 93%. The selection of this sample was based on convenience, aiming to capture a broad representation of PTs actively engaged in social media use within Kuwait's healthcare landscape.

This quantitative study employed an online SurveyMonkey questionnaire for data collection. Prior to distribution, a pilot study involving three physical therapists (PTs) was conducted to refine the survey. The questionnaire consisted of three main sections: The first section gathered demographic information, including gender, age, nationality, work sector, professional qualifications, and years of experience. The second section focused on PTs' use of social media (SM) platforms for sharing health information, exploring the networks used, time spent on SM, and reasons for professional use. The third section comprised six subsections: the first subsection adapted questions from Ellison et al. (2007) regarding SM use. The remaining subsections were framed around the Unified Theory of Acceptance and Use of Technology (UTAUT), incorporating variables of Performance Expectancy (PE), Effort Expectancy (EE), Social

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Influence (SI), Facilitating Conditions (FCs), and Intention (I). Except for intention, which was based on Belanger & Carter (2008), all variables were derived from Venkatesh et al. (2003). Responses were collected using a five-point Likert Scale ranging from '1' (Strongly Disagree) to '5' (Strongly Agree) to gauge participants' levels of agreement.

The questionnaire was developed using the SurveyMonkey website and distributed to physical therapists (PTs) in Kuwait via links shared on Instagram, WhatsApp, X, and Snapchat. PTs were identified on these social media platforms and invited to participate in the survey. The survey took approximately 5–6 minutes to complete.

Data analysis utilized linear regression to examine the relationship between intention and other independent variables. Additionally, one-way ANOVA was employed to assess whether age and years of experience among therapists influenced their intentions.

Result

Based on the UTAUT model, this research examined factors influencing physical therapists' (PTs') intention to share health-related information on social media (SM) platforms. Quantitative data were collected using a survey created on SurveyMonkey. The study included 86 participants, achieving a high completion rate of 93%.

The findings are structured into four main sections: demographic information of the participants, PTs' engagement and utilization of SM platforms, and an analysis of five variables derived from the UTAUT model: Performance Expectancy (PE), Effort Expectancy (EE), Social Influence (SI), Facilitating Conditions (FCs), and

Intention (I). The results of the study are as follows:

Table 1: Demographic distribution

Variables	Number	%
Gender	74 Female	86%
	12 Male	14%
Age	(4) 21-25 years	5%
	(52) 26-35 years	60%
	(25) 36-45 years	29%
	(5) 46+	6%
Nationality	54 Kuwaiti	63%
	32 non-Kuwaiti	37%
Work Sector	79 Public	92%
	7 Private	8%
Professional Qualification	1 Diploma	1%
	71 Bachelor	71%
	13 Master's	13%
	1 PhD	1%
Experience	(22) > 5 years	26%
	(33) 6 to 10 years	38%
	(11) 11to15 years	13%
	(20) 15+	23%

According to Table 1, the majority of questionnaire participants are female (86%), most participants are between 26 to 35 years old. The largest percentage of the participants in this study are Kuwaiti PTs working in the government sector; the years of experience vary among participants. When participants were asked about their daily use of SM, 39 of the participants (46% of the total sample size) used SM platforms regularly for more than 4 hours per day. Twenty-seven therapists (32% of the sample) used these platforms for 3-4 hours per day. Instagram ranked first among the platforms most used by the participants (88%), followed by YouTube 64%, Snapchat 75%, and Facebook 25%. Participants mention other interactive platforms, such as X, WhatsApp, Telegram, Zoom, and Tik Tok.

Table 2: Factors Influencing PTs' Intention to Share Health Information on SM Platforms

Subsection 1. Participants' Use of SM	1*	2*	3*	4*	5*
SM is part of my daily activities.	4.9	0.0	7.4	39.5	48.1
SM applications are part of my daily routine.	3.7	2.5	6.2	43.2	44.4
When I have not logged into my account, I feel out of touch.	4.9	7.4	28.4	43.2	16.0
I feel I am part of the SM community.	1.2	11.1	33.3	40.7	13.6
I will be sorry when my applications shut down.	4.9	8.6	24.7	40.7	21.0
Subsection 2. Performance Expectancy					
When I use SM to share health information, I will improve my job effectiveness and productivity.	3.7	2.5	25.9	48.1	19.8
When I use SM to share health information, I will improve my job output quality.	2.5	7.4	28.4	40.7	21.0
When I use SM to share health information, I will improve my job performance.	3.7	9.9	22.2	46.9	17.3
When I use SM to share health information, my coworkers will perceive me as competent.	6.2	11.1	33.3	30.9	18.5
Subsection 3. Effort Expectancy					
SM platforms are easy to use.	1.3	5.0	8.8	48.8	36.3
SM platforms are flexible to interact.	1.2	1.2	8.6	55.6	33.3
Interactions in SM are easy to understand and clear.	1.2	2.5	21.0	45.7	29.6
It will be easy for me to become skillful in using SM applications.	2.5	2.5	21.0	40.7	33.3
Using SM to share health-related information takes a lot of time away from my regular duties.	3.7	23.5	27.2	23.5	22.2
Subsection 4. Social Influence					
People who are important to me think that i must use SM applications to share my knowledge with others.	3.8	12.5	22.5	51.3	10.0
I use SM because of the proportion of co-workers who use sm.	7.5	31.3	33.8	26.3	1.3
The supervisors in my profession are very supportive of the use of SM.	11.3	8.8	42.5	27.5	10.0
People in my profession who use SM for sharing health information have more prestige than others who do not.	7.5	17.5	16.3	47.5	11.3
In my profession, people who use SM have a high profile.	5.0	23.8	26.3	35.0	10.0
Subsection 5. Facilitating Condition					
I have enough knowledge to share information on SM.	1.3	6.3	23.8	53.8	15.0
Using SM is suitable for all aspects of my work.	3.8	2.5	41.3	43.8	8.8
Sharing health information on SM is suitable for the way i like to work.	3.8	15.0	33.8	37.5	10.0
Sharing health information on SM fits into my work style.	3.8	16.3	37.5	33.8	8.8
Subsection 6. Intention to share					
I would use SM for sharing health information.	1.3	11.3	20.0	48.8	18.8
I would use health information provided on SM in my profession.	2.5	2.5	21.3	46.3	27.5
Interacting with people on SM is what i will do.	1.3	8.8	26.3	42.5	21.3
I will not hesitate to share information with the public on SM.	3.8	10.0	25.0	43.8	17.5

Responses were collected using a five-point likert scale ranging from '1' (strongly disagree) to '5' (strongly agree) to gauge participants' levels of agreement and are presented as %.

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Approximately 61 participants in the study, with a 73% rate, used SM platforms for professional purposes, and 48 participants, equivalent to 57% of the total sample, already used SM to post medical information about their specialty. Therapists mentioned different reasons for using SM platforms for professional purposes, such as knowledge exchange, following updates, and professional development. Other reasons included public awareness, scholarly communication, and self-promotion.

As shown in Table 2, most participants strongly agreed that social media (SM) is part of their daily routine. Specifically, 40.74% agreed and 16.04% strongly agreed that they feel part of the SM community. Many participants also reported feeling out of touch when they had not logged into their accounts, and they expressed regret when logging off or considering the potential shutdown of their accounts.

Regarding performance expectancy (PE) in Table 3, most therapists agreed that using SM for sharing health information would enhance job productivity, performance, and quality of job output. For the question about coworkers' perceptions, 33.33% were neutral, while 30.86% agreed that using SM might make their coworkers perceive them as competent.

According to Table 4, most physical therapists (PTs) found SM platforms to be easy to use, flexible, and clear. When asked if using SM took too much time away from their regular duties, 27.16% were neutral. Additionally, 23.46% agreed and 22.22% strongly agreed that using SM to share health information took time away from their regular duties.

Regarding social influence (SI), Table 5 shows varied responses. A majority (51.25%) agreed that people important to them think they must use SM

to share information related to their specialty. Most participants also agreed that using SM for sharing health-related information conferred more prestige than not using it. However, 42.50% were neutral about their supervisors' support for using SM, and 33.75% were neutral, while 31.25% disagreed that they use SM platforms because their coworkers do.

For facilitating conditions (FCs) shown in Table 6, most participants agreed that using SM platforms for sharing professional information was suitable for their work and aligned with their preferred work style. More than half of the participants felt they had enough knowledge to share health-related information on SM. However, 37.50% were neutral regarding the suitability of SM for their work style.

The survey's final part, reflected in Table 7, examined participants' intentions to use SM to share health-related information. A total of 48.75% agreed that they would use SM for this purpose, and 46.25% agreed they would use health information provided on SM in their profession. Additionally, 42.50% indicated they would interact with people on SM, and 43.75% stated they would not hesitate to share information with the public on SM.

Regression Analysis

A simple linear regression analysis was conducted to examine the predictors of physical therapists' (PTs') intentions to share health information on social media (SM). The regression model included performance expectancy (PE), effort expectancy (EE), social influence (SI), and facilitating conditions (FCs) as independent variables. The dependent variable was the intention to share health information on SM.

The overall model was significant, $F(4,81)=17.98, p<.001 F(4, 81) = 17.98, p <$

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.001F(4,81)=17.98,p<.001, and accounted for approximately 47.0% of the variance in the intention to share health information on SM (R2=0.470R^2 = 0.470R2=0.470; Adjusted R2=0.444R^2 = 0.444R2=0.444). Table 8 provides a summary of the regression coefficients.

Table 8 Summary of Simple Linear Regression Analysis for Variables Predicting Intention to Share Health Information on SM

Predictor	β	t	p
(Constant)		0.86	.393
Performance Expectancy	.193	2.01*	.048
Effort Expectancy	.284	3.09**	.003
Social Influence	.054	0.55	.581
Facilitating Conditions	.347	3.13**	.002

Note. R2=0.470R^2 = 0.470R2=0.470; Adjusted R2=0.444R^2 = 0.444R2=0.444. *p < .05. **p < .01.

The results indicated that three variables significantly predicted the intention to share health information on SM. Facilitating conditions (FCs) had the highest contribution (β=.347β = .347β=.347, t=3.13t = 3.13t=3.13, p=.002p = .002p=.002), followed by effort expectancy (EE) (β=.284β = .284β=.284, t=3.09t = 3.09t=3.09, p=.003p = .003p=.003), and performance expectancy (PE) (β=.193β = .193β=.193, t=2.01t = 2.01t=2.01, p=.048p = .048p=.048). Social influence (SI) did not significantly predict the intention to share health information on SM (β=.054β = .054β=.054, t=0.55t = 0.55t=0.55, p=.581p = .581p=.581).

Further analysis was conducted using one-way ANOVA to examine the effect of age and experience on the intention to share health information on SM. The results are presented in Tables 9 and 10.

Table 9 One-way ANOVA Analysis for Age

Source	SS	df	Mean Square	F	p
Between Groups	1.57	3	0.524	0.527	0.665
Within Groups	81.51	82	0.994		
Total	83.08	85			

Note. There were no significant differences. The F value was greater than 0.05, indicating no effect of age on the intention to share health information.

Table 10 One-way ANOVA Analysis for Experience

Source	SS	df	Mean Square	F	p
Between Groups	4.313	3	1.438	1.497	0.222
Within Groups	78.768	82	0.961		
Total	83.081	85			

Note. There were no significant differences. The F value was greater than 0.05, indicating no effect of experience on the intention to share health information.

The regression analysis revealed that facilitating conditions, effort expectancy, and performance expectancy significantly predicted PTs' intentions to share health information on SM. Social influence did not have a significant impact. Additionally, one-way ANOVA results indicated that neither age nor experience had a significant effect on the intention to share health information on SM.

Discussion

Social media (SM) has revolutionized the way people disseminate information, knowledge, and experience, and health professionals are at the

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forefront of this digital transformation. Health professionals, including physical therapists (PTs), play a crucial role in the development of virtual social communities by sharing their expertise with the public through SM platforms. Despite the increasing use of SM in healthcare, there is a paucity of research examining the factors influencing PTs' intentions to share health information on these platforms. This study aimed to fill this gap by investigating the impact of performance expectancy (PE), effort expectancy (EE), social influence (SI), and facilitating conditions (FCs) on PTs' intentions to share health information on SM in Kuwait.

The results indicated a strong positive correlation between the independent variables (PE, EE, FCs, SI) and the dependent variable "intentions" to share health information on SM, with the regression model explaining 47% of the variance in intentions. However, not all hypotheses were supported. Specifically, SI did not significantly predict the intention to share health-related information. This finding suggests that while PTs recognize the prestige associated with using SM in their profession and the support of their supervisors, these factors do not necessarily motivate them to share information. This lack of effect might be due to the high level of intrinsic motivation and professional autonomy among PTs, who may prioritize their professional judgment over social pressures (Knight, 2012; Kaplan & Haenlein, 2010).

The most significant predictors of PTs' intention to share health information on SM were facilitating conditions, effort expectancy, and performance expectancy. Facilitating conditions had the highest contribution, indicating that PTs' sufficient knowledge and the compatibility of SM with their work practices were critical in their decision to share information. Effort expectancy

also played a significant role, reflecting the ease of use and flexibility of SM platforms in facilitating information sharing. Performance expectancy was another important predictor, highlighting the anticipated benefits in job productivity and performance from using SM to disseminate health information (Venkatesh et al., 2003).

Interestingly, the one-way ANOVA analysis revealed that demographic factors such as age and years of work experience did not significantly affect PTs' intentions to share health information on SM. This finding aligns with previous research suggesting that demographic variables often have less influence on technology acceptance and usage intentions compared to other factors such as perceived ease of use and perceived usefulness (Bennett et al., 2010).

The findings of this study are consistent with the Unified Theory of Acceptance and Use of Technology (UTAUT) model, which has been widely used to assess healthcare providers' technology adoption intentions. For example, a study conducted in Ethiopia using the UTAUT model to evaluate healthcare providers' intentions to use electronic medical record systems (EMRs) found that SI, FCs, EE, PE, and computer literacy significantly determined intentions (Ahmed et al., 2020). Similarly, other studies have highlighted the importance of facilitating conditions and effort expectancy in predicting healthcare professionals' technology adoption (Davis, 1989; Venkatesh et al., 2003).

Social media use among health professionals has been shown to engage patients and achieve better treatment outcomes by providing a platform for communication and education (Knight, 2012). However, the challenges and opportunities associated with social media use must be carefully managed to maximize benefits and mitigate risks (Kaplan & Haenlein, 2010; Canadian

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Physiotherapy Association, 2012). Health professionals' interest in using social media for healthcare purposes has been documented, with many seeing it as a valuable tool for patient interaction and information dissemination (Fisher & Clayton, 2012; Moorhead et al., 2013).

The study's results underscore the importance of FCs, EE, and PE in predicting PTs' intentions to share health information on SM. Facilitating conditions had the highest contribution, suggesting that PTs' sufficient knowledge and the compatibility of SM with their work practices are critical in their decision to share information. Effort expectancy reflects the ease of use and flexibility of SM platforms, while performance expectancy highlights the anticipated benefits in job productivity and performance from using SM to disseminate health information (Venkatesh et al., 2003; Knight, 2012). Conversely, the lack of impact of SI might be attributed to the professional autonomy and intrinsic motivation of PTs, who may prioritize their professional judgment over social pressures (Kaplan & Haenlein, 2010).

While this study opens the door for more research opportunities, it has limitations. The number of female participants was six times that of males, reflecting the scarcity of males working in physical therapy in Kuwait. Other limitations include the relatively small sample size and the exclusion of specific SM platforms like WhatsApp and Telegram. Additionally, this research does not

consider moderators and their potential influence on the variables. The perception of PTs regarding their knowledge is worth exploring, as credible information sharing can be beneficial, whereas poorly founded or outdated information can be harmful (Thackeray et al., 2013; Fisher & Clayton, 2012).

Future studies could address the financial benefits content creators receive through SM, as well as extend the model by incorporating other factors such as Trust, Attitudes, or Subjective Norms. This study focuses on PTs' intention to share health-related information on SM rather than their actual behavior, highlighting the need for further research in this area (Moorhead et al., 2013; Canadian Physiotherapy Association, 2012).

Conclusion

This study contributes to understanding the factors influencing PTs' intentions to share health information on SM. It confirms that facilitating conditions, effort expectancy, and performance expectancy significantly affect PTs' intentions, while social influence does not. This insight is crucial for developing strategies to encourage health professionals to engage with SM platforms effectively, thereby enhancing public health communication and education.

Disclosure of interest

The authors report no conflict of interest.

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