KNOWLEDGE SHARING IN HEALTHCARE SYSTEM

Abstract

The purpose of the research study is to evaluate maintenance of health care information systems with theory of Planned behavior focusing on knowledge sharing.

India's healthcare delivery system is categorised into two major components - public and private. The government, i.e. public healthcare system, comprises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centres (PHCs) in rural areas. The private sector provides majority of secondary, tertiary, and quaternary care institutions with major concentration in metros, tier-I and tier-II cities. India's competitive advantage lies in its large pool of well-trained medical professionals. India is also cost competitive compared to its peers in Asia and western countries. The cost of surgery in India is about one-tenth of that in the US or Western Europe. The low cost of medical services has resulted in a rise in the country's medical tourism, attracting patients from across the world. Moreover, India has emerged as a hub for R&D activities for international players due to its relatively low cost of clinical research. Hence a research on such topic will be the crux of the hour.

Keywords: Employee, Healthcare Organization, Systematic Review.

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I. PURPOSE

Generally, people are unwilling to share their knowledge. However, we should consider why and under what conditions people are unwilling to share their knowledge within an organization. In our study, academicians are at times unwilling to share knowledge as they consider it their unique selling proposition (these views were obtained in the open-ended questions). Knowledge dwells within the mind of a human being and it is tough to transmit it to others. An unwillingness to share knowledge is one of the hindrances of Knowledge Sharing. Particularly in a university scenario, this situation could be more startling as universities are knowledge-centric organizations. Attitudes and intentions toward knowledge sharing have been considered by UK academics (Fullwood & Rowley, 2017), in an intrinsic reward and leadership style of knowledge sharing behaviour among academicians in Iran (Jahani, Ramayah, & Effendi, 2011), in creation, acquisition and the application of knowledge (Cheng, Yeh, & Tu, 2008), and in the Relationship Between Organizational Antecedent And Knowledge Sharing Practices Among Academicians at Malaysia Research Universities (Abdullah et al., 2015).

II. TRA: THEORY OF REASONED ACTION.

Theory of reasoned action: Theory of reasoned action consists of Attitude and Subjective Norms.
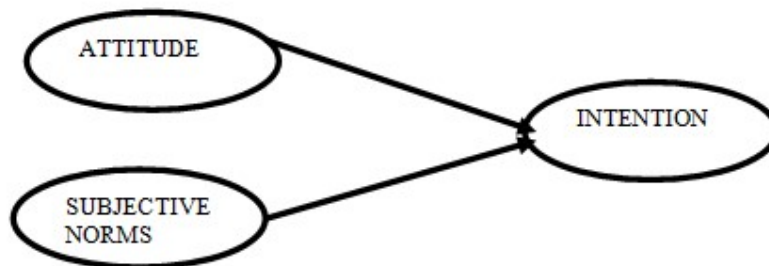

The TRA model is widely used as a model for the prediction of behavioral intentions. It has been used in a variety of research studies such as psychology, tourism, horticulture, marketing, healthcare, management and academics (Chang, 1998). Ajzen and Fishbein (1980) divided beliefs into conceptually strong and distinctive groups such as behavioral (Attitude) and normative (Subjective Norms). Here, the information affects intentions either through attitudes and/or through subjective norms. Knowledge sharing behavior is the extent to which an owner of knowledge actually shares their knowledge with other members of their organization, whereas intention studies an employee's willingness to connect with knowledge sharing. Sheppard, Hartwick, and Warshaw (1988) proposed that if the behavior is not under full decisive control, the predictive power of the TRA model will not be valid.

Therefore, the theory of planned behavior was formulated and differs from the theory of reasoned action through its addition of a constructed perceived behavioral control (Madden, Ellen, & Ajzen, 1992). There is a need for a perceived behavioral control such as when an individual does not have extensive control over the targeted behavior (Madden, Ellen, & Ajzen, 1992).

"Taking the **Theory of Planned Behaviour**" into consideration, the intention is influenced by three predictors, namely, attitude, subjective norm, and perceived behavioural control. Attitude reflects an individual's positive or negative assessment of performing the behaviour. For example, if one shares his knowledge with other faculty members then he/she feel pleasant or unpleasant.

A subjective norm is the apparent social stress (pressure) to perform or not perform the behaviour such as the expectation of a person (by others) to share knowledge among faculty members and a perceived 98 M. Punniyamoorthy & J. A. Asumptha (2019) behavioural control (the extent to which a person feels the need to enact the behaviour and it has two aspects: how much a person has control over the behaviour and how confident a person feels about being able to perform or not perform the behaviour).
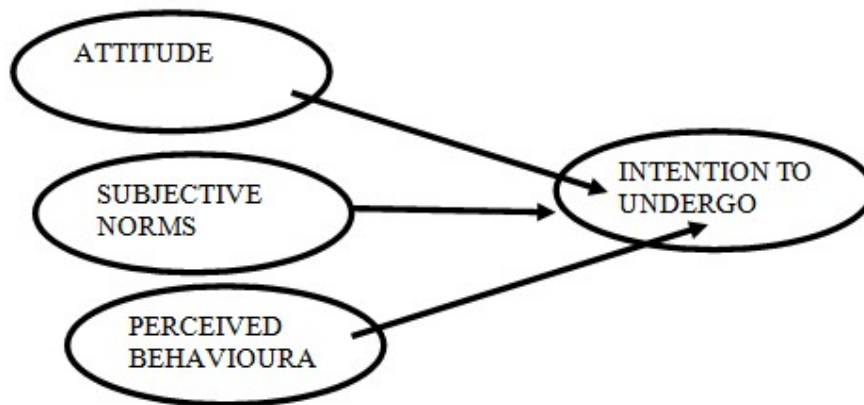
PBC is the perceived ease or difficulty that the individual faces in performing the behaviour (Pelling & White, 2009; Ramsay et al., 2010; Chen & Chen, 2011). This well-established theory acts as the basis for a well-fitted theoretical background for examining how academicians share knowledge. In this study, the Theory of Planned Behaviour model suggests that the intention of academicians to share knowledge is resolved by their attitudes, subjective norms and the perceived behavioural control. This could be represented by a simple equation (Goh & Sandhu, 2013). Behavioural Intention = Attitude + Subjective Norms + Perceived Behavioural Control

III. DESIGN/METHODOLOGY/APPROACH

The design of research study is based on three things which are (1) Population (2) Demographic Factors (3) Classification of Health care sector. Then, Methodology and approached we followed in this research study are Structural Equation Modeling (SEM) and Rank Correlation among Premier Heath care centers based on Population and Demographic factors in Phase-1 and Phase-2 & Phase-3

1. **Population:** Design of research study starts with population like doctors and nurses in countries like India.

2. **Demographic Factors**
   - Gender
   - Qualification
   - Country
   - Ethnicity
   - Income etc

3. **Classification of Educational Institutions**
   - Generalist Doctors
   - Specialists.
   - Nurses.

IV. FINDINGS

In this research study, we going to identified following findings in phase wise are

1. **Population & Demographic factors study is relevant:** In this research study, we using TOOLS like IBM SPSS (Statistical Package for Social Sciences), IBM AMOS,TABLEAU to analyze the Population and demographic factors like below

   - Mean
   - Median
   - Mode
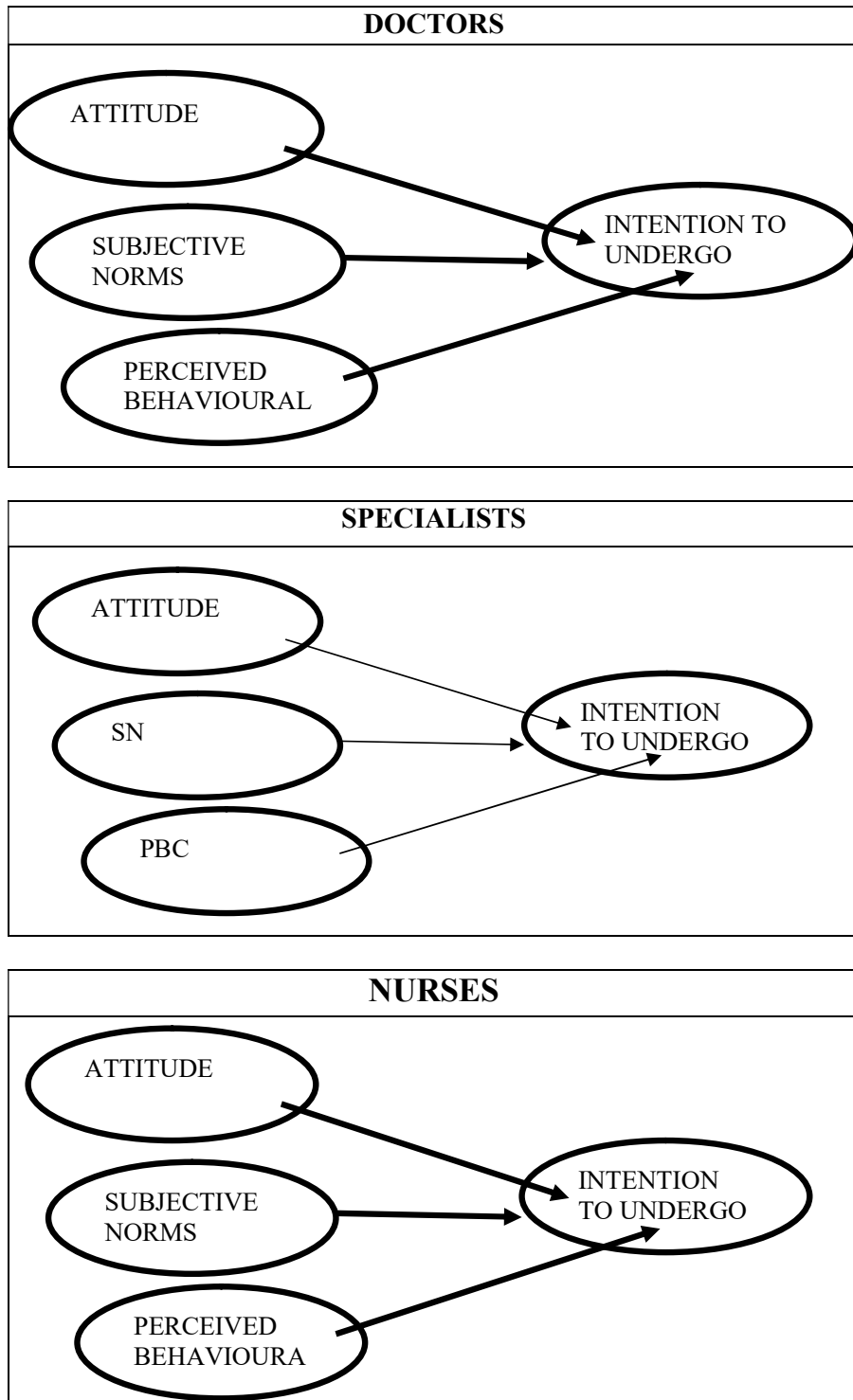   - Correlations
   - Reliability Analysis
   - Pie Charts etc

2. **Originality:** This research is novel to study Healthcare WITH DIFFERENT TYPES OF Appraisal as 90, 180,360,720 degree appraisal between them in different levels in each Health care area .Then, their contribution towards National Development

3. **Research Limitations:** In this research study, limitations are country wise study rather than whole populations ,samples consideration and performance appraisal

4. **Tables & Diagrams:** In this research study, the following below Tables & Diagrams have has to be mentioned
   - Literature Review in ascending order
   - Factor loadings & Estimates

V. TPB MODEL

DOCTORS

ATTITUDE

SUBJECTIVE NORMS

PERCEIVED BEHAVIOURAL

INTENTION TO UNDERGO

SPECIALISTS

ATTITUDE

SN

PBC

INTENTION TO UNDERGO

NURSES

ATTITUDE

SUBJECTIVE NORMS

PERCEIVED BEHAVIOURA

INTENTION TO UNDERGO

VI. CONCLUSION

On the whole nurses share knowledge more than Doctors and Specialists. Limitation it is used only in healthcare system in India not other countries. Could have been more generic than composing the recent tune of theory of planned behavior.

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