

Understanding Of Knowledge Sharing And Employee Learning, Employee Adaptability Of Health Care Professional In Chennai

Mrs. T. CHITRA¹, Dr. S. THIRUMALAI²

¹Ph.D Research scholar-Full Time

Department of Business Administration

Annamalai University

²Assistant professor

Department of Business Administration

Annamalai University

Abstract

This research study find the understanding of knowledge sharing and employee learning, employee adaptability on health care sector employees in Chennai. In the recent years since every organization increasing knowledge sharing rate. Hence it is essential for any organization to identify the leading causes of health care professionals to prevent them. This research highlights more on the relationship between how the knowledge sharing leads employee adoptability and employee learning. Here knowledge sharing are considered as independent variables. The employee learning and employee adaptability has been taken as dependent variable. A sample of 250 employees have approached through the convenience sampling method to participate in this survey. Descriptive research design is applied. Questionnaire has been used to collect the primary data from the health care professional. The collected data are analysed descriptive statistics, correlation and regression analysis. The study results shows that knowledge sharing positively influenced to employee learning and adaptability of health care professional.

Keywords: Knowledge Sharing. Employee Learning, Employee Adaptability, Health Care Professionals.

1. Introduction

The process of knowledge creation is a part of knowledge acquisition and its representation. There are many sources and methods of knowledge creation such as research and development center, learning outcomes of an organization, innovation and analysis of knowledge learned by lessons. The methods and procedures of knowledge acquisition from both sources internal and external, needs to be developed. Normally the knowledge is represented by using the formal methods settled by organizations (Wielinga, Sandberg & Schreiber, 1997).

The knowledge structuring process consists of defining, storing and knowledge categorization, indexing and linking digital form of knowledge such as documents and pictures. The idea of mapping available knowledge of organization, including employees experience and skills. A proper storage of knowledge with proper indexing and linking with other relevant knowledge. So planning the knowledge classification plays an important role in development of better knowledge structure. A structured knowledge system with planned classification groups and with same kind of documents together and keep them under one category of knowledge, which can be generated by manual or automated methods or with the combination of both.

The knowledge storage stage refers to the organizational memory formation process, in which knowledge is formally stored in physical memory systems and informally retained as values, rules and beliefs that are associated to culture and organizational structure (Argote et al., 2003).

Grant (1996) pointed out that the main role of the organisation is the integration of individual specialized knowledge, and that hierarchical coordination of the organisation failures in the integration process. Connotation of knowledge repository, characterized as a physical location that supports creation and development, providing a social context (grant, 1996)

Lin (2007) explained that knowledge storage implies in a conversion process involving organization, structuring, storage and, finally, the combination of knowledge in order to facilitate future use by those concerned. Huysman & Wulf (2004) explained that organizations need to create a culture that encourages knowledge sharing.

Knowledge distribution refers to the process by which new information from different sources are shared and eventually can drive the creation of new knowledge, understanding and information (Huber, 1991). This sharing process requires the organization to mobilize in order to create a sharing environment. The organization should ensure the flow of knowledge in order to enable the learning process between individuals, resulting in improved performance (Yuan et al., 2010)

2. Review of literature

Jawad Karamat et al., (2018) pointed out that Knowledge management (KM) is the source for creating a sustainable competitive advantage and it helps the organizations to retain, develop, organize and utilize their knowledge. Due to globalization, the organizations must maintain their knowledge assets to survive. Many organizations have realized the potential of KM and are applying it. Since the healthcare industry is growing significantly, it is continuously generating a wealth of knowledge. There is a wealth of research on KM in healthcare of developed countries, but very few studies regarding KM implementation can be found in developing countries i.e., Pakistan. Pakistan is now looking towards the implementation of KM. The author identified the barriers of knowledge management and analyzed. An interrelationship between the barriers have been determined and how the different barriers support each other and how they influence each other. The results showed that lack of support from top management, insufficient strategic planning and lack of support from organizational structure are the main barriers to KM adoption in the healthcare of Pakistan.

Jawad karamat et. al., (2018) stated that the wealth of knowledge. can be recorded, communicated and used by many health care professionals with the help of KM. There is a wealth of research on KM in healthcare of developed countries, but very few studies regarding KM implementation can be found in developing countries i.e., Pakistan. Pakistan is now looking towards the implementation of KM; it is in its initial stages. The results of interpretive structural modeling (ISM) and MICMAC approach showed that lack of support from top

management, insufficient strategic planning and lack of support from organizational structure are the main barriers to KM adoption in the healthcare of Pakistan.

Betelehem Lema (2017) investigated the current knowledge sharing practice among health care professionals. The study result revealed that 53 percent of the study participants frequently share their knowledge. More than half of the participants report the absence of motivational schema and 60 percent of the respondents have high motivational level. Multivariate analysis result indicated that knowledge sharing of the health care professionals is by 2.87 score more in the presence of information communication technology. Therefore, information communication technology found to be an independent predictor for knowledge sharing. The study showed that most of the respondents were aware of the importance of knowledge sharing, engage in active knowledge sharing practice and use face to face communication and observation as knowledge sharing mechanism in the hospital. The study also indicated that availability of ICT as independent predictor of knowledge sharing

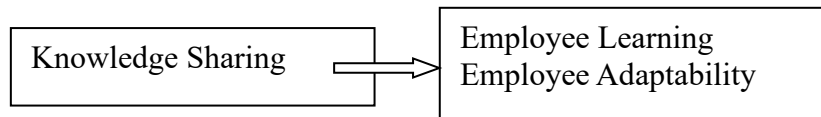
3. Research problem

Knowledge is being generated at a rapid pace and its utilization can profoundly impact patient care and health outcomes. But, this growth of knowledge is not congruent with our ability to effectively disseminate, translate and apply current healthcare industry. Delivering safe and high-quality services to patients is highly dependent on sharing the knowledge, such as medical knowledge, scientific knowledge, incident knowledge, and experience knowledge. Medical knowledge is defined as the required information for diagnosis and treatment. Scientific knowledge is about applying research findings in practice. Incident knowledge refers to learn from medical errors. Finally, experience knowledge refers to experienced healthcare providers educate less experienced practitioners about the best practice procedures. Thus, all this knowledge requires special attention, in order to create an environment to improve the quality of healthcare services. Many healthcare organizations are facing lack of knowledge sharing due to absence of processes and

framework for knowledge management. As a result, they face difficulties while acquiring the knowledge due to its rapid growth. One of the existing problems in healthcare knowledge management is lack of knowledge sharing culture. This problem leads them towards the narrow vision of knowledge and as a consequence, it becomes difficult for healthcare industry to work as a group. This problem leads organization to the falling of efficiency and customer satisfaction.

4. Research Frame Work of the Study

In this research knowledge sharing are taken as the independent variables and knowledge learning and knowledge adaptability has been taken as the dependent variables. Based on this the research framework is formulated



5. Objectives of This Study

- To study the health care professional perception towards perceived knowledge sharing, employee learning and employees adaptability
- To examine the relationship between perceived knowledge sharing on employee learning and employee adaptability in the health care sectors
- To analyse the effect of knowledge sharing on employee learning and employee adaptability in the health care sector.

6. Hypotheses of the study

H₁: Health care sectors professional perception towards knowledge sharing, employee learning and employee adaptability

H₁: Knowledge sharing has been related with employee learning and employee adaptability of the health care sector professional in Chennai

H₁: Knowledge sharing has the effect on employees learning and employees adaptability of the health care sector professionals in Chennai

7. Methodology adopted in this study

In this research paper, research design, study area,

population, sampling procedure questionnaire description and statistical tools applied have been explained

Research design

Descriptive types of research design is applied. Descriptive research refer to the collected data described based on the information provided by the sample respondent relating the questions

Study Area

This research work in conducted in Chennai. Chennai is main center for health care sector. In Chennai there are number of health care sectors doing their services to the public Hence, Chennai has been considered as study area.

Population

The employees working in multi specialty hospital, in Chennai has been considered a population

Sampling Procedure

In the health care sectors, Chennai, there are so many professional working it is difficult to identify the exact population of the professionals. However, the researcher made a attempt to select sample respondents through reference group, from the reference the health care sector professionals have approached through convenience sampling methods. The researcher met to the health care professional to given the research questionnaire total 150 questionnaire distributed. So, this study comprise of 150 as a sample size.

Questionnaire description

Fadzilah (2008) tool has been used for measured the knowledge sharing. These totals consist six items. This author tool is adopted and modified for this study. Zahid Zamir (2019) tool has been used for measured the employee learning and employee adaptability. Employee learning these totals consist five items and employee adaptability these totals consist five items. All the statement are measured likerts five-point scale, where five is strongly agree and one stands for strongly disagree.

Statistical tools used

Descriptive analysis, correlation and regression analysis have been applied to test the above stated hypothesis

8. Results and Discussion

Table 1 Employees Opinion towards Knowledge Sharing

Knowledge Sharing	Mean	Standard deviation
Share the information and knowledge necessary for the tasks.	4.64	0.96
Improve task efficiency by sharing information and knowledge.	4.56	1.07
Promote the sharing of information and knowledge with other teams in my organization	4.60	1.02
Promote and organize brainstorming camps for knowledge sharing to solve the problem	4.55	0.84
Employee rotation across areas for knowledge seeking and sharing encouraged.	3.69	1.29
Employees from various functional units should work together to achieve a common goal.	3.85	1.41

Table - 1 explains the employees opinion towards their knowledge sharing which is analysed with five statements. Further mean and standard deviation values are calculated. The calculated mean score is ranged between 3.69 to 4.64. From this mean score, it is observed that employees are highly rated that sharing information and knowledge is necessary for the tasks (4.64), followed by they are promote the sharing of information and knowledge with other teams in the organization (4.60), they improve task efficiency by sharing information and knowledge (4.56), they are promoting and organizing brain storming camps for knowledge sharing to solve the problem (4.55), employees from various functional units work together to achieve a common goal (3.85) and

employees rotation across areas for knowledge seeking and sharing has to be encouraged (3.69).

In health care industry employees knowledge sharing is found to be at a higher level. Employees are having better practice of sharing information and knowledge necessary for the tasks. However, employees have not much believe that the rotation across areas for knowledge seeking and sharing. Betelehem Lema (2017) found that knowledge sharing of employees is more in the presence of information communication technology for continuous sharing practices.

Table 2 Opinion towards Employees Learning

Employees Learning	Mean	Standard deviation
Formal training programs for performance of duties provided by my organization.	4.28	0.91
Informal individual development other than formal training such as work assignments and job rotation provided by my organization.	4.52	0.93
Organisation encouraged to seek professional development	4.49	0.80
Employees' development through learning as the key to success rather than a cost to the organization.	4.23	0.90
Continuous learning and trying to improve myself.	4.63	0.84

Table - 2 explains the employees opinion towards their learning behaviour. It is analysed with five statements. Further mean and standard deviation values are calculated. The calculated mean score is ranged from 4.23 to 4.63. From this mean score, it is observed that employees are highly rated that they are continuously

learning and trying to improve their self (4.63) followed by they received informal individual development training than formal training such as work assignments and job rotation provided (4.52), they are encouraged to seek professional development (4.49), they have formal training programs for performance of duties provided by their organization (4.28) and employees development through learning as the key to success rather than a cost to the organization (4.23).

In health care industry employees learning is found to be at a higher level. Employees are having higher level of continuous learning practices to improve themselves. However, employees development through learning as the key to success rather than a cost to the organization is at lower level. Jawad Karamat et al., (2018) stated that employees learning behaviour in the source for creating a sustainable competitive advantage and it helps the organisation to retain develop, organise and utilise the learned knowledge.

Table 3 Opinion towards Employees Adaptability

Employees Adaptability	Mean	Standard deviation
Take on new tasks.	4.46	0.79
Take step in for co-workers when needed.	4.04	0.92
Consider themselves useful in adjusting to changes.	4.52	0.90
Open to doing things in a new way.	4.32	0.93
Organization encourages employees to adjust to changing situations through innovation and creativity.	4.26	1.04

Table - 3 shows the employees opinion towards their adaptability behaviour. It is analysed with five statements. Further mean and standard deviation values are calculated. The calculated mean score is ranged between 4.04 and 4.52. From this mean score, it is inferred that employees felt that they have adjusted

themselves according to situation, if it is very useful (4.52) followed by they are really take on new tasks (4.46), they are very optimistic to do things in a new way (4.32), they are encouraged by the organization to adjust the changing situation (4.26) and they help the co-workers when they are needed (4.04).

In health care industry employees adaptability is found to be at a higher level. Employees considered that adjusting themselves according to changes is very useful for the organisation. However, employees are lacking to adopt the co-workers need when they are need. Anbazhagan and Sivasubramanian (2015) showed that the employees adaptability themselves according to the changes in very useful for the company.

Table 4 Relationship between Knowledge Sharing Practices and Employees Learning Behaviour

Knowledge Sharing Practices	Employees Learning	
	r - value	p-value
Completing Task	0.340	0.001
Improving Productivity	0.401	0.001
Promote Other Teams	0.445	0.001
Solve Problems	0.491	0.001
Encouragement	0.181	0.001
Achieve Common Goal	0.107	0.001

Employees Knowledge Sharing Practices have the Relationship with their Learning, to test the above stated hypothesis, Pearson correlation test is applied. The result is presented the table 4. The calculated P-values for knowledge sharing practices and employees learning is found to be significant ($P = 0.001$). So, the stated hypothesis is accepted. Further the r-values, it is observed that knowledge sharing for solving the problem and employees learning have the highest ($r = 0.491$) value followed by promote other teams ($r = 0.445$), improving productivity ($r = 0.401$), completing task ($r = 0.340$), encouragement ($r = 0.181$) and achieve common goal ($r = 0.107$). From this information, it is inferred that knowledge sharing practices have positive relationship with employees learning. Here, knowledge sharing for solving the problem and knowledge sharing for promoting other teams have the strong relationship with employees learning. However, achieve common goal, encouragement

and completing task have weak relationship with employees learning behavior.

Table 5 Relationship between Knowledge Sharing Practices and Employees Adaptability

Knowledge Sharing Practices	Employees Adaptability	
	r-values	p-value
Completing Task	0.171	0.001*
Improving Productivity	0.252	0.001*
Promote Other Teams	0.185	0.001*
Solve Problems	0.182	0.001*
Encouragement	0.427	0.001*
Achieve Common Goal	0.189	0.001*

Employees knowledge sharing practices have been related with their adaptability behavior. Pearson correlation test has been executed to examine the above stated hypothesis. The result is displayed in the table 5. The calculated r-value for knowledge sharing practices and adaptability have been found to be significant ($P = 0.001$). Thus, the stated hypothesis is accepted. Further, the r-values are ranged between 0.171 and 0.427. From the r-values, it is inferred that knowledge sharing for encouragement has secured the higher value ($r = 0.427$) with employees adaptability behaviour followed by improving productivity ($r = 0.252$) achieve common goal ($r = 0.189$), promote other teams ($r = 0.185$), solve the problems ($r = 0.182$) and completing task ($r = 0.171$). From this information, it is revealed that employees knowledge sharing practices have positive relationship with their adaptability behavior. Completing task, solve the problems, promoting other teams and achieve common goal are having weak relationship with employees adaptability behaviour.

Table 6 Influence of Employees Knowledge Sharing Practices on their Learning Behaviour

R-value	R ² -value	Adjusted R ² Value	F-value	P-value
0.651	0.424	0.415	43.97	0.001

Predictors	Unstandardized Co-efficient		Standardized Coefficients	t-value	p-value
	B	Std. Error	Beta		
Constant	2.730	0.158	-	17.367	0.001*
Completing Task	-0.039	0.045	-0.073	-0.868	0.386 ^{NS}
Improving Productivity	0.108	0.033	0.226	3.306	0.001*
Promote Other Teams	0.067	0.046	0.134	1.456	0.146 ^{NS}
Solve Problems	0.238	0.027	0.393	8.817	0.001*
Encouragement	-0.145	0.023	-0.363	-6.372	0.001*
Achieve Common Goal	0.137	0.020	0.377	6.734	0.001*

Employees knowledge sharing practices have been influenced their learning behaviour. Multiple linear regression has been applied to test the above stated hypothesis. Here, knowledge sharing practices have been taken as the independent variable and employees learning behavior has been taken as the dependent variable. The results is presenting in the table 6. In the regression model summary result, the adjusted R^2 value is found to be 0.415, the corresponding F-value is 43.97 which is significant ($P = 0.001$) at one percent level. Hence, the stated hypothesis is accepted. The adjusted R^2 value indicates that knowledge sharing practices have been influenced the employees learning behavior at 41.5 percent level. Further, the regression co-efficient values explains the strength of association between the knowledge sharing practices and employees learning behavior. It is expressed by the following equation.

Employees Learning Behaviour = 2.730 + 0.238 (solve the problem) + 0.137 (achieve common goal) + 0.108 (improving productivity) – 0.148 (encouragement).

From the regression equation, it is inferred that problem solving, achieve common goal and improving productivity have positively influenced the employees learning behaviour. Encouragement has negatively influenced the employees learning behaviour. But, completing task and promoting other teams have not influenced the employee learning behaviour. Further, the regression co-efficient values indicates that the knowledge sharing for problem solving has been influenced the employees learning behaviour at 0.238 level, when other factors remain constant. Similarly, achieving the common goal has influenced the employee

learning behavior at 0.137 level and improving productivity has been influenced the employees learning behavior at 0.108 level. But, employees encouragement of knowledge sharing has been decreased at 0.145 level, the employees learning behavior also decreases. From this result, it is revealed that knowledge sharing practices such as problem solving, achieve common goal and improving productivity have been positively influenced the employees learning behavior. Knowledge sharing for encouragement has been negatively influenced the employees learning behavior. However, completion of task and promoting other team have not influenced the employees learning behavior.

Table 7 Influence of Employees Knowledge Sharing Practices on their Adaptability Behaviour

R-value	R ² -value	Adjusted R ² Value	F-value	P-value
0.375	0.141	0.126	9.778	0.001*

Predictors	Unstandardized Co-efficient		Standardized Coefficients	t-value	p-value
	B	Std. Error	Beta		
Constant	3.159	0.217	-	14.561	0.000*
Completing Task	-0.031	0.062	-0.051	-0.496	0.620 ^{NS}
Improving Productivity	0.188	0.045	0.349	4.171	0.000*
Promote Other Teams	-0.066	0.063	-0.117	-1.046	0.296 ^{NS}
Solve Problems	0.108	0.037	0.157	2.890	0.004**
Encouragement	-0.060	0.031	-0.134	-1.926	0.055 ^{NS}
Achieve Common Goal	0.127	0.028	0.310	4.543	0.000*

Employees knowledge sharing practices have been influenced their adaptability behaviour. In order examine the above stated hypothesis, multiple linear regression test has been executed. Here, knowledge sharing practices have been taken as the independent variables and employees adaptability behavior has been consider as the dependent variable. The results is displayed in the table 7. From the result of regression model summary, the adjusted R² value is found that 0.126 and the corresponding F-value is 9.779 which is significant (P = 0.001) at one percent level. Thus, the stated hypothesis is accepted. It is noted that employees adaptability

behaviour has been influenced at 12.6 percent level by the employees knowledge sharing practices. Further, the regression co-efficient values indicates that the strength of association. It is expressed in the following equation.

Employees adaptability behaviour = 3.159 + 0.189 (improving productivity) + 0.108 (solve the problem) + 0.127 (achieve common goal).

From the regression equation, it is revealed that improving productivity, solving the proving and achieve common goal are the knowledge sharing practices which positively influences the employees adaptability behavior. However, completing task, promoting other teams and encouragement have not influenced the employees adaptability behavior. From the regression co-efficient values, it is inferred that to have one unit of employees adaptability behaviour, knowledge sharing for improving productivity has influenced at 0.189 level, when other factors remain constant. Similarly, knowledge sharing for problem solving has been influenced the employees adaptability behavior at 0.108 level and achieving common goal has influenced the employees adaptability behavior at 0.107 level. From this information, it is inferred that knowledge sharing practices, such as improving productivity, problem solving and achieve common goal have positively and significantly influenced the employees adaptability behaviour. But, completing task, promoting other teams and encouragement have not influenced the employees adaptability behaviour.

9. Findings and Recommendation

In health care industry employees knowledge sharing is found to be at a higher level. Employees are having better practice of sharing information and knowledge necessary for the tasks. However, employees have not much believe that the rotation across areas for knowledge seeking and sharing.

In health care industry employees learning is found to be at a higher level. Employees are having higher level of continuous learning practices to improve themselves. However, employees development through learning as the key to success rather than a cost to the organization is at lower level

In health care industry employees adaptability is found to be at a higher level. Employees considered that

adjusting themselves according to changes is very useful for the organisation. However, employees are lacking to adopt the co-workers need when they are need.

It is inferred that knowledge sharing practices have positive relationship with employees learning. Here, knowledge sharing for solving the problem and knowledge sharing for promoting other teams have the strong relationship with employees learning. However, achieve common goal, encouragement and completing task have weak relationship with employees learning behavior.

It is revealed that employees knowledge sharing practices have positive relationship with their adaptability behavior. Completing task, solve the problems, promoting other teams and achieve common goal are having weak relationship with employees adaptability behaviour.

It is revealed that knowledge sharing practices such as problem solving, achieve common goal and improving productivity have been positively influenced the employees learning behavior. Knowledge sharing for encouragement has been negatively influenced the employees learning behavior. However, completion of task and promoting other team have not influenced the employees learning behavior.

It is inferred that knowledge sharing practices, such as improving productivity, problem solving and achieve common goal have positively and significantly influenced the employees adaptability behaviour. But, completing task, promoting other teams and encouragement have not influenced the employees adaptability behaviour.

Conclusion

Knowledge management is not a short-term quick fix. It is a long-term, sustainable commitment to changing the culture of healthcare industry to become more collaborative, more transparent, and more proactive. For effective use of knowledge and information in healthcare industry, necessary skills needs to be developed to store, retain and share knowledge. Knowledge management should be considered a business model to coordinate and collaborate efforts to improve the or organisation performance by creating, sharing, retaining and applying the knowledge. It is also believed that healthcare industry

productivity can be enhanced by reusing knowledge across the organisation.

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