

The Psychological and Sociological Attributes of Knowledge Sharing Behaviour with respect to Medical Professionals

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ABSTRACT

Organizations take numerous steps to improve the performance of employees in order to survive in the competition. One such step is to make the employees share their valuable experience, expertise and ideas with their co-workers, and employers. But employees do not come forward to share their knowledge, because many factors affect their sharing. This is an attempt to identify the factors that enhance and factors that hinder sharing of knowledge. The data used for the study are primary data by random sampling technique. Data were collected from faculty members of medical colleges and hospitals and ranking method was adopted to analyse the data. Findings and implications are given.

1. Introduction

Knowledge resources are believed to be more important than other sources like capital, labour and material. This belief has led organizations to invest much on maintenance and creation of the intangible asset known as knowledge in order to respond to the changing environment quickly and effectively (Reychav and Weisberg, 2010). Davenport and Prusak (1998) defined knowledge as "a fluid mix of framed experience, values, contextual information, and expert insight that provides a framework for evaluating and incorporating new experiences and information".

Knowledge donation is communicating to others about what one knows, whereas knowledge collection is asking others about what one does not know (van den hoof and de Leeuw van Weenen, 2004). Knowledge sharing is an important element of knowledge management. Knowledge management consists of the processes of knowledge creation, knowledge storage, knowledge sharing and dissemination, and knowledge utilization. Organizations take numerous steps to improve the performance of employees in order to survive in the competition. One such step is to make the employees share their valuable experience, expertise and ideas with their co-workers, and employers. But employees do not come forward to share their knowledge, because many factors affect their sharing. This research is an attempt to identify the factors that enhance and factors that hinder sharing of knowledge.

2. Review of Literature

When the recipient maintained less quality of relationship with the donor of knowledge, the recipient is not able to acquire knowledge when it is needed. If an organization wants to create an attitude to sharing the knowledge it has to create an attitude to learning first (Szulanski, 1996). Bordia (1997) compared both face-to-face (FTF) communication with Computer Mediated Communication (CMC) and found that less social-emotional interaction took place in CMC as it could not provide the required social and emotional background. So a close physical

interaction is necessary in sharing the context and forming the common language (Nonaka, Toyama and Konno, 2000).

Davenport & Prusak (1998) found that informal networks give rise to trust as they function through personal contact and word of mouth. They also found that if the top managers cynically exploit others' knowledge for personal gain distrust happens to prevail throughout the organization. Trust is the more influential aspect of knowledge sharing than any other influential factor. Andrews and Delahaye (2000) while studying scientists' knowledge sharing behaviour found that perceived trustworthiness emerged as a psychological factor which determined with whom scientists were willing to share their knowledge. A trusting relationship is based on an expectation of reciprocity or mutual benefit. The essential elements, that can help creating any culture that supports knowledge transfer, are active participation of employees and their involvement in the decision making process of the organization (Lucas and Ogilvie, 2006). Szulanski (1996) have identified that the lack of motivation in the organization acts as important impediment to knowledge sharing. For example, Lucas and Ogilvie (2006) say that incentives do not support knowledge transfer.

Bartunek, Trullen, Bonet and Sauquet, (2003) assume that explicit and tacit knowledge dimensions are very crucial to the work of academics and healthcare professionals. Physicians rely mainly on personal experience for clinical assessment and intervention; hence they prefer tacit knowledge to scientific knowledge (Andersson, Lindberg, and Troein, 2002). Patients report a variety of medical problems to physicians and these problems may be similar to other patient's problems characteristics in terms of patients' age, gender, and social psychological nature. If this information are shared with others and documented for the future use by others, then patients care will become easy and effective.

Existing research in the field of knowledge management have reported that formal way of knowledge sharing doesn't take place often, for example continuous medical education (CME) and conferences take place monthly, biannually or

annually, but informal communication takes very frequently in a day to day basis. So obviously sharing also happens in more of informal way of communication style.

Evidence based medicine is given a great importance. Evidence based medicine generally focus on the integration of knowledge, which is possible only when individuals share implicit and explicit knowledge. The practice of evidence based medicine is integrating individual clinical expertise with the best external clinical evidence, based on all valid and relevant information, from systematic research (Bordoloi and Islam, 2012).

Bock and Kim, (2002) argue that initial offer of knowledge to a newcomer in the organization creates a friendly relations and newcomer feels obligated to reciprocate which results in trustworthiness and exchange relations among them.

Mutual commitment to the partners reduces uncertainty and enhances the need for joint planning and actions, which results in higher information exchange (Muthusamy and White 2005).

De vries et al (2006) analysed the influence of age on knowledge donation and knowledge collection behaviour of employees from various organizational background and found no significant influence of age on both dimensions of knowledge sharing behaviour.

If knowledge outcomes of work belong to the organization and if employees are happy within their organization, they are more willing to share their expertise for the benefit of the organization (Constant, Kiesler, & Sproull, 1994). How employees feel about their organizations is a critical determinant of knowledge sharing (Casimir, Lee and Loon 2012). Scarbrough and Carter, (2000) suggest that organizational commitment may significantly influence the willingness of employees to share their knowledge with others.

3. Research Methodology

The respondents are the faculty members of medical colleges and hospitals in Puducherry region and they were chosen randomly. The respondents were asked to write their opinion on "What is the most influencing factor that you think matters in sharing the knowledge with your colleagues?" and "What is the most impeding factor that you think hinders sharing the knowledge with your colleagues?" Data were collected from faculty members such as assistant professor, associate professor, professor, tutor, junior resident, and senior resident belonging to clinical and non- clinical departments namely, General Surgery, Radio-diagnosis, General Medicine, Ophthalmology, ENT, Dentistry, Orthopaedics, O&G, DVL, Paediatrics, Psychiatry, Pulmonary Medicine, Physiotherapy, Cardiology, Dermatology, Neuro Surgery and Endocrinology. The non-clinical group' respondents work in the departments of, Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Microbiology, Forensic Medicine, and Community Medicine.

4. Data Analysis and Findings

The respondents were asked to state the most influencing factor that they think matters in sharing their knowledge with their colleagues. The respondents were also asked to state the most impeding factor that they think matters in sharing their knowledge with their colleagues

Data analysis was done using ranking method after classifying respondents answer to the question based on the nature of answer. Microsoft excel was used for analysing purpose. Out of 305 respondents approached 215 respondents have answered to the questions. Among these respondents 60% are male and 40% are female having diverse year of experience in their profession ranging from less than 1 year to more than 30 years.

4.1 The most influencing factors for knowledge sharing

The most influencing factor to share is classified into three categories namely sociological factors, psychological factors, and general factors. Sociological factors may be defined as the phenomena of a society that can affect or be affected by its interactions and relationship. Psychological factors may be defined as factors that are elements of individual personality that limit or enhance the way one thinks and these factors refer to thoughts, feelings, and other cognitive characteristics which are capable of affecting the human actions. Out of 202 respondents responded 79 respondents responses are brought under most positively influencing sociological factors, 51 respondents responses are brought under most positively influencing psychological factors and 72 respondents' responses are brought under general factors. The ranking is based on number of respondents' responses given to each element in the factors. Rank I was given to the element that scored more and so. The rank of each reason for sharing is given in parentheses. The sociological factors influencing knowledge sharing amongst colleagues are depicted in the following chart 1.

4.1.1 The most positively influencing sociological factors

The ranks of each reason for sharing are given in parentheses. With respect to sociological factors, good rapport/relationship between colleagues (I) plays important role as positively influencing factor for knowledge sharing. The existing literature on knowledge sharing establishes that interpersonal relationship is an essential component in making conducive environment for knowledge sharing. Bowen and Martens, (2005) study on knowledge transfer within a community of practice found that quality of relationships was essential for collaborative research. Next comes, openness to learn(II), approachability of colleagues(III), team spirit among colleagues(IV), to help or guide others (V), cooperation between colleagues(VI), trust among individuals(VI), familiarity and responsiveness of colleagues(VI), to bring a discussion on the knowledge(VII), feeling of comfort with colleagues(VIII), for interaction and the recipient understanding capacity(VIII).

Chart 1. Positively influencing sociological factors (values in numbers)

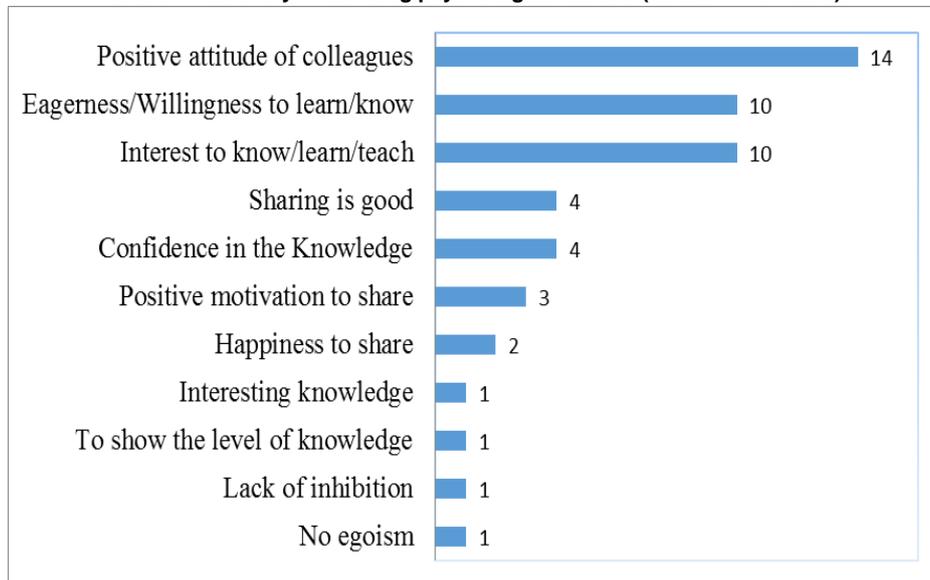


4.1.2 The most positively influencing psychological factors

The psychological factors that influencing knowledge sharing amongst colleagues are depicted in the following chart 2. The ranks of each reason for sharing are given in

parentheses. The chart implies that 14 respondents have indicated that the attitude of colleagues (I) is important in sharing the knowledge.

Chart 2. Positively influencing psychological factors (values in numbers)



The above bar chart 2 depicts that the general attitude of colleagues play a vital role in sharing knowledge with colleagues in the working environment (I). The next major factor that positively influences sharing knowledge is the interest of colleagues to know or to learn or to teach (II). It is obvious that sharing takes place when there is mutual interest between the source and the recipient of knowledge. The eagerness or willingness of colleagues to know or to learn (II) found to be one of the major factors of positively influencing factors. Confidence in the knowledge of the owner(III), the thought that sharing is good(III), positive motivation/encouragement from colleagues(IV), happiness in sharing the knowledge(V), helping through knowledge(VI), having no egoism(VI), lack of inhibition(VI), showing the knowledge to others and when the

knowledge itself is interesting(VI) are considered as positively influencing factors for knowledge sharing.

4.1.3 The general factors that influence knowledge sharing behaviour positively.

Under this category 72 respondents' answers are included. They are shown in the following chart 3. Out of 72 respondents 29 respondents have stated that they share because they want to update their knowledge base. 4 respondents stated that they have no reason for their sharing. The next sub category is subject knowledge which means that their expertise on subject makes them to share.

Chart 3. Positively influencing general factors (values in numbers)



The above chart 3 shows the general factors that influence positively to share knowledge among colleagues of medical faculty members. Updating of knowledge or skills(I), possession subject knowledge(II), just for the sake sharing or learning(III), better communication skills individual possess(III), better working environment(III), sufficient time to share(III), availability of individual for access when needed to share(III), the feeling that sharing will help to retain the knowledge(IV), interest in research activities(IV), relevance of and worthy of knowledge possessed(V), knowledge of colleagues in the field(V), availability of common platform to share(V), to show knowledge to others(VI), by sharing knowledge it helps to get corrected when shared with others(VI), for better patient care(VI), newness of knowledge(VI), same gender(VI) and natural aptitude(VI) of colleagues for learning are considered as reasons for sharing the knowledge among colleagues.

4.2 Negatively influencing factors

Negatively influencing factors are classified into three categories namely, sociological, psychological, and general factors based on the responses. Out of 215 respondents who answered to this question, 20 have stated that there is no factor that stops sharing their knowledge with their colleagues. 185 respondents have given different reasons, which are given in 3 different above mentioned categories. 70 responses are coming under first category i.e. negatively influencing sociological factor.

4.2.1 Most important negatively influencing sociological factor

Lack of interpersonal relationship (I), shyness or reluctance to interact(II), lack of communication skills(III), feeling of senior/junior difference(IV), personal problems between colleagues(IV), thinking that it is not new(V), personality of others(V) i.e. various aspects of a person's character that combine to make different from others, non-cooperation of colleagues(V), thinking that others may not accept something that is intended to share(VI), fear of showing off one's ignorance about something or losing face(VI), selfishness of others(VI), politics among colleagues(VI), individual's lack of desire to update himself/ herself(VI), lack of trust between colleagues(VI), feeling of insecurity(VI), thinking that others may criticize if I share something(VI), bullying behaviour or thinking that others may talk of ills behind me(VI), arrogance of colleagues(VI), argument without base by others(VI), others attitude of indifference(VI), thinking that knowledge doesn't come easily one should learn by himself/herself(VI), indifference(VII), thinking that only I share others don't share with me(VII), non availability of other people when I need certain things(VII), thinking that they are not easily approachable(VII), ignorant behaviour of others(VII), and claiming that they were the first to know something once shared(VII) are considered as most important negatively influencing sociological factor.

Chart 4. Negatively influencing sociological factors (values in numbers)

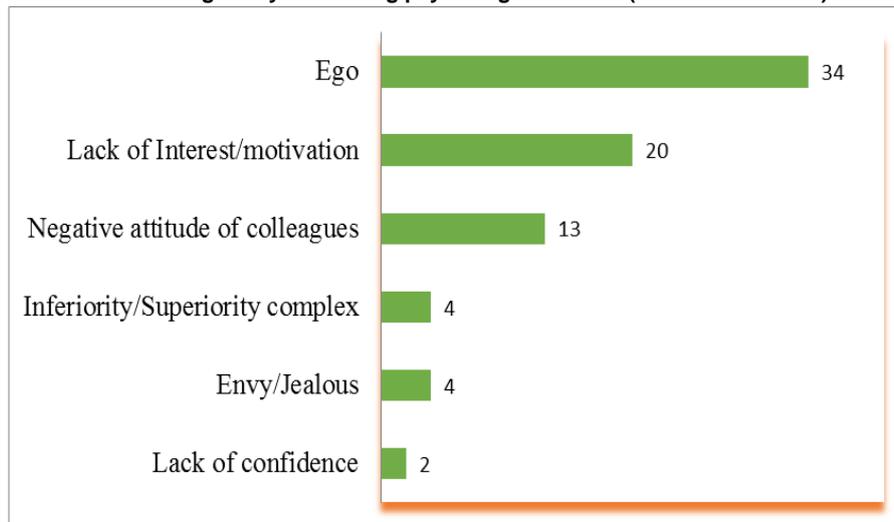


4.2.2 Negatively influencing psychological factors

77 respondents' responses are brought under, the second category i.e. negatively influencing psychological factors. 34 respondents have stated that ego of the colleagues is prime impeding factor for sharing, followed by negative attitude of

colleagues, lack of interest to share the knowledge. Envy and jealousy, inferiority/superiority complex are considered as impeding factors by 8 of the respondents. The following chart shows those factors.

Chart 5. Negatively influencing psychological factors (values in numbers)



Ego among the colleagues (I), lack of interest or motivation to learn (II), negative attitude of colleagues (III), inferiority or superiority complex (IV), envy or jealous (IV) and lack of confidence (V) are considered to be negatively influencing psychological factors.

4.2.3 Negatively influencing general factors

Under negatively influencing general factors, lack of time (I) occupies the first place, followed by others acting as knowledgeable person (II) and competitive feeling among colleagues (II), so on.

Chart 6. Negatively influencing general factors (values in numbers)



Work load (III), Different field of knowledge (IV), language problem (IV), lack of opportunity to share (IV), age difference (IV), the physical distance between colleagues (V), lack of knowledge or no knowledge in the subject (V) and poor salary (VI).

5. Discussion and Conclusion

Amongst positively influencing sociological factors, good rapport (ranked I) and better relationship between colleagues play a significant role in knowledge sharing, followed by individuals openness to learn (ranked II). Amongst positively influencing psychological factors, positive attitude of colleagues (ranked I) mattered a lot followed by eagerness or willingness to learn as well as to teach (ranked II). When positively influencing general factors are analyzed, the requirement of updating of knowledge and skills (ranked I) received prime importance followed by subject knowledge (ranked II) which means if individuals feel that they have good subject knowledge, they shared.

Amongst negatively influencing sociological factors, lack of interpersonal relationship (ranked I) hindered sharing of knowledge the most, followed by shyness or reluctance to interact (ranked II). Amongst negatively influencing psychological factors ego among the members (ranked I) played vital role followed by lack of interest or motivation

(ranked II). Amongst negatively influencing general factors, lack of time was found to be import factor followed by the feeling that others acting as if they are knowledge and feeling of competition among them (ranked II).

Hence, it is combined responsibility of both individuals and organizations to strengthen the positively influencing factors such as creating cordial relationship and developing positive attitude among colleagues. Conduction of awareness programs among the members of organization, about the necessity of updating of knowledge and skills in today fast changing technological era. Employees should be motivated by making use of various motivational factors such recognition awards. Those who are contributing more knowledge may be appreciated, so that sharing will improve.

It is also the responsibility of individuals and organizations to remove or minimize the effect of negatively influencing factors such as ego by giving training and development opportunities focusing on the same theme. Training on how to manage time efficiently may help individuals to cope up with work stress and fatigue which will improve the productivity and satisfaction of employees.

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