



Original Research Article

Knowledge sharing intentions in doctors of private and government hospitals

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In this modern age of ours the doctors and physicians are getting more explicit knowledge and new specializations but this knowledge is not useful until they apply or use it after which they gain some experience in that specific field. They develop some tacit knowledge in that particular area and for that they have to guide other doctors about it and this chain of knowledge-sharing would continue to help not only other doctors but the mankind would also benefit; which is the primary objective. In this study we take the intentions of the Physicians towards knowledge-sharing as a dependent variable and their attitude towards knowledge-sharing, viz a viz subjective norms and perceived behavioural control as independent variable. In order to measure the knowledge-sharing intentions in the physicians and to test their relationship we distributed a questioner having various questions amongst 100 doctors; half of the questioners were distributed in private hospitals while the remaining half was distributed in government hospitals. To calculate the impact we used regression as a statistical tool in SPSS software and found that the attitude towards knowledge-sharing, subjective norms and perceived behavioural control are significantly related to the Physicians' intention to knowledge-sharing.

Key words: Explicit knowledge, tacit knowledge, subjective norms, perceived behavioural control

INTRODUCTION

Sharing knowledge has always been accepted as an encouraging strength for the existence as well as for the development of a business. So far, aspects that uphold or depress knowledge-sharing activities in the administrative perspective are misinterpreted. Identification of features that persuade people to share knowledge for the advantage of others has been considered as a great precedence for firms, whereas the reasons which negate knowledge-sharing activities for workforces have their own reasons. It is thus crucial that we cautiously inspect the essential precursors of sharing knowledge so as to enhance its significance to all but specially to the physicians.

As it is Knowledge based era, knowledge is the most valuable property (Bock et al., 2005). Knowledge sharing creates prospects to make the most of organization aptitude to full fill wants and produces results as well as productivities which give an organization a competitive

advantage over others (Reid (2003). Knowledge-intensive organizations, have presented knowledge management systems in order to use the knowledge reserve more successfully and efficiently (Davenport and Prusak (1998)). There are two assistances of knowledge sharing if the associates in association share their knowledge. Primarily, esteemed information will propagate efficiently as well as competently within the business complete procedure of sharing knowledge. Secondly, aptitude of workers information to identify value of knowledge, assimilate knowledge, as well as put on knowledge in marketable completion, properly surge by sharing knowledge between organizations employees (Gao (2004)). Knowledge sharing system helps to increase performance. Lot of studies shows that knowledge sharing help to increase invention presentation and decrease rubbish knowledge struggles and duplication of work so it is essential as it make

organization capable of doing so (Calantone et al, (2002) Scarbrough, (2003). However obstacles for sharing knowledge are fatal as knowledge sharing is an unnatural process. People are fearful and unwilling to share their knowledge with others as they think they can lose incentives and knowledge power (Riege (2005)). That is why knowledge sharing is difficult task in an organization.

Little experimental investigation is present in what surroundings as well as instruments remain advantageous to sharing knowledge. Truncated experimental exploration is existent in deeper specific problems that figure persons opinions, approaches and purposes, and manners in sharing knowledge (Ruggles (1998)). The sharing of knowledge in the health care industry is very important but the barrier which restricts this knowledge-sharing in this industry or any related organization is the philosophy of intended performance. The main reason behind this is the threat perception in the mind of the individual of losing or giving away something belonging to him. It is basically a planned action on the part of an individual. In this research paper we are going to study the doctors / physicians of Private Hospitals as well as those in the Government Hospitals of Pakistan in order to find their mind set towards knowledge-sharing.

Literature review

Knowledge is a very important organizational resource which provides a long term advantage to the organization in an active and a competitive market. In the competitive markets, organizations must know how to transfer knowledge / expertise to people who need it. When viewed in this manner it is realized that the sharing of knowledge between people is one of the key features to active processing as well as to progression of knowledge. Knowledge-sharing helps the people to do their work in a better way and also to achieve goals and objectives of the organizations efficiently and effectively. Different researchers have been checking the effects of knowledge-sharing in different organizations and industries in different perspectives. Some of these researches are stated as below:

Seewon et al. have studied the relationship of Doctor's intention to knowledge sharing. They targeted the people who were Doctor and work practicing at different hospital in Korea. They took sample size of 334 Doctors in 28 departments of 13 hospitals in Korea. Co-response rate were 33.4% among 1000 questionnaires however they found that brashness and subjective norms were not as independent, subjective norms were the most prompting feature on behaviour objective to sharing knowledge.

Elham et al, (2012) have considered the determinant of knowledge sharing behaviour, knowledge sharing, subjective norms to measure knowledge sharing intention. Their survey was based on 50 large organizations of Taiwan and questioners were filled by 172 employees'

attitudes towards knowledge sharing and subjective norms are significantly related to intention to knowledge sharing.

Rufki has shown the knowledge sharing intention through the social media. His sample size was 234 correspondences who were bachelor degree students. The data was collected through questionnaires. In this study attitude toward sharing knowledge, perceived behavioural control and subjective norms expressively linked with knowledge sharing.

Anitha (2006) has checked the deterrents of knowledge sharing behaviour developing & testing and integrated theoretical model. The data was collected by floating the 225 questionnaires in senior level classes of MBA, out of which 213 individual complete the questionnaires and 12 responses were discarded. She conclude that subjective norms, attitude, perceived behaviour and significantly related to knowledge sharing.

Hilmi et al, (2009) communicate knowledge sharing behaviour precursor and their impression on the individual invention aptitude. They conduct their research through survey questionnaires from 125 employees in a telecommunication company of Indonesia and they established that knowledge sharing behaviour give constructive impression on individual improvement skill. Team work, trust, support of senior management and self-efficiency are found as knowledge activators who are very positive in forming employee's knowledge sharing behaviour.

Hong and Xiang (2006) evaluated the deterrents of intention of knowledge sharing in an organization as a community capital perspective to test the purposed model. They studied and collected data from 539 managers and technologists from knowledge intensive organizations in China. The result indicate that social norms and behavioural believes were strong predicator of individual knowledge sharing intention.

Objectives

1. To find the impression of knowledge sharing attitude on Doctors intention to knowledge sharing in Pakistan.
2. To discover the role of subjective norms in Doctors sharing knowledge intentions in Pakistan.
3. To explore the effect of controlled perceived behaviour on Doctors sharing knowledge intentions in Pakistan.

Research hypothesis

The Doctor's intentions to share knowledge is prejudiced by numerous features however presently sharing knowledge is explored against independent variables which are attitude towards sharing knowledge, subjective norms, perceive behavioural control. Research shows that these are the three most important factors that affect the

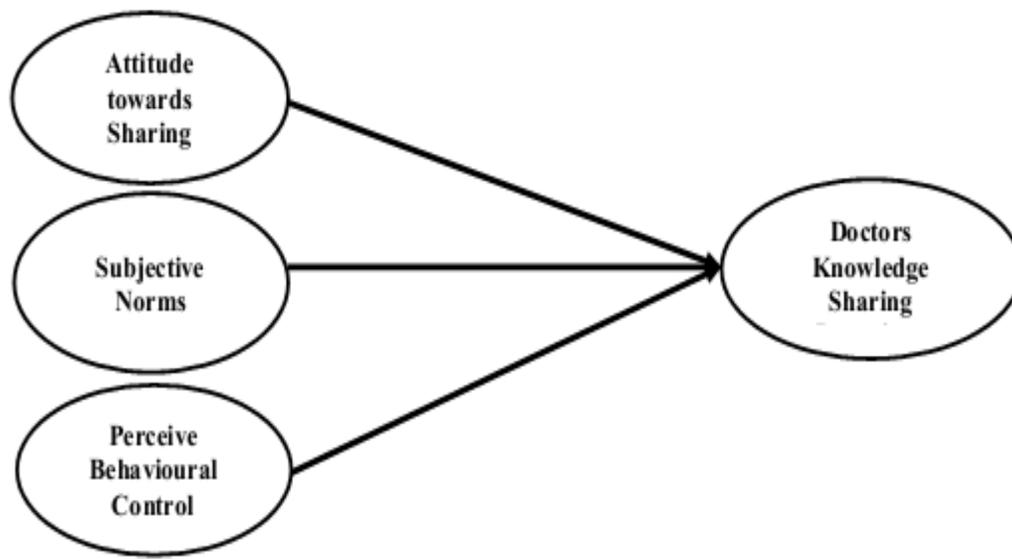


Figure 1: Theoretical Framework

knowledge sharing behaviour of the employees in any profession. We are experimenting and analyzing how these independent variables are controlling the knowledge-sharing intentions of public and private sector doctors in Pakistan. Hypotheses for this experiment are as follows:

1. H1: Attitude towards sharing knowledge is significantly related to Doctors knowledge sharing intentions.
2. H0: Attitude towards knowledge sharing is not significantly related to Doctors knowledge sharing intentions.
3. H2: Subjective norm is significantly related to Doctors knowledge sharing intentions.
4. H0: Subjective norm is not significantly related to Doctors knowledge sharing intentions.
5. H3: Perceived behavioural control is significantly related to Doctors knowledge sharing intentions.
6. H0: Perceived behavioural control is not significantly related to Doctors knowledge sharing intentions.

Theoretical framework

Theoretical framework of the study is shown below in (Figure 1):

Variables

Dependent variable

1. Doctors Intention to Sharing Knowledge in Pakistan.

Independent variable

1. Attitude towards sharing knowledge.
2. Subjective norms.
3. Perceive behavioural control.

RESEARCH METHODOLOGY

Research Instrument

We categorize the private and government hospitals in Rawalpindi Pakistan and we distribute the questioners to the specialist doctors, related to our dependent and independent variables. Four constructs were measured subjective norms towards sharing knowledge; attitudes towards sharing knowledge perceived behavioural control related with sharing knowledge and knowledge sharing intentions. Multiple items were used to measure the four constructs. All survey items were measured on five point likert scale starting from 1= strongly disagree to 5= strongly agree. Scales for measuring attitude towards sharing knowledge, subjective norms regarding sharing knowledge and perceived behavioural control related to sharing knowledge were adapted from the study of Lin and Lee (2004) having four items each construct. Finally knowledge sharing intentions construct was measured by using five items based on the work of Chatzoglou and Eftichia (2009). The questioner section for independent variables has 12 questions (four for each independent variable) and that of dependent variable has 5 questions to see the Doctor's intention to knowledge sharing with others.

Table 1. Model Summary for Attitude towards Knowledge Sharing

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	0.913 ^a	0.826	0.789	0.008165

a. Predictors: (Constant), Attitude towards Knowledge Sharing

Table 2. Coefficients a for Attitude towards Knowledge Sharing

Model	Un-standardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.560	0.046		76.368	0.000
Attitude towards Knowledge Sharing	0.062	0.013	0.903	4.703	0.005

a. Dependent Variable: Doctors intentions to Knowledge Sharing

Table 3. Model Summary for Subjective Norms

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	0.876 ^a	0.758	0.688	0.009523

a. Predictors: (Constant), Subjective Norms

Sampling procedure

We distributed 100 questioners out of which 50 questioners were distributed among the doctors of 4 government hospitals and the other 50 questioners were distributed among the doctors of 8 private hospitals. In our research we collected cross sectional data as it was collect one time from the primary source which is doctors.

Analysis technique of data

To analyze the collected data we have used the statistical tool like regression in the SPSS software.

ANALYSIS AND DISCUSSION

Data was tested through regression analysis to evaluate the strength of connection of both the variables independent and dependent and also for hypothesis testing in which Doctors intentions to knowledge sharing was dependent variable and attitude towards sharing knowledge, subjective norms and perceive behavioural control are predictors to check the positive or negative significance of the hypothesis.

1. H1: Attitude towards sharing knowledge is significantly related to Doctors knowledge sharing intentions.

2. H0: Attitude towards knowledge sharing is not significantly related to Doctors knowledge sharing intentions.

The independent variable attitude towards knowledge

sharing has contributed positively to Doctors intentions to knowledge sharing. The coefficient of determination R² is 0.826 as exposed in (Table 1) is close by its extreme value which is 1. This authenticates that 82% of the time, statistics fits appropriately to the model and level of significance (P-value =0.005<=0.05, 0.10) is significant as shown in (Table 2) at 5% and 10%.

So agreeing to the facts that H1 hypothesis is accepted and H0 Hypothesis is rejected thus Doctors intentions to knowledge sharing are significantly influenced by their attitude towards knowledge sharing.

3. H2: The subjective norm is significantly related to Doctor’s intentions to knowledge sharing.

4. H0: The subjective norm is not significantly related to Doctor’s intentions to knowledge sharing.

The independent variable subjective norms is contributing positively to Doctors intentions to knowledge sharing The coefficient of determination R² is 0.758 as exposed in (Table 3) is near by its extreme value which is 1. This authenticates that 75% of the time, statistics fits appropriately to the model and level of significance (P-value =0.014<=0.05, 0.10) is significant as shown in (Table 4) at 5% and 10%.

So agreeing to the facts that H2 hypothesis is accepted and H0 Hypothesis is rejected thus subjective norms is significantly related to Doctors intentions to knowledge sharing.

4. H3: Perceived behavioural control is significantly related to Doctors knowledge sharing intentions.

5. H0 Perceived behavioural control is not Significantly related to Doctors knowledge sharing intentions.

Table 4. Coefficients a Subjective Norms

Model	Un-standardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	3.016	0.054	-	68.717	0.000
Subjective Norms	-0.066	0.027	0.855	3.752	0.014

a. Dependent Variable: Doctors intentions to Knowledge Sharing

Table 5. Model Summary Perceived Control Behaviour

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate
1	0.871 ^a	0.754	0.704	0.009572

a. Predictors: (Constant), Perceived Behaviour Control

Table 6. Coefficients a Perceived Control Behaviour

Model	Un-standardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.242	0.119	-	22.622	0.000
Perceived Behaviour Control	0.170	0.054	0.852	3.712	0.016

a. Dependent Variable: Doctors Intention to Knowledge Sharing

The independent variable Perceived Behaviour Control is contribute positively to Doctors intentions to knowledge sharing The coefficient of determination adjusted R² is 0.704 as exposed in (Table 5) is close by its extreme value which is 1. This authenticates that 70% of the time, statistics fits appropriately to the model and level of significance (P-value =0.016<=0.05, 0.10) is significant as shown in (Table 6) at 5% and 10%.

So agreeing to the facts that H3 hypothesis is accepted and H0 Hypothesis is rejected thus doctors intentions to knowledge sharing are significantly influenced by their Perceived Behaviour Control.

DISCUSSION

The purpose of this study was to assess the knowledge sharing behaviour of the physicians. The attitude towards knowledge sharing is the supreme persuading feature on doctor's intention to knowledge sharing in the government and private hospitals. As it is not consistent with the other studies conducted previously but in the Pakistan it is the most influencing factor on knowledge sharing.

The second factor was Subjective norms found to be the most influencing on doctor's intention to knowledge sharing. The findings of previous studies were also very consistent about this factor. The subjective norms cannot be enhanced or developed by giving the doctors special trainings and develop their skills for their profession. Therefore we can understand the positive effect of subjective norms on doctor's intention to knowledge

sharing.

In this study of doctor's intention to knowledge sharing we can sum up with the cultural factors to drive internal knowledge sharing are important. Especially their significant others decided on their knowledge sharing behaviour would have significant effect to the intentions to share doctor's individual knowledge directly and indirectly through attitude. Without this their objectives to accomplish the action would be lesser, no matter how constructive their approach was towards knowledge sharing.

CONCLUSION

This study has been based on recording the views on knowledge-sharing of the doctors/ physicians of various government and private hospitals in Pakistan.

Results from the study throw light on several aspects on the intentions of the Doctors towards knowledge-sharing. First and foremost finding of the study reveals that their attitude towards knowledge-sharing is very positive as they feel that it is very essential because of the fact that it may help others and this attitude is very encouraging towards the intentions of the Doctors'.

Secondly the subjective norms to the intention through attitude are significant as the study on unethical behaviour. Additionally the young doctors are found to cherish the opinion of senior doctors by sharing their knowledge. But this is not consistent with the previous research on medical acceptance of Doctors in which professional nature may

influence unimportant things of subjective norms on behavioural intent. It is possible that the behavioural domain is different and Doctors have been changed from authoritative and autonomous profession to organizational context-oriented and flexible to the changing social environment.

Thirdly, the research has the merits of showing a knowledge sharing exploration in a real-world healthcare industry that intricate individual Doctor who has major role in medical care in hospital. From an administrative viewpoint, our results recommend that perceived behavioural control of significant members and Doctor's motivation to comply as well as positive attitude for sharing knowledge is important for fostering Doctors' knowledge-sharing behaviour. Therefore, the management should put strong attention to create positive context and attitudes for the individual knowledge sharing of Doctors.

Directing a sequence of researches that aim at a diversity of specialized backgrounds was essentially needed. Longitudinal and extended related indications attained in that direction might improve our understanding of the connection among variable essentials to knowledge-sharing by specialized professionals.

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