

Knowledge sharing, trust, and passion at work in healthcare organizations

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Abstract

This study investigated the intricate relationships between organizational trust, passion at work (PAW), and knowledge sharing within healthcare organizations, utilizing a sample of 170 healthcare professionals from diverse Israeli medical institutions. Grounded in organizational psychology and knowledge management theoretical frameworks, the research explored the complex mechanisms of knowledge transfer in medical teams where information exchange critically impacts patient outcomes. The findings revealed a robust positive correlation between trust and knowledge sharing, with a nuanced differentiation in passion types. Aligned with the dualistic passion model, harmonious passion demonstrated a significantly stronger connection to knowledge sharing compared to obsessive passion. Regression analysis revealed that trust, harmonious passion, and obsessive passion collectively explained 51.5% of the variance in knowledge sharing. Trust demonstrated the strongest unique contribution ($\beta = 0.631$), followed by harmonious passion ($\beta = 0.188$), while obsessive passion showed no independent effect when controlling for other predictors. The study's theoretical contributions extend beyond existing research by integrating emotional and social factors in understanding knowledge sharing behaviors, expanding the dualistic passion model into knowledge transfer domains. Practically, the research provides healthcare managers with evidence-based strategies for cultivating knowledge-sharing cultures, emphasizing the critical importance of building trust-based organizational environments and fostering conditions that promote harmonious passion in facilitating voluntary knowledge exchange.

Keywords: Knowledge sharing, trust, passion at work, healthcare organizations.

Introduction

Knowledge transfer represents a critical component of healthcare organizational dynamics that profoundly influences a healthcare organization's capacity to innovate, learn, and develop. This is particularly crucial in healthcare settings, where knowledge sharing directly impacts patient care quality and safety (Goh & Sandhu, 2013). Despite widespread recognition of knowledge sharing's importance in healthcare organizations, the psychological and organizational mechanisms driving this complex process remain only partially understood. This research examines the interconnections between two central factors: organizational trust and passion at work (PAW), while examining their impact on knowledge transfer in healthcare settings. The study draws on data from diverse Israeli healthcare organizations, including public hospitals, Health Maintenance

Organizations (HMOs), private clinics, and welfare services, recognizing that knowledge sharing dynamics operate across multiple organizational contexts within the healthcare sector.

Contemporary research literature emphasizes the complexity of knowledge transfer processes in healthcare organizations, influenced by a diverse array of psychological and organizational factors (Beretta & Beretta, 2021). This complexity is heightened in healthcare settings due to their hierarchical structure, multidisciplinary nature, and the critical importance of accurate knowledge sharing for patient outcomes (Currie & White, 2012). Previous studies have focused separately on trust or passion as variables impacting knowledge sharing in healthcare. However, this research examines the complex interaction between these constructs within the unique context of healthcare organizations. The proposed theoretical perspective seeks to bridge different conceptualizations of professional passion- from Vallerand and Houliort (2003)'s dualistic model to Zigarmi et al. (2011)'s concept of "passion at work" - while investigating their influence on knowledge transfer mechanisms in healthcare settings.

The theoretical framework of this research draws on key insights from healthcare knowledge management literature, highlighting trust as a central catalyst in knowledge transfer within medical organizations. Prior research by Levin et al. (2002) demonstrated that trust reduces psychological barriers associated with knowledge sharing in healthcare settings, creating a safe environment that encourages transparency and sharing among healthcare professionals. Concurrently, studies on PAW indicate that employees with harmonious passion tend to exhibit voluntary knowledge-sharing behaviors, with greater commitment to their organization (Shamir-Balderman & Shamir, 2025a, 2025b).

The significance of this research in healthcare organizations is particularly noteworthy given the high-stakes nature of medical knowledge sharing, where effective transfer of information can directly impact patient outcomes and safety protocols. By examining the interactions between these variables in healthcare settings, the study aims to provide in-depth insights into how medical work environments can encourage effective knowledge sharing. The emphasis is on understanding the psychological and organizational influences that shape healthcare professionals' willingness to share knowledge, while addressing the intricacies of these processes in medical settings.

The study is expected to contribute to the academic literature in healthcare knowledge management by expanding theoretical understanding of the factors influencing knowledge transfer in medical organizations, with a particular emphasis on trust and passion as central variables. Theoretically, this research integrates multiple frameworks: Social Exchange Theory (Blau, 1964; Cropanzano & Mitchell, 2005) to explain how trust facilitates knowledge sharing through reciprocal social exchanges; the Dualistic Model of Passion (Vallerand & Houliort, 2003) to differentiate between harmonious and obsessive forms of work engagement; and Self-Determination Theory (Deci & Ryan, 2000) to illuminate how organizational conditions shape passion development. By bridging these theoretical perspectives, the study provides a comprehensive framework for understanding the psychological and social mechanisms underlying knowledge transfer in high-stakes healthcare environments. The resulting insights may offer practical intervention strategies for healthcare managers seeking to promote a culture of knowledge sharing within their organizations, ultimately improving patient care quality and safety.

By exploring the nuanced interactions between trust, PAW, and knowledge transfer in healthcare organizations, this research addresses a critical gap in our understanding of organizational learning processes in medical settings. It recognizes that effective knowledge sharing in healthcare transcends mere technological infrastructure, instead highlighting the profound psychological and interpersonal dynamics that underpin meaningful organizational knowledge exchange in medical environments, where such exchange can literally be a matter of life and death. This study aims to answer the following research questions: How do different types of passion at work (harmonious vs. obsessive) and organizational trust relate to knowledge sharing behaviors among healthcare professionals? Additionally, what organizational factors predict the development of harmonious versus obsessive passion in healthcare settings? These insights are particularly relevant as healthcare organizations increasingly invest in knowledge management systems and digital platforms, which require not only technological infrastructure but also the human and organizational factors that motivate effective system utilization.

Literature review

Knowledge Sharing

Knowledge represents a critical organizational resource that forms the foundation for task-related information, facilitating collaboration in problem-solving, developing innovative ideas, and implementing policies and procedures (Kim et al., 2021; Phan & Nguyen, 2023). Organizational knowledge represents a unique form of knowledge ownership, encompassing an organization's distinctive practices, processes, documentation, and strategic approaches. Two knowledge transfer processes emerge within organizational contexts: formal and informal knowledge processes. Formal knowledge processes involve systematic planning and organizational information structuring to create shared, beneficial organizational knowledge. Informal knowledge processes, by contrast, represent spontaneous and voluntary knowledge collection and sharing mechanisms, such as corridor conversations or social media interactions that potentially drive organizational innovation (Hoe, 2006). Contemporary healthcare organizations increasingly rely on digital knowledge management systems to facilitate these processes, yet the effectiveness of such technological platforms ultimately depends on healthcare professionals' willingness to actively engage in knowledge sharing behaviors (Wu et al., 2021).

Knowledge management necessitates active knowledge sharing between individuals and groups, with managers serving as central actors possessing hierarchical advantages. These "key players" typically demonstrate higher occupational experience, expertise, and skills, enabling them to provide more relevant, work-related knowledge and technical capabilities for creative task execution (Kim et al., 2021).

Knowledge transfer within organizations is a complex process influenced by multifaceted enablers and barriers. Enablers of knowledge sharing include organizational trust, supportive leadership, transparent communication channels, and a culture that values collective learning, with managers playing a crucial role as "central actors" who, by virtue of their hierarchical position, can facilitate knowledge exchange through structured and informal interactions (Kim et al., 2021). Conversely, significant barriers to knowledge transfer emerge from various organizational and psychological dimensions. Hierarchical structures can impede information flow, creating communication silos

that prevent cross-departmental knowledge sharing, while psychological barriers such as fear of losing competitive advantage, anxiety about negative perception, and concerns about personal status significantly reduce employees' willingness to share knowledge (Lawler, 2001; Townley, 1993).

De Clercq and Pereira (2021) provided critical insights into the complex dynamics of knowledge sharing and passion for work. Their research demonstrates that employees' intrinsic passion for their work serves as a fundamental motivator for knowledge sharing, transcending mere organizational requirements. When employees experience genuine enthusiasm for their professional domain, they become more inclined to voluntarily share knowledge, thereby enhancing organizational learning and innovation potential.

The critical nature of knowledge sharing among healthcare professionals represents a paramount research imperative, directly addressing the complex interpersonal and organizational dynamics that underpin effective healthcare delivery. Drawing from theoretical frameworks in organizational psychology and knowledge management, this study explores the intricate mechanisms of knowledge transfer within medical teams, where information exchange can literally mean the difference between life and death (De Clercq & Pereira, 2021; Levin et al., 2002). Medical environments characteristically demand sophisticated knowledge sharing processes across multidisciplinary teams, involving rapidly evolving medical technologies, high-stakes decision-making, and constant integration of emerging clinical insights. Previous research has demonstrated that organizational trust and passion for work influence knowledge sharing behaviors (De Clercq & Pereira, 2021), suggesting that psychological and organizational factors transcend mere technological infrastructure in facilitating effective information exchange.

This proposed investigation seeks to unpack the nuanced mechanisms that enable or inhibit knowledge sharing among healthcare professionals, recognizing that interpersonal trust and organizational culture play pivotal roles in creating environments conducive to seamless information transfer, examining how healthcare professionals navigate the complex landscape of tacit and explicit knowledge sharing, this research aims to develop targeted interventions that can potentially reduce medical errors, optimize interdepartmental communication, and ultimately improve patient care outcomes. The theoretical significance lies in bridging organizational behavior literature with clinical practice, offering insights into how psychological factors mediate knowledge transfer in high-consequence professional environments. Research has consistently shown that trust serves as a key enabler of knowledge sharing in healthcare settings, with studies demonstrating that higher levels of organizational trust correlate with increased willingness to share critical clinical information (Kim & Lee, 2013).

Recent scholarship has significantly advanced understanding of knowledge sharing mechanisms in healthcare organizations. Borges do Nascimento et al. (2023) synthesized evidence from 108 systematic reviews, identifying infrastructure constraints, psychological barriers, and workload concerns as primary impediments to knowledge exchange among healthcare professionals, while training programs, organizational support, and perceived technology effectiveness emerged as critical facilitators. This extensive synthesis underscores that effective knowledge sharing transcends technological infrastructure, requiring attention to psychological and organizational dynamics.

Wu et al. (2021) specifically addressed the lack of understanding of how to facilitate knowledge sharing behaviors in healthcare organizations through synthesizing psychological ownership, self-determination theory, and psychological empowerment. Their findings from 343 healthcare professionals demonstrated that autonomous motivation, user empowerment, and organization-based psychological ownership significantly influenced both knowledge sharing intentions and behaviors. Notably, healthcare professionals with higher levels of autonomy inherently value knowledge sharing behaviors and engage more actively in knowledge exchange, suggesting that intrinsic task motivation rather than exchange-based motivation better explains proactive knowledge sharing in healthcare contexts.

The role of digital technologies in facilitating knowledge sharing has received increasing attention. Aggestam and Svensson (2025) examined knowledge sharing in healthcare through a Change Laboratory intervention study where healthcare professionals used a digital wound support application. Their findings emphasized that these collaborative sessions contributed to identifying new knowledge with potential for inclusion in the application, proving important for keeping it updated and relevant over time. The study also revealed that different types of knowledge were shared through the digital application itself (explicit knowledge) versus through collaborative sessions (which included tacit knowledge), underscoring the need for complementary organizational-level activities beyond the technology itself.

Despite these advances, gaps remain in understanding how emotional and motivational factors such as passion interact with trust to influence knowledge sharing in healthcare contexts, particularly during periods of organizational stress when knowledge sharing becomes most critical for maintaining quality care delivery.

Trust

Trust among managers represents a fundamental and critical factor for organizational success, directly influencing employee motivation, challenge navigation, and workplace perspectives. Employees who feel valued and perceive their opinions and impact as significant demonstrate greater commitment to their work (Ghimire, 2019). Trust is the most crucial element in relationships, and trust among managers is vital for recruiting employees, enhancing their commitment, and fostering collaboration between parties. It leads to behavior that is essential for building a relationship system that significantly impacts efficient organizational group functioning, whereby every organizational action benefits employee.

Managers who successfully construct trust-based relationships with employees can create positive work environments and sustain ongoing employee motivation. The quality of personal relationships- characterized by open communication and trust between employees and managers- are significant factors in creating a pleasant and beneficial organizational environment. When an employee connects with the manager's values, it provides genuine motivation and willingness to contribute more to the organization (Robbins & Judge, 2017).

Organizational trust can be conceptualized at multiple levels, including interpersonal trust between individuals and organizational trust climate- the shared perceptions among employees regarding the trustworthiness of their organizational environment (Mayer et al., 1995). In the current study, we focus on organizational trust climate, measuring healthcare professionals' perceptions of

whether their organizational culture encourages trust and creates an environment conducive to open knowledge exchange. This conceptualization aligns with our theoretical framework emphasizing trust as a general facilitator of knowledge sharing behaviors through the mechanisms of Social Exchange Theory (Cropanzano & Mitchell, 2005).

Trust can be conceptualized as the ability to rely on an individual's actions and commitments while maintaining integrity, founded on feelings of loyalty, respect, and stability, and potentially embedded in personal, professional, or social relationships (Legood et al., 2023). Improving employee trust and involvement can positively influence their behavior and promote company performance, enabling employees to become more committed, creative, and contributive to team dynamics (Brown et al., 2015).

The relationship between trust and knowledge sharing in organizations can be understood through the lens of Social Exchange Theory (SET) (Blau, 1964; Cropanzano & Mitchell, 2005). SET posits that social behavior results from an exchange process where individuals seek to maximize benefits and minimize costs in their relationships. Unlike economic exchanges, social exchanges are characterized by unspecified obligations and trust that the other party will reciprocate in the future (Blau, 1964). In healthcare settings, knowledge sharing represents a form of social exchange where healthcare professionals contribute valuable information and expertise with the expectation of reciprocal benefits- whether in the form of enhanced collaborative relationships, professional development opportunities, or improved patient care outcomes (Cabrera & Cabrera, 2002). Trust serves as the foundational element that enables these social exchanges to occur, as it reduces the perceived risk associated with sharing proprietary knowledge and creates expectations of fair treatment and reciprocity (Cropanzano & Mitchell, 2005). When healthcare professionals perceive high levels of organizational trust, they are more likely to engage in knowledge-sharing behaviors because they believe their contributions will be valued and reciprocated rather than exploited (Kankanhalli et al., 2005). This theoretical framework helps explain why trust consistently emerges as a critical predictor of knowledge sharing in organizational contexts, particularly in high-stakes healthcare environments where knowledge sharing directly impacts patient outcomes. Recent empirical research further demonstrates the interconnections between trust and passion through the lens of Social Exchange Theory. Islam et al. (2024) found that trust in leadership served as a critical mechanism linking ethical leadership to harmonious work passion, suggesting that trust operates not only as a direct facilitator of knowledge sharing but also as a developmental factor for the type of passion that subsequently promotes voluntary knowledge exchange. This finding supports our theoretical positioning that trust and harmonious passion work in concert to create organizational conditions conducive to knowledge sharing.

The intricate relationship between organizational trust and knowledge sharing represents a critical dimension of organizational effectiveness. Levin et al. (2002) demonstrate that trust serves as a fundamental catalyst for knowledge transfer within organizational contexts. Their seminal research reveals that interpersonal trust significantly reduces the perceived risks associated with knowledge sharing, thereby enabling more open and substantive information exchange. When employees experience high levels of trust, they become more willing to voluntarily share tacit and explicit knowledge, transcending formal communication channels and organizational hierarchies. This trust-mediated knowledge sharing mechanism enhances organizational learning, innovation potential, and collective intellectual capital. By creating psychological safety, trust eliminates

barriers to knowledge transmission, encouraging employees to contribute insights, discuss challenges, and collaborate more transparently (Levin et al., 2002). While trust clearly plays a vital role in facilitating knowledge sharing within healthcare organizations (Shamir-Balderman, 2021), other psychological factors may also contribute to this complex process. One such unexplored factor in this context is PAW, which may serve as an additional psychological mechanism influencing employees' willingness to share knowledge.

Building Trustworthiness

Beyond examining trust as an outcome or predictor, healthcare organizations increasingly recognize the importance of actively building trustworthiness through systematic approaches. The Association of American Medical Colleges' Center for Health Justice developed a comprehensive framework identifying key principles for establishing organizational trustworthiness in healthcare settings (AAMC, 2024). These principles emphasize that trust-building requires intentional collaboration, transparent communication, and consistent demonstration of reliability and competence. Trustworthiness in healthcare organizations operates at multiple levels: individual clinician-patient relationships, interprofessional team dynamics, and institutional-community interactions. For knowledge sharing specifically, organizational trustworthiness creates an environment where healthcare professionals feel safe contributing information without fear of negative consequences, credit appropriation, or competitive disadvantage (Levin et al., 2002). This proactive approach to trust-building connects directly to knowledge management strategies. Rather than viewing trust as a static characteristic, healthcare organizations can implement concrete practices- such as structured collaborative sessions, recognition systems for knowledge contributors, and leadership modeling of transparency- to systematically enhance trustworthiness and thereby facilitate knowledge sharing (Aggestam & Svensson, 2025).

Passion at Work (PAW)

The dualistic model of passion (Vallerand & Houlfort, 2003) distinguishes between two types of passion based on how an activity is internalized into one's identity. Harmonious passion develops when an activity is freely accepted and autonomously internalized, leading to voluntary engagement and flexible persistence in the activity. In contrast, obsessive passion emerges when the internalization process is controlled by internal or external contingencies, resulting in rigid persistence and compulsive engagement. Meta-analytic evidence has supported this distinction, demonstrating different patterns of relationships with psychological outcomes across these two types of passion (Curran et al., 2015; Fisher, 2010).

Self-Determination Theory (SDT) provides a complementary theoretical lens for understanding how different types of passion develop and influence knowledge sharing behaviors (Deci & Ryan, 2000; Ryan & Deci, 2017). SDT distinguishes between autonomous and controlled forms of motivation based on the degree to which behaviors are self-determined. Autonomous motivation arises when individuals engage in activities that align with their authentic interests and values, while controlled motivation stems from external pressures or internal compulsions. The distinction between harmonious and obsessive passion maps onto SDT's differentiation between autonomous and controlled motivation (Forest et al., 2011). Harmonious passion develops through autonomous internalization- when individuals freely choose to engage in an activity and integrate it into their identity in a flexible manner. In contrast, obsessive passion emerges through controlled

internalization, where engagement is driven by internal or external contingencies that create a sense of compulsion (Vallerand & Houliort, 2003). SDT's framework of basic psychological needs- autonomy, competence, and relatedness-helps explain the mechanisms through which organizational factors influence passion development (Deci & Ryan, 2000). Healthcare organizations that support employee autonomy, provide opportunities for skill development, and foster interpersonal connections are more likely to cultivate harmonious passion among their staff. Conversely, environments characterized by excessive control, performance pressure, or conditional regard may inadvertently promote obsessive forms of passion (Forest et al., 2011). This theoretical foundation is particularly relevant for understanding knowledge sharing in healthcare contexts. When healthcare professionals experience autonomous motivation and harmonious passion, they are more likely to share knowledge voluntarily and flexibly, viewing such behaviors as aligned with their professional identity and values. In contrast, controlled motivation and obsessive passion may lead to more rigid knowledge-sharing patterns driven by compliance rather than genuine engagement (Gagné & Deci, 2005).

In healthcare research examining dynamics among healthcare employees, employee engagement has emerged as a construct often linked to passion and motivation (Schaufeli et al., 2002). Engagement reflects emotional investment and commitment to one's work, sharing conceptual similarities with passion while maintaining distinct characteristics (Christian et al., 2011). Work engagement is typically defined as "a positive, fulfilling, work-related state of mind characterized by vigor, dedication, and absorption" (Schaufeli et al., 2002, p. 74). While both engagement and harmonious passion involve positive emotional experiences and voluntary investment in work, passion incorporates the activity into one's identity in a way that engagement does not necessarily require (Vallerand, 2015). Healthcare professionals may be highly engaged in their work while viewing it as separate from their core identity, whereas those with harmonious passion integrate their healthcare role into their self-concept. Recent research has explored the intersection of trust and engagement in healthcare settings. A qualitative study examining relationships between clinicians and healthcare leaders at academic medical centers found that trust serves as a foundation for meaningful engagement, with collaboration playing a crucial role in fostering constructive partnerships (Keller et al., 2025). This finding aligns with the theoretical proposition that trust enables the psychological safety necessary for authentic engagement and, by extension, harmonious passion development. The distinction between engagement and passion becomes particularly relevant in healthcare contexts characterized by high stress and demanding work conditions. Recent research in nursing leadership further illuminates the relationship between passion and work engagement during organizational turbulence. O'Rourke (2021) examined how role clarity moderates the relationship between passion and engagement among nurse leaders during the COVID-19 pandemic, finding that clear role expectations strengthened the positive effects of harmonious passion on sustained engagement. This finding suggests that organizational clarity may be particularly important for translating passion into consistent knowledge-sharing behaviors during crisis periods. While engagement may fluctuate based on situational factors, harmonious passion- being identity-integrated- demonstrates greater stability and resilience during challenging periods (Vallerand, 2015). This stability may explain why harmonious passion shows particularly strong associations with sustained knowledge-sharing behaviors even during organizational stress.

While Vallerand and Houliort (2003)'s dualistic model of passion has dominated the field, alternative conceptualizations have emerged, particularly in organizational contexts. A meta-analytical review of passion research (Curran et al., 2015) has demonstrated the model's robust empirical foundation across various life domains. Zigarmi et al. (2011) introduced the concept of "passion at work" as a distinct construct, defined as an individual's persistent, emotionally positive, meaning-based state of well-being stemming from recurring cognitive and affective appraisals of various job and organizational situations. This conceptualization differs from Vallerand and Houliort (2003)'s model by emphasizing the role of cognitive appraisal processes and situational factors in the workplace, rather than focusing primarily on identity internalization. Perrewé et al. (2014) further expanded this understanding by highlighting the dynamic nature of PAW and its development over time.

Research has shown that PAW develops through employees' appraisals of their work environment across multiple dimensions (Zigarmi et al., 2011). The PAW model identifies eight key work cognitions that influence passion development: meaningful work, autonomy, collaboration, fairness, recognition, career growth, connectedness to colleagues, and connectedness to the leader. Organizations with high levels of procedural justice and transformational leadership tend to foster stronger PAW among employees (Zigarmi et al., 2011). These findings align with research showing the importance of autonomy support in passion development (Vallerand & Houliort, 2003), where autonomy-supportive environments predicted harmonious passion development while controlling environments were associated with obsessive passion development (Forest et al., 2011).

While both conceptualizations offer valuable insights into passion in organizational contexts, the current study employs Vallerand and Houliort (2003)'s dualistic model to examine how harmonious and obsessive passion differentially relate to knowledge sharing in healthcare settings. This choice is based on the model's robust empirical foundation (Curran et al., 2015) and its explicit differentiation between adaptive and maladaptive forms of passion, which is particularly relevant for understanding knowledge sharing behaviors in high-stakes healthcare environments.

Summary and Research Hypotheses Development

By exploring the nuanced interactions between trust, passion, and knowledge transfer, this research addresses a critical gap in our understanding of organizational learning processes. It recognizes that effective knowledge sharing transcends mere technological infrastructure, instead highlighting the profound psychological and interpersonal dynamics that underpin meaningful organizational knowledge exchange. Hence, the present study examined the relationships of knowledge sharing, trust, and PAW.

The theoretical foundations established in this literature review led to several key research hypotheses. First, the dualistic model of passion (Vallerand & Houliort, 2003) suggests that both harmonious and obsessive passion lead to sustained engagement in activities, albeit through different mechanisms. Harmonious passion develops through autonomous internalization, leading individuals to engage voluntarily in behaviors aligned with their professional domain, while obsessive passion involves controlled internalization and may be associated with more rigid engagement patterns. In organizational contexts, De Clercq and Pereira (2021) demonstrated that

employees with high levels of intrinsic passion for their work show a greater propensity for voluntary knowledge sharing behaviors. This theoretical foundation suggests that both types of passion may drive increased knowledge sharing, though harmonious passion is expected to show a stronger relationship due to its more flexible and autonomous nature (Forest et al., 2011). Second, trust's relationship with knowledge sharing emerges from fundamental organizational behavior principles. Levin et al. (2002) established that trust serves as a critical catalyst for knowledge transfer by reducing perceived risks and creating psychological safety. In healthcare settings specifically, trust has been shown to break down hierarchical barriers and facilitate more open information exchange. Third, while correlations reveal associations between individual predictors and knowledge sharing, regression analysis identifies which predictors maintain their influence when controlling for other variables. Given trust's foundational role in creating psychological safety for knowledge exchange (Levin et al., 2002) and its pervasive influence across organizational dynamics, trust is expected to demonstrate the strongest unique contribution. Harmonious passion, through its voluntary and flexible nature, should also contribute uniquely beyond trust's effect. Obsessive passion, however, may show limited or no unique contribution once trust and harmonious passion are accounted for, as its more rigid engagement pattern may overlap with or be superseded by these other factors. Based on these theoretical foundations, the following hypotheses are proposed:

- H1a:** *A positive relationship exists between harmonious passion and knowledge sharing. As levels of harmonious passion increase, knowledge sharing behaviors will similarly increase.*
- H1b:** *A positive relationship exists between obsessive passion and knowledge sharing. As levels of obsessive passion increase, knowledge sharing behaviors will increase, though this relationship is expected to be weaker than that of harmonious passion.*
- H2:** *A positive relationship exists between organizational trust and knowledge sharing. As trust levels increase, knowledge sharing behaviors will similarly increase, reflecting trust's role in reducing perceived risks associated with information exchange.*
- H3:** *Trust, harmonious passion, and obsessive passion will demonstrate significant unique contributions to predicting knowledge sharing, with trust exhibiting the strongest standardized regression coefficient (β), followed by harmonious passion. Obsessive passion is expected to show a weaker or non-significant unique contribution.*

Figure 1 presents the conceptual model guiding this research. The model depicts both the bivariate relationships examined through Pearson correlations (H1a, H1b, H2) and the multivariate relationships examined through multiple regression analysis (H3). While H1a, H1b, and H2 hypothesize that harmonious passion, obsessive passion, and trust each relate positively to knowledge sharing, H3 examines which predictors are expected to maintain unique contributions when controlling for others. Based on theoretical foundations, trust is anticipated to demonstrate the strongest unique effect, followed by harmonious passion, with obsessive passion expected to show limited or no independent contribution.

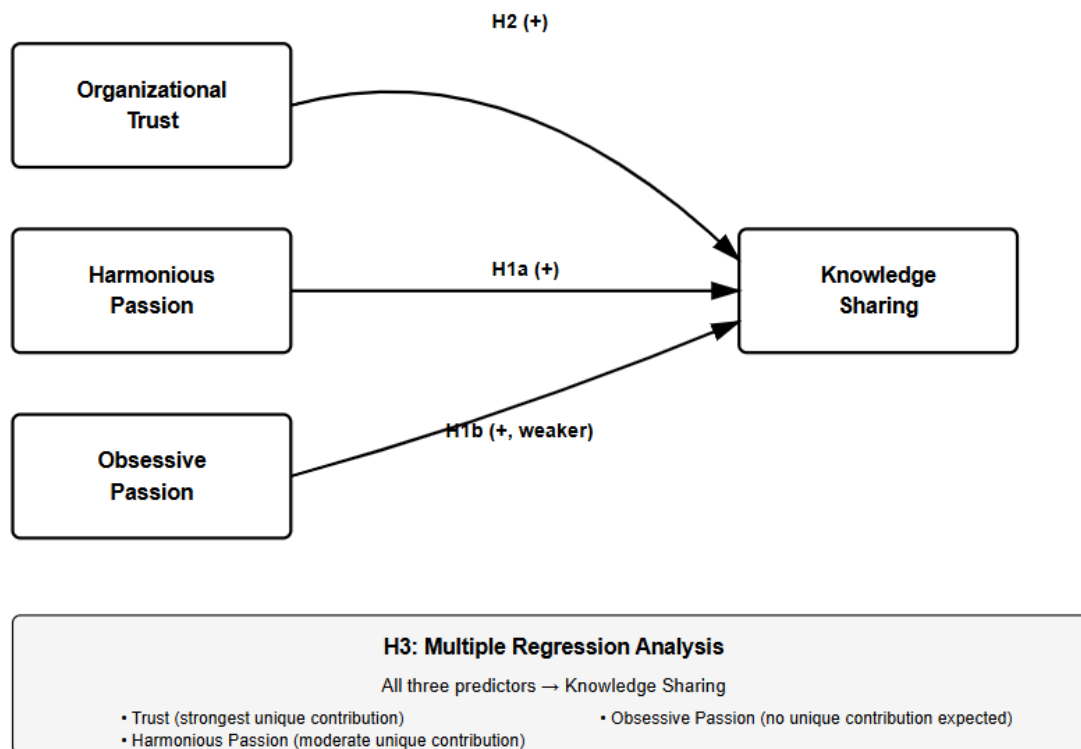


Figure 1. Conceptual Model of Trust, Passion Types, and Knowledge Sharing

Method

Research Design

This study employed a cross-sectional, correlational, quantitative design using survey methodology. The cross-sectional approach allowed us to examine relationships between trust, passion at work, and knowledge sharing at a single point in time among healthcare professionals. While this design limits causal inference, it is appropriate for exploratory theory testing and initial validation of proposed relationships in the Israeli healthcare context (Creswell & Creswell, 2018).

This study was conducted in Israel during 2021-2023, a period characterized by significant societal and healthcare system stress, encompassing both the COVID-19 pandemic recovery phase and escalating security tensions. The Israeli healthcare system operates under a universal coverage model delivered through four competing Health Maintenance Organizations (HMOs), alongside public hospitals and private clinics, creating a unique mixed model of healthcare delivery. Several contextual factors are relevant to interpreting our findings. First, Israeli healthcare professionals operate within a highly collaborative culture necessitated by frequent mass-casualty events and ongoing public health challenges, potentially amplifying the importance of trust-based knowledge sharing. Second, the small geographic scale and interconnectedness of Israeli medical institutions facilitate both formal and informal knowledge networks. Third, data collection during a period of heightened organizational stress may have influenced knowledge sharing patterns, as prior research suggests stress can both inhibit knowledge sharing due to resource constraints and

enhance it through increased interdependence. These contextual characteristics inform our interpretation and suggest potential boundary conditions for generalizability, particularly to healthcare systems operating under different structural arrangements or stress conditions.

The study focused on a population of 170 healthcare professionals, recruited through convenience sampling from across the country. Participants represented a diverse age range from 20 to 77 years, with a mean age of 42.67 years ($SD = 11.55$). The sample demographic showed a predominance of women (approximately three-quarters), with the majority engaged in stable partnership relationships (living with a partner or married).

From a professional perspective, participants were distributed across various healthcare institutions: nearly half worked in public healthcare facilities (45%), about a fifth in health maintenance organizations, and around a tenth in welfare services. The remaining participants were spread across private clinics and hospitals. In terms of professional roles, over half (52%) were nurses, approximately a tenth were physicians, roughly an eighth were managers, and the rest comprised social workers and psychologists. The average professional tenure stood at 15.72 years ($SD = 11.88$), with participants having an average organizational tenure of 3.42 years ($SD = 1.73$) in their current workplace.

Sampling Strategy and Justification

This study utilized convenience sampling combined with snowball recruitment, which is appropriate for exploratory research in hard-to-reach professional populations (Naderifar et al., 2017). Healthcare professionals often have limited time to participate in research due to demanding work schedules, making convenience sampling a pragmatic approach for initial theory testing. Several factors support the appropriateness of this sampling strategy for the current research objectives: First, as this study represents one of the first examinations of the interplay between trust, passion types, and knowledge sharing specifically in Israeli healthcare settings, convenience sampling is appropriate for initial hypothesis generation and relationship exploration (Etikan et al., 2016). Second, despite convenience recruitment, the sample achieved considerable diversity across multiple dimensions: geographic distribution (nationwide recruitment), institutional types (public hospitals, HMOs, private clinics, welfare services), professional roles (nurses, physicians, managers, social workers, psychologists), and career stages (ranging from early career to highly experienced professionals). Third, with $n=170$ participants and three primary predictor variables in our regression analyses, the sample size exceeds conventional rules of thumb (minimum 15 participants per predictor) and provides sufficient power (>0.80) to detect medium effect sizes ($f^2 = 0.15$) at $\alpha = 0.05$ (Cohen, 1988; Tabachnick & Fidell, 2013). Fourth, while not probabilistic, the sample's professional composition (52% nurses, ~10% physicians, 12.5% managers, remainder social workers and psychologists) roughly approximates the broader distribution of healthcare workforce roles in Israeli medical institutions, where nursing professionals constitute the largest occupational group. The expansion of digital health services and telemedicine in Israel (Israel Ministry of Health, 2019; Wacks & Weinstein, 2021) has increased the relevance of studying knowledge-sharing behaviors across diverse healthcare settings and modalities.

Measurement

Passion at Work- The measurement of PAW was based on the Vallerand and Houliort (2003) scale, with a reliability coefficient of 0.70 to 0.85. The scale consists of two measures of seven items each: harmonious passion (for example, one of the items “My job allows me to have a variety of experiences”) and obsessive passion (for example, “I am emotionally dependent on my”). Respondents rated their answers on a 7-point Likert scale (1-strongly disagree; 7-strongly agree). The reliability for the harmonious passion variable is $\alpha=0.74$ and for the obsessive passion variable $\alpha=0.87$

Trust - (Trust culture survey- Mayer et al., 1995). The questionnaire was translated into Hebrew by the researchers for this study, and two other raters translated it back into English. The questionnaire consists of 10 statements on a 7-point Likert scale (1- strongly disagree; 7- strongly agree). (For example: “The organizational climate (organizational culture) encourages employees to trust each other”). In the present study, Cronbach’s alpha was $\alpha=0.84$

Knowledge and information transfer (knowledge sharing) - The knowledge transfer survey (Rhodes et al., 2008). The questionnaire was translated into Hebrew by the researchers for this study, and two other evaluators translated it back into English. The scale includes 10 items. Physicians were asked to rate their answers on a 7-point Likert scale from 1 (*do not agree at all*) to 7 (*completely agree*). (For example: “Employees are willing to share their experience and knowledge”). The reliability obtained for this variable is $\alpha=0.86$

Personal details questionnaire – Included variables such as gender, age, marital status, type of organization in which the teams work, role (doctor, nurse, etc.), and education.

Research Procedure

Data collection was conducted using the snowball method. The researchers first approached colleagues and acquaintances in their close social environment, asking them to complete the questionnaire. The online questionnaire was distributed to other health professionals. The questionnaire was also distributed through the researchers' WhatsApp groups and Facebook posts. The questionnaire included an informed consent section at the beginning, where participants confirmed their agreement to participate in the study and their right to withdraw at any time (“I express my informed consent to participate in the study and am aware of my right to leave at any time without explanation.”). The study received approval from the ethics committee of the academic institution (approval number 2021-20). Due to the snowball distribution method through social media platforms and professional networks, calculating a precise response rate was not feasible, as the total number of individuals who received the questionnaire invitation could not be accurately determined.

Data Analysis

Data were analyzed using SPSS Version 28.0. Our analytical approach employed a sequential strategy aligned with our research hypotheses. First, we calculated Pearson product-moment correlations to examine bivariate relationships between study variables (H1 and H2). Second, to test H3 and examine the unique contributions of predictors to passion types, we conducted hierarchical multiple regression analyses with harmonious passion and obsessive passion as dependent variables.

Prior to conducting regression analyses, we verified key assumptions for both models. Multicollinearity diagnostics indicated no problematic collinearity, with VIF values ranging from 1.19 to 1.37 across both models (all below the threshold of three) and Tolerance values ranging from 0.73 to 0.84. Independence of observations was confirmed via Durbin-Watson statistics (1.78 for harmonious passion; 1.99 for obsessive passion), both falling within the acceptable range of 1.5–2.5. Homoscedasticity was evaluated through visual inspection of standardized residual plots against predicted values for both dependent variables, which showed random scatter with no systematic patterns, confirming constant variance of residuals. Normality of residuals was assessed through histogram and Normal P-P Plot examination for both models. Histograms of standardized residuals approximated normal distributions (SD = 0.99 for both models), and Normal P-P Plots showed residuals closely following the diagonal reference line. Outlier analysis using standardized residuals revealed values ranging from -2.79 to 2.53 for harmonious passion and -2.35 to 2.12 for obsessive passion, all within the acceptable range of ± 3 . All assumptions were adequately met for both regression models.

The regression model did not include demographic variables (age, gender, professional role, tenure) as control variables. This approach was appropriate for initial theory testing in exploratory research, where the focus is on examining substantive theoretical predictors rather than controlling demographic effects (Becker, 2005). Alpha was set at 0.05 for all analyses.

Findings

Our analytical approach employed a sequential strategy aligned with our research hypotheses. First, we calculated Pearson product-moment correlations to examine bivariate relationships between study variables (H1 and H2). Pearson correlations were deemed appropriate given the continuous measurement scales for all constructs, approximately normal distributions of variables, and linear relationships observed in preliminary scatterplot inspections. Second, to test H3 and examine the unique contributions of predictors to passion types, we conducted hierarchical multiple regression analyses. Regression was selected to identify which predictors uniquely explained variance in harmonious and obsessive passion while controlling for other variables. Prior to regression, we verified key assumptions: Multicollinearity was assessed using Variance Inflation Factors (VIF), with all values ranging from 1.19 to 1.37, well below the threshold of three, indicating no problematic collinearity among predictors. Homoscedasticity was confirmed through visual inspection of residual plots and Breusch-Pagan tests. Independence of observations was verified via Durbin-Watson statistic (2.057), indicating no autocorrelation concerns., indicating no autocorrelation concerns. Normality of residuals was confirmed through Q-Q plots and Kolmogorov-Smirnov tests. All analyses were conducted using SPSS Version 28.0 with alpha set at 0.05. Effect sizes are reported alongside significance tests to provide practical interpretation of findings.

In general, the medical staff reported a medium-high harmonious passion ($M=5.12$, $SD=0.92$) and relatively low obsessive passion ($M=3.70$, $SD=1.36$). Regarding trust and knowledge sharing, the medical staff reported a medium-high level of trust ($M=4.91$, $SD=1.32$), as well as a medium-high level of knowledge sharing ($M=5.14$, $SD=1.02$). (See Table 1).

Testing Research Hypotheses

To examine the bivariate relationships between study variables, Pearson correlations were calculated. As hypothesized in H1a, a positive relationship was found between harmonious passion and knowledge sharing ($r = 0.434$, $p < 0.01$). H1b was also supported, with obsessive passion showing a significant but weaker positive correlation with knowledge sharing ($r = 0.168$, $p < 0.01$). H2 was strongly supported, demonstrating a robust positive relationship between trust and knowledge sharing ($r = 0.700$, $p < 0.01$) (see Table 1).

Table 1. Means, Standard Deviations, and Correlations of Research Variables (n=170)

	M	SD	Harmonious Passion	Obsessive Passion	Trust	Knowledge Sharing
Harmonious Passion	5.12	0.92	1			
Obsessive Passion	3.70	1.36	0.395**	1		
Trust	4.91	1.32	0.417**	0.222**	1	
Knowledge Sharing	5.14	1.02	0.434**	0.168**	0.700**	1

To examine the unique contributions of trust and passion types to knowledge sharing, multiple regression analysis was conducted with knowledge sharing as the dependent variable. The overall model was statistically significant, $F(3, 166) = 58.860$, $p < 0.001$, accounting for 51.5% of the variance in knowledge sharing ($R^2 = 0.515$, Adjusted $R^2 = 0.507$).

As presented in Table 2, trust demonstrated the strongest unique contribution ($\beta = 0.631$, $p < 0.001$), followed by harmonious passion ($\beta = 0.188$, $p = 0.003$). Obsessive passion did not contribute significantly ($\beta = -0.046$, $p = 0.432$). These findings provide full support for H3, confirming that trust exhibits the strongest standardized regression coefficient among predictors, with harmonious passion maintaining significant influence beyond trust's effect, while obsessive passion shows no independent contribution when controlling for the other variables.

Table 2. Hierarchical Multiple Regression Analysis: Trust and Passion Types Predicting Knowledge Sharing (n=170)

Variable	B	SE B	β	t	p
(Constant)	1.787	0.326	—	5.489	<0.001
Trust	0.491	0.046	0.631	10.592	<0.001
Harmonious Passion	0.210	0.070	0.188	2.979	0.003
Obsessive Passion	-0.035	0.045	-0.046	-0.788	0.432

Note. $R = 0.718$, $R^2 = 0.515$, Adjusted $R^2 = 0.507$, $F(3, 166) = 58.860$, $p < 0.001$.

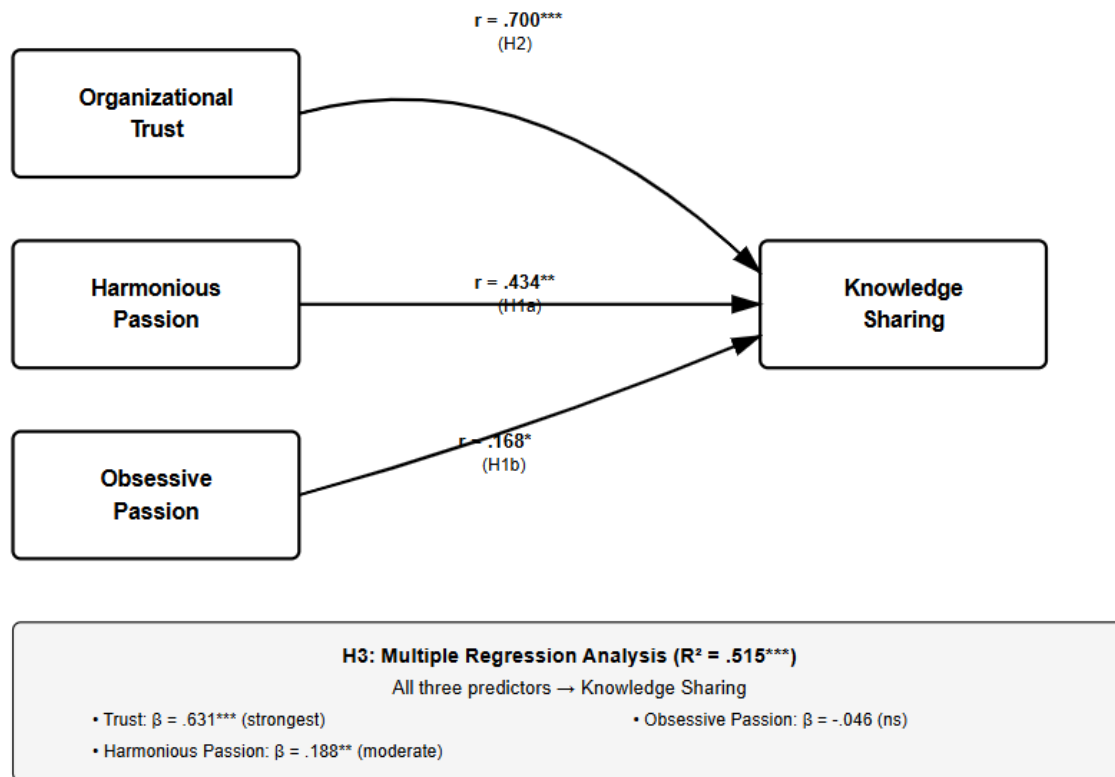


Figure 2. Study Results: Bivariate Correlations and Regression Coefficients

Figure 2 presents the empirical findings of the study. The figure displays the bivariate correlation coefficients for H1a, H1b, and H2, as well as the standardized regression coefficients (β) from the multiple regression analysis testing H3. As shown, all hypotheses examining bivariate relationships were supported: harmonious passion ($r = .434$, $p < 0.01$), obsessive passion ($r = 0.168$, $p < 0.01$), and trust ($r = 0.700$, $p < 0.01$) each correlated significantly with knowledge sharing. The regression analysis ($R^2 = 0.515$, $p < 0.001$) revealed that trust ($\beta = 0.631$, $p < 0.001$) and harmonious passion ($\beta = 0.188$, $p = 0.003$) maintained significant unique contributions, while obsessive passion ($\beta = -0.046$, ns) showed no independent effect when controlling for the other predictors.

Discussion

The current research sought to examine the relationships between trust, passion at work (both harmonious and obsessive), and knowledge sharing in healthcare organizations. The findings revealed significant associations between these variables, offering important insights into the dynamics of knowledge sharing in healthcare settings. Healthcare professionals demonstrated a predisposition towards harmonious rather than obsessive passion, suggesting a generally healthy relationship with their work. This finding aligns with Vallerand and Houlfort (2003)'s dualistic

model of passion, which posits that harmonious passion develops when an activity is freely accepted and autonomously internalized into one's identity.

A systematic examination of the research hypotheses reveals several important findings. The first hypothesis, which predicted a positive relationship between both types of PAW (harmonious and obsessive) and knowledge sharing, was partially supported. While both types of passion showed positive correlations with knowledge sharing, the relationship patterns differed notably. Harmonious passion demonstrated a stronger positive association with knowledge sharing, aligning with De Clercq and Pereira (2021) findings that intrinsic PAW serves as a fundamental motivator for knowledge sharing. However, obsessive passion showed a weaker, albeit still significant, relationship with knowledge sharing. This differential pattern suggests that the quality of passion, not just its presence, matters for knowledge sharing behaviors in healthcare settings.

The second hypothesis, which posited a positive relationship between trust and knowledge sharing, was strongly supported. The robust positive correlation between trust and knowledge sharing validates and extends Levin et al. (2002) theoretical framework, demonstrating that trust indeed serves as a critical catalyst for knowledge transfer in healthcare organizations. This finding is particularly meaningful in the healthcare context, where effective knowledge sharing can directly impact patient care outcomes. The results suggest that when healthcare professionals experience high levels of trust in their organizational environment, they become more willing to share both tacit and explicit knowledge, transcending formal communication channels and organizational hierarchies.

The third hypothesis examined the unique contributions of trust and both passion types in predicting knowledge sharing through multiple regression analysis. H3 was fully supported. Trust demonstrated the strongest unique contribution ($\beta = 0.631$), followed by harmonious passion ($\beta = 0.188$), while obsessive passion showed no independent contribution when controlling for other predictors. These findings extend our understanding in several important ways. First, they demonstrate that trust's role in facilitating knowledge sharing (Levin et al., 2002) operates as the primary mechanism, explaining the largest portion of unique variance. Second, harmonious passion contributes additional explanatory power beyond trust, suggesting that voluntary, identity-integrated engagement provides independent motivational force for knowledge sharing. Third, the non-significant contribution of obsessive passion in the multivariate model indicates that its bivariate association with knowledge sharing is accounted for by trust and harmonious passion, consistent with theoretical expectations that rigid forms of passion may be less conducive to voluntary knowledge exchange in the presence of other motivational factors.

Practical and Theoretical Contributions

These findings have significant implications for organizational outcomes in healthcare settings. The stronger relationship found between harmonious passion and knowledge sharing aligns with broader research on PAW outcomes. As demonstrated by Forest et al. (2011), harmonious passion typically associates with positive outcomes such as higher job satisfaction and better psychological adjustment, while obsessive passion often relates to negative outcomes like burnout and work-life conflict. Our findings extend this understanding to knowledge sharing behaviors specifically, suggesting that the type of passion (harmonious vs. obsessive) healthcare professionals experience **is associated with** their willingness to share knowledge. This is particularly relevant given Zigarmi

et al. (2011)'s research showing that PAW predicts organizational citizenship behaviors, retention, and job performance.

The theoretical implications of our findings contribute to the ongoing dialogue about conceptualizing passion in organizational contexts. Our results support Perrewé et al. (2014) argument for integrating various theoretical perspectives to understand passion at work's complexity. While our study drew from both Vallerand and Houlfort (2003)'s internalization process framework and Zigarmi et al. (2011)'s cognitive appraisal patterns, the findings suggest these approaches capture complementary aspects of how passion influences knowledge sharing. The meta-analytic evidence from Curran et al. (2015) corroborates our findings, particularly regarding the **differential relationships** of harmonious and obsessive passion for organizational outcomes.

In the healthcare context, these findings have particular resonance. The relationship between trust, passion, and knowledge sharing suggests that healthcare organizations must consider both structural and emotional factors in promoting effective knowledge exchange. This aligns with recent theoretical developments suggesting that successful knowledge management requires attention to both organizational systems and individual psychological factors.

However, we must emphasize that while our correlational findings provide empirical support for relationships between trust, passion types, and knowledge sharing, some of the theoretical and practical implications we propose—particularly regarding organizational interventions and knowledge management (KM) system design—represent theoretically informed propositions that require further empirical validation through experimental or longitudinal research designs. These propositions, while grounded in our findings, should be viewed as hypotheses for future investigation rather than established causal mechanisms.

It is important to note that our findings primarily reflect the perspectives and experiences of nursing professionals, who comprised the majority (52%) of our sample. While this distribution approximates the healthcare workforce composition in Israeli medical institutions, future research should examine whether these relationships hold similarly across different professional groups, particularly among physicians who may experience distinct knowledge-sharing dynamics due to different hierarchical positions and decision-making authority.

Implications for Knowledge Management Systems in Healthcare

These findings have important implications for KM technology adoption in healthcare settings. The strong relationship between trust and knowledge sharing ($r=0.700$) suggests that technological KM infrastructure— including electronic health records, collaborative platforms, and clinical decision support systems— will achieve optimal utilization only when embedded within trust-based organizational cultures. Healthcare organizations investing in KM technologies must recognize that system success depends not merely on technical features but fundamentally on the psychological factors that motivate healthcare professionals to contribute and retrieve knowledge. Moreover, while our study did not directly examine KM system design, the differential effects of harmonious versus obsessive passion on knowledge sharing suggest that organizations might enhance KM system effectiveness by complementing technological investments with interventions that build organizational trust, support, and conditions fostering harmonious rather than obsessive

passion toward work. Future research should directly examine how these psychological factors interact with specific KM technology features to influence system adoption and usage patterns.

Limitations and Future Research

Several limitations of the current study should be acknowledged. Convenience sampling limits generalizability, sampling limits to the broader Israeli healthcare workforce, and prevents precise estimation of population parameters. Moreover, snowball recruitment may introduce homophily bias, as participants may recruit others with similar characteristics or work experiences. Future studies should employ probability sampling or stratified approaches to enhance representativeness across institutional types and professional roles.

The sample composition, with nurses comprising 52% and physicians only approximately 10%, may reflect primarily nursing professional culture and knowledge-sharing practices. While this distribution roughly approximates the healthcare workforce composition in Israeli medical institutions, it limits our ability to draw strong conclusions about physician-specific knowledge sharing dynamics, which may differ due to distinct professional hierarchies, autonomy levels, and decision-making authority. Future research should ensure adequate representation of physicians and other healthcare professionals to enable meaningful between-group comparisons of knowledge sharing patterns. The cross-sectional nature of the study prevents causal inferences.

Additionally, the reliance on self-report measures might introduce social desirability bias. Future research should consider longitudinal studies to examine how trust and passion develop over time and influence knowledge sharing. Mixed-method approaches could capture the qualitative aspects of knowledge sharing in healthcare settings, while cross-cultural studies could examine how these relationships might vary across different healthcare systems. Investigation of potential moderating variables, such as organizational culture and leadership styles, would also enrich our understanding of these relationships. Several specific research directions merit particular attention. First, examining how team hierarchy moderates the relationship between trust and knowledge sharing would illuminate whether hierarchical dynamics differentially affect knowledge exchange patterns across professional groups. Second, distinguishing between passion for one's profession (e.g., nursing, medicine) versus passion for one's specific organization could clarify whether the observed relationships with knowledge sharing reflect professional identity or organizational commitment. Third, investigating multilevel effects- such as unit-level trust climate beyond individual trust perceptions- would enable examination of how collective team or departmental trust shapes individual knowledge-sharing behaviors. Finally, research directly examining the interaction between psychological factors (trust, passion) and specific knowledge management technology features would provide actionable guidance for healthcare organizations implementing digital knowledge-sharing platforms. The complex dynamics between trust, passion, and knowledge sharing revealed in this study offer valuable insights for both research and practice in healthcare organizations. This research demonstrates that effective knowledge sharing transcends mere technological infrastructure, highlighting instead the profound psychological and interpersonal dynamics that underpin meaningful organizational knowledge exchange. As healthcare organizations continue to evolve and face new challenges, understanding and nurturing these relationships becomes increasingly critical for maintaining high-quality patient care and organizational effectiveness.

The integration of passion research with knowledge sharing frameworks provides a more comprehensive understanding of how healthcare organizations can foster effective knowledge exchange. This study contributes to academic literature by **demonstrating relationships between** different theoretical approaches to passion and knowledge sharing behaviors. These insights offer healthcare managers practical strategies for promoting knowledge sharing cultures while considering the complex interplay between trust, passion, and organizational outcomes.

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