



## Investigating the Knowledge Management Model in the Primary Healthcare System of Tabriz in the Field of Suicide Prevention

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### Abstract

**Background.** Knowledge management seeks to convert individual and organizational information and assets into scientific knowledge and teamwork skills. Success in knowledge management requires creating a new work environment where knowledge and experience can be easily shared. The current study aimed to investigate the pattern of knowledge management in the primary healthcare system of Tabriz, Iran in the field of suicide prevention.

**Methods.** This study was a descriptive and cross-sectional research conducted in 2022. The study's statistical population included all healthcare providers involved in suicide prevention in the primary healthcare system of Tabriz city, Iran. To collect the data, a demographic questionnaire based on age, occupation, gender, education, work experience, and workplace was prepared and used along with the main scale of Lawson Knowledge Management Questionnaire. Measures of variability and mean were used to describe data. Independent T-test, chi-square and ANOVA were used to compare the groups. Data were analyzed using SPSS v.21.

**Results.** From the perspective of suicide care providers, the utilization of knowledge management in the primary healthcare system of Tabriz was about 46.5%. A statistically significant differences was found between men and women in this regard. A significant relationship was also observed among all aspects of knowledge management.

**Conclusion.** The application of knowledge and inclusion of knowledge management in suicide prevention program was below the average. There were differences between healthcare providers and education levels. To apply knowledge management in the primary healthcare system in the field of suicide prevention, it was recommended that knowledge management should be integrated with the mission, vision, strategic plans, and work processes of this system as an important principle.

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## Extended Abstract

### Background

Knowledge management seeks to convert individual and organizational information and assets into scientific knowledge and teamwork skills. Success in knowledge management requires creating a new work environment where knowledge and experience can be easily shared. The current study aimed to investigate the pattern of knowledge management in the primary healthcare system of Tabriz in the field of suicide prevention.

Suicide has always been a public health concern. Nearly 800,000 people die from suicide, and many more make suicide attempt per year. Developing a suicide prevention strategy requires attention to all levels of prevention and to its components and needs the cooperation of related organizations and institutions.

To develop knowledge management in the health system, it is necessary to address the challenges facing the healthcare system, including structural, systemic, and functional review. This study aimed to determine the knowledge management model in the primary healthcare system in the field of suicide prevention.

### Methods

This study was a descriptive and cross-sectional research conducted in 2022. The statistical population of this study included all healthcare providers involved in suicide prevention in the primary healthcare system of Tabriz city, Iran. The Lawson Knowledge Management Questionnaire and a demographic questionnaire based on age, occupation, gender, education, work experience and workplace were used to collect the data. The validity and reliability of this questionnaire had been confirmed in several studies. This questionnaire has 24 items, and includes six components which are: knowledge creation, knowledge acquisition, knowledge storage, knowledge organization, knowledge application, and knowledge dissemination. The obtained data were analyzed using SPSS 21 program. The sample size was estimated to be 270 people. Data were collected by electronic questionnaire and referral to health centers and health departments. Lawson's Knowledge Management Questionnaire is scored based on a Likert scale from "strongly disagree" to "strongly agree". Independent T-coefficient was used to compare the groups.

The validity and reliability of this questionnaire had also been investigated in Iran. Poursoltani Zarandi and Irji Naqander (2012) examined and verified the validity of this questionnaire using the corrective comments of management and planning professors of physical education.

Also, the reliability of the questionnaire using Cronbach's alpha is 0.90 for the whole scale, and it is 0.85 for the knowledge creation subscale, 0.72 for the knowledge absorption subscale, 0.82 for the knowledge storage subscale, and 0.76 for the knowledge organization subscale. Applying knowledge is 0.78 and 0.86 for knowledge diffusion subscales. The minimum score and maximum score in this scale are 24 and 120, respectively.

### Results

Out of 270 questionnaires distributed among the staff of health centers and health houses, 262 questionnaires were completed and a total of 97.03% of the questionnaires were completed by the participants.

According to the findings of this study, 9.9% (26 ones) of the respondents were male and 90.1% (236 ones) were female. As for the education level of the employees, 34.4% (90 ones) of the respondents had vocational doctorates and master's degrees, and 19.1% (50 ones) of them had high school diplomas.

As for the place of service, majority of the participants (138 ones, 52.7%) worked in health centers, and minority of them (33 ones, 12.6%) worked in the headquarters of the city health center.

The average age of participants in this study was  $40 \pm 8.42$  years, and the average work experience was  $9.1 \pm 14.7$  years.

As shown in Table 1 of the studied population, majority of participants (124 ones, 47.3%) were healthcare providers, and small number of them (21 people, 8%) were family physicians.

From the perspective of suicide care providers, according to our study results, the knowledge management status in the primary healthcare system of Tabriz was calculated about 46.5%.

This percentage was 52.5% among men and 45.9% among women. There was a significant relationship

between gender (men and women) and the overall level of knowledge management as well as the all aspects of knowledge management.

The relative average of knowledge storage in the present study was 48.2%. This index was 57.6% in men and 47.1% in women. Furthermore, the relative mean of knowledge acquisition in this study was 44.6%, which was 47.3% in men and 44.4% in women.

The percentage of appropriate knowledge management among physicians, psychologists, caregivers, and health workers were 35.1, 47.5, 44.2 and 45.5, respectively. There was a statistically significant relationship between psychologists and other healthcare providers in terms of knowledge storage and knowledge dissemination. Knowledge storage was 37.1% among family physicians, 56.2% among psychologists, 44.9% among healthcare providers, and 50.9% among health workers. The application of knowledge was 35.4% among family physicians, 53.8% among psychologists, 44.4% among healthcare providers, and 44.3% among health workers. The maximum score in knowledge storage field (57.6%) was achieved by men, and the maximum scores in dissemination of knowledge (47.2%) and knowledge storage (47.1%) were achieved by women.

## Conclusion

The application of knowledge and inclusion of knowledge management in suicide prevention program was below the average. There were differences between the level of knowledge management of healthcare providers and their level of education. In order to apply knowledge management in the primary healthcare system in the field of suicide prevention, it was recommended that knowledge management should be integrated with the mission, vision, strategic plans, and work processes of this system as an important principle.

Also, it was suggested that health care providers should be encouraged to use the web-based software designed in the Ministry of Health and Medical Education, which facilitates the processes of identifying, creating, maintaining, sharing, and applying knowledge. It was also recommended that documentation, sharing and using experiences, holding meetings and rounds for establishing informal communications and friendly consultations among the staff involved in suicide prevention in in-service programs, and monthly counseling sessions for health centers and departments throughout the province should be encouraged.