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Antecedents of Knowledge Sharing Behavior among Nurses: Towards Research Agenda

Roziana Shaari*, Norhani Bakri, Ayesha Abdul Rahman

Faculty of Management, Universiti Teknologi Malaysia, UTM 81310 Skudai, Johor Malaysia

Abstract

This paper attempts to propose *presenteeism*, altruism and virtual communities of practices (CoP) as the main antecedents to facilitate knowledge sharing behavior (KSB) among nurses. A systematic review technique is adopted to formulate a conceptual framework that integrates the Social Cognitive theory, Social Capital theory and Theory of Planned Behavior. This paper suggests the importance of KSB and its antecedents from the perspective of nursing. Presenteeism in this study is generated by positive attitude to implement tasks by nurses. Indeed, their essence of knowledge and caring has led this study to propose altruism and informal communication tool (facebook) as factors that can influence KSB.

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1. Introduction

In this paper we define knowledge sharing as a persuasion rather than a natural act. We view knowledge sharing refers to peoples' behaviour or the action of either sharing or not sharing their knowledge with others as in donating or collecting knowledge. In this case we may relate knowledge sharing to a psychological process that requires a series of initiative to help employees identify the knowledge they possess and then to motivate, enable and encourage them to share that knowledge with others (Ipe, 2003). Several definitions relates knowledge sharing in persuasion act:

- KS is the behavior of disseminating one's acquired knowledge with other members within one's organization (Ryu et al., 2003)

* Corresponding author. Tel.: +6-07-5610064; fax: +6-07-5610099

E-mail address: rozianas@management.utm.my

- KS is about identifying existing and accessible knowledge in order to transfer and tally this knowledge to solve specific tasks better, faster and cheaper than through other solving methods (Christensen, 2007).
- KS involves two main processes; knowledge donating (communicating to others what one knows) and knowledge collecting (consulting others in order to learn what they know) (van den Hooff and de Ridder, 2004). The process seems similar to knowledge transfer whereby it also involved knowledge source and knowledge recipient (Goh, 2002; Chua, 2003).

It is believed that knowledge sharing especially when it comes to tacit knowledge, need to be fostered and enabled. For that reason, people need to be persuaded and human cohesion is demanded (Endres et al., 2007; Guzman and Wilson, 2005; Bock et al., 2005, Yang, 2004; Smith and McKeen, 2003). For instance, people's non-supportive beliefs in sharing knowledge either formally or informally can result in the failure of any knowledge management efforts in an organization (Smith, 2005). This highlights awareness in sharing knowledge/skill/expertise to others is very important and should be cultivated among members of the organization in order to ensure that the importance and contribution of the knowledge sharing is understood and supported (Roziana, 2009). Taylor and Wright (2004) also highlight that "the main barriers to implement knowledge management in organization were all people related". For that reason, non-technological problems (Cabrera and Cabrera, 2002), such as individual barriers (Nonaka and Takeuchi, 1995) and supportive culture for knowledge sharing (Liebowitz, 2001; McDermott and O'Dell, 2001) became the main issue.

1.1. Underpinning Theories

This study views knowledge sharing behavior as the degree to which nurses actually share their knowledge with their colleagues in order to solve problem-related tasks. In order to investigate KSB among nurses, we based our research on the theory of planned behavior (TPB) formulated by Ajzen (1991) which has been widely used by other researchers. The TPB model extends from the Theory of Reasoned Action (TRA) model by incorporating an additional construct, namely perceived behavioral control, to account for situations in which an individual lacks substantial control over the targeted behavior (Ryu et al. 2003). This paper discusses the nature of nursing that rely on the caring-orientation to implement tasks effectively. Therefore, further discussions on propositions relates KSB on individual perception of the easiness or difficulty of performing the behavior of sharing (perceived behavioral control) that resulted from presenteeism, altruism and virtual CoP. The individual's perception on intention to share denote an interesting issue to investigate that knowledge sharing must be facilitated and it is not a natural act.

The second and third theory used as a basis to understand altruism and virtual CoP role in KSB are the Social Capital theory and Social Cognitive theory. Both theories are combined to reduce the weaknesses of the Social Cognitive theory that poorly addressed the issue of what components are evident within a social network and how they influence an individual's behavior particularly in virtual CoP (Chiu et al. 2006). The Social Capital theory explains about interpersonal relationships between individuals, communities, networks or societies. Though Chang and Chuang (2010) stressed on reciprocity in representing relationships among communities, our study discusses the relationships from other views. The relationships that occurred among nurses are heavily relying on 'helping' concept that associates with knowledge donating. We assume that in nursing, nurses who perceived as reluctant to share all types of knowledge because of personal perspectives like ownership of knowledge are contradicting their own moral obligations (Yang, 2004).

2. Methodology

2.1. Research Design

The Google scholar is used as the search engine to find relevant reference for knowledge sharing. Other significant terms such as "knowledge transfer", "knowledge diffusion", "leveraging of knowledge", and antonym like "knowledge hoarding" were also used as keyword search. For example, the 'knowledge transfer' constitute the movement of knowledge within an organization which depends on human or individual characteristics involved with

regards to knowledge sharing definition (Roziana, 2009). The ‘Journal of Knowledge Management’ and ‘Knowledge Management Research and Practice’ are journals representing important published researches in knowledge management field and are used as the main journals for KS. More articles are found through the reviews of journals’ citations.

In investigating the issue of how presenteeism, altruism and virtual CoP influence knowledge sharing behavior (KSB), some criteria were used in doing literature review namely:

- (1) ‘social interaction’ is crucial in transforming and leveraging knowledge, particularly tacit knowledge.
- (2) nursing context depends on care-orientation to create knowledge and share knowledge
- (3) reciprocity from sharing knowledge is contradict to the practice of nursing
- (4) KSB is not natural

This criteria guide our selection of suitable theory to be used and propositions in this study.

3. Research Propositions and Expected Output of the Research Agenda

Knowledge sharing behaviour (KSB) refers to the extent of how far can an individual share knowledge (Aulawi et al. 2009) or the degree of sharing between individuals, groups or organization. Aulawi et al. (2009) denote KSB into the intensity level of person’s engagement in knowledge sharing with others in organization. This imply that the ‘degree’ or ‘aggregate’ or ‘amount’ in sharing knowledge became indicator to rate individual or person’s behaviour in knowledge sharing that suggest that their action is not natural. Wasko and Faraj (2000) recognize the issue between sharing knowledge for the public vs private good. In many cases, people are reluctant to share all types of knowledge because of personal perspectives like ownership of knowledge. People are only motivated to share knowledge for self interest such as when there are rewards and tangible returns such as promotion (Hendriks, 1999). In contrast, people with moral obligations will act differently and are more willing to share. Yang (2004) observes that ‘knowledge hoarding’ will occur when employees do not feel that their sharing will be reciprocated. This is referred to the basic norm of reciprocity (Wasko and Faraj, 2005). It refers to how an individual offers his or her talents to the organization in exchange for the reward of organizational membership (Bock et al., 2005).

KS differs in various context or environment in which people are engaged in. For example the concept of knowledge donating vs reciprocity is strongly associated to different context i.e. Islamic practice. The reason being learning or knowledge is seriously highlighted and emphasized in Islam. Sayyid Wahid Akhtar (1995) commented in his article *Al-Tawhid* on “the Islamic concept of knowledge”, states that Islam is the path of “knowledge or ‘ilm’”. No other religions or ideologies have given so much emphasize on the importance of ‘ilm’. For example, in Quran there are 704 verses and derivatives as well as associated words related to ‘ilm’. According to Mohd Nor (2005), the Holy Quran mentions about knowledge approximately 12.5% of its contents; with the first verse revealed (Iqra’ – meaning read/recite) in which Allah emphasizes the significance of knowledge, and its role through systematic ways; reading, thinking and writing with the divine objectives. The Holy Quran at its first teaching stressed on the obligation of seeking knowledge, teaching knowledge and sharing knowledge with others who do not know (Mohd Nor, 2005), as stated below:

Read! With the name of the God Who has created. He who created man from a clay. Read! And your God is the most Great. He who teaches (you) with a pen. He who teaches man whatever he is not knowing.

(Al Alaq: 1-5)

Based on the above statement, it can be infer that the concept of knowledge donating (van den Hooff and de Ridder, 2004) seems consistent to the Islamic principle of KS. On the contrary knowledge reciprocity (Bock et al., 2005; van den Hooff and de Ridder, 2004) is in contrast with the Islamic principle. Individuals are required to share knowledge freely to others who do not know and need knowledge without expecting for any return (intrinsic and

extrinsic). The importance of KS is to help people gain knowledge and know something rather than expecting for rewards. Ning et al., (2005) support that as soon as rewards were eliminated the sharing stopped.

In nursing context, knowledge and caring are total concept for quality nursing care that focus on well-being of patients. Basic knowledge only is not sufficient without the ability to care, hence nurses are required to understand the field of nursing and the art of caring (Kitson, 1999). Von Krogh (1998) explains that care influence on knowledge creation in the sense that care translates into real help. When nurses help patients they demonstrate action of doing for other people what they cannot do for themselves. And this help requires zero expectation of reciprocal relationship. Nurses do this all the time and are required to possess knowledge and expertise to be effective in practice care (von Krogh, 1998), thus they need to share knowledge among them.

The discipline of nursing demand its community to diffuse knowledge through communicating research and involve innovating knowledge and expertise i.e clinical practice (Thompson et al. 2004). This is importance so that learning could be generated by understanding how tacit and explicit knowledge are inter-related to one another and should be given a balanced attention during sharing knowledge. At this point, we can assume that, socialization process is central to knowledge sharing, since individual sharing tacit knowledge is the product of socialization (Fernie et al., 2002).

The above explanation has posed interesting agenda for further investigation on how the three antecedents namely presenteeism, altruism and virtual CoP influence KSB? Our propositions on the relationship could be viewed on several justifications:

Proposition #1: How presenteeism influence KSB?

In this paper we define presenteeism as either attending work when sick or working through illness. Sickness presenteeism for instance is commonly occurs within occupations that provide services to people and because of a felt responsibility towards clients or felt their absence would have negative consequences for themselves, colleagues or a third party (Baker-McCleary, 2010). Normally, presenteeism is seen as health-related productivity loss while at work. However, Convery et al (2007) in their study proved that because of work factors e.g. job security, supervisor support and job satisfaction, has resulted employees substituting presenteeism for absenteeism. This may confer the question of how nature and essence of nursing that practice care in their service effect on presenteeism behavior and also is connected to eagerness in expanding knowledge and expertise and thus influence intention to share knowledge among colleague? Our proposition is based on previous discussion on caring culture that influence on knowledge creation of which 'real help' translate into knowledge donating among nurses.

Proposition #2: How altruism influence KSB?

In the context of KSB, altruism is seen as an individual motivator when individuals achieve goal in sharing knowledge and as a result their altruistic behavior will also increase (helping others without expecting anything in return) (Chang and Chuang, 2011). We believe that in nursing, altruism behavior is shown when nurses contribute knowledge and they gain satisfaction by helping others. For instance, when nurses diffuse knowledge during treating patients they must consider for helping others (colleague) by sharing knowledge and expertise so that mistakes will be minimized, level of caring will be increased and they perform task diligently and effectively. Nasrabadi et al (2003) supports our proposition by sharing how registered nurses experiences of nursing felt that caring had originated from religious or spiritual feeling in helping others. Not only helping others will strengthen their own religious faith, indeed nursing profession is attractive to them because nature of nursing is based on altruism and caring for sick people.

Proposition #3: How virtual Communities of Practice (CoP) influence KSB?

It has been argued that knowledge creation is effectively occurred within informal knowledge sharing activities in CoP such as blog, facebook and twitter (Yu et al., 2010). Informal mechanism is seen as interactive ways since members within a collaborative climate share common practices (Pan and Liedner, 2003). We propose that the intention to share knowledge through Facebook in particular, is also related to altruistic behavior. As explained before, the unique characteristic of nurses for being caring and helpful will motivate them to share knowledge through facebook as well. Yu et al. (2010) affirm our proposition by stated that virtual community members derive intrinsic enjoyment and may effect on their KSB. This may confer the question of how nature and essence of nursing

that practice care in their service effect on KSB behavior. For instance, when nurses are happy to help and feel enjoy to help, they are eager to participate within their communities since they view such interactive environments as ideal places to exchange opinions and request advice about problems. However, our proposition on virtual CoP (Facebook) to share knowledge does not mean to substitute real-world interactions. Instead it is use to support real-world interaction and facilitate knowledge creation and knowledge sharing towards solving problem. A study by Ross et al. (2009) affirm that Facebook community (university student) with extraversion personality more eager to use the platform just to share opinions, research findings and share other material such as music with others .

The above propositions suggests the associations between the three antecedents of presenteeism, altruism and virtual CoP and KSB. It can be depicted from the above discussion that altruism mediates the relationships between presenteeism and virtual CoP on KSB. The linkages can be illustrated in the framework as below:

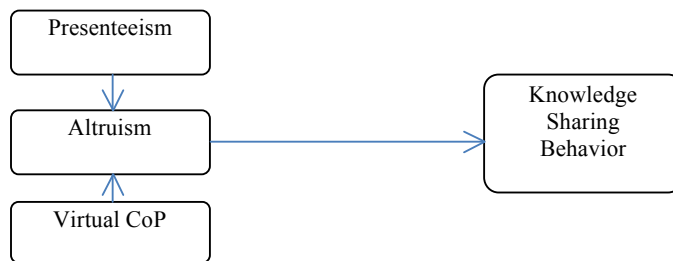


Fig. 1. Knowledge Sharing Behaviour framework for Nursing

4. Conclusion

This paper has contributed to an understanding that there is a controversial issue between the moral obligation to share knowledge and the reciprocity of sharing knowledge in nursing context. Providing care-orientation services require KSB to occur for public good rather than private good. Presenteeism, altruism and virtual CoP (facebook) are proposed as antecedents that determine KSB among nurses. Presenteeism in this study is viewed as positive factor that has substituted from absenteeism due to altruistic behavior that will influence on KSB. Regardless of work nature among nurses, we assumed that nurses gain benefits from sharing through facebook towards problem solving tasks and also has resulted from the altruistic behavior.

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