Knowledge Sharing Behavior of Physicians (Dentists) in Hospitals

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Abstract

Nowadays, there has been much interest for knowledge sharing within professional groups, like physicians in hospital.Knowledge sharing would be alarming if knowledge sharing is not done in hospitals were we deal with human lives. This study examines the factors affecting physician?s knowledge sharing behavior within a hospital department by existing theories, the theory of reasoned action (TRA) and the theory of planned behavior (TPB). Here we have a slight differentiation, we compare TPB model to a model were Attitude is further sub divided depending upon age, gender, departments and hospital ownership status. (Ömer Gider Saffet Ocak Mehmet Top) Subjective Norms are subdivided among Peers, Top Management, Subordinates and Clients and PBC depending upon Perceived Ease of use and Perceived usefulness. Technology Acceptance Model (Davis et al,1989) will power eg: You must genuinely want to change your behavior and willpower is necessary to do that.

Index terms— knowledge sharing, physicians, types of knowledge, theory of planned model

knowledge sharing within professional groups, like physicians in hospital. Knowledge sharing would be alarming if knowledge sharing is not done in hospitals were we deal with human lives. This study examines the factors affecting physician's knowledge sharing behavior within a hospital department by existing theories, the theory of reasoned action (TRA) and the theory of planned behavior (TPB). Here we have a slight differentiation, we compare TPB model to a model were Attitude is further sub divided depending upon age, gender, departments and hospital ownership status. Their theoretical and practical knowledge is vital to the care of patients, and the quality of specialty-based clinical practices is a major determinant for patients' use of medical services. Knowledge sharing in this sense becomes all the more important for physicians in tertiary hospitals, because they are required to be researchoriented, creative in medical care, and ready to take new medical knowledge opportunities that can be acquired through various organizational learning mechanisms (OLMs) (Lipshitz & Popper, 2000). The ultimate objective of physicians' knowledge sharing is to elevate the quality and efficiency of care in hospitals. We consider Rayen Dental Care Centre. (RDCC) as the platform for

1 II. Introduction a) About Rayen Dental Care Centre (RDCC)

"We speak from our heart and not from our tongue when we explain the problem to the patient because ultimately truth prevails in the long run. We work on the above said principles and all our patients work are preferably appointment based.

Rayen's Dental centre located in the central zone (Heart) of Chennai is well known for its hygienic, outstanding, exceptional quality dental practice providing the latest updated scientific data pertaining to all specialities in dentistry. Apart from providing health service we are ignited with a passionate heart to handle our clients with utmost kindness. We provide a comfortable environment with subtle differences in every aspect of dental practice to provide quality care and that earmarks our difference from others". Here we have taken the social responsibility factor to be present hence there is no bias as we compare with both before and after the survey (i.e. awareness). H1: The after survey (awareness) is higher. H2: The before survey (awareness) is higher.

Here in this study we use theory of planned behaviour of Ajzen, further to which we have applied the concept of Human resources as Subjective Norms can be further classified as:

2   IV. Sample and Data Collection

A total of 500 questionnaires were administered out of which 400 was answered.

The questionnaires had a cover letter briefing about the aim of this study. The same were administered both before and after the surveyconsidered as awareness created.

3   V. Measurement Development

The measures used in the research model were mainly adopted from some of the precedent related studies with minor statement changes, adapting to the college faculty knowledge sharing context. In order to increase the accuracy of measurement, a multi-item method was used and each item was based on a five point Likert scale. Such as, the items were measured on a 5-point Likert scale; ranging from The maximum percent weightage falls on 3 rd question and minimum percent is in the first question. The maximum percent weightage falls on 3 rd question and minimum percent is in the first question. The average shows that the 3 rd and 4 th i.e. 3.5 element has more frequency which means that faculty are ready to share knowledge in the Top Management.

The maximum percent weightage falls on 3 rd question and minimum percent is in the first question. The maximum percent weightage falls on 3 rd question and minimum percent is in the first question.

4   Medical Research

Volume XVIII Issue I Version I The Attitude average shows that the 4 th element has more frequency which means that it is very valuable to share knowledge. The Intention average shows that the 4 th element has more frequency which means that it is very valuable to share knowledge. The path coefficients were tested for significance level of 0.01.

5   VI. Path Coefficients and Conclusions

The path coefficients from attitude to intention and subjective norms to behavioral intention were noteworthy for all the models. After model seems to be more convincing thus the analysis is proved.
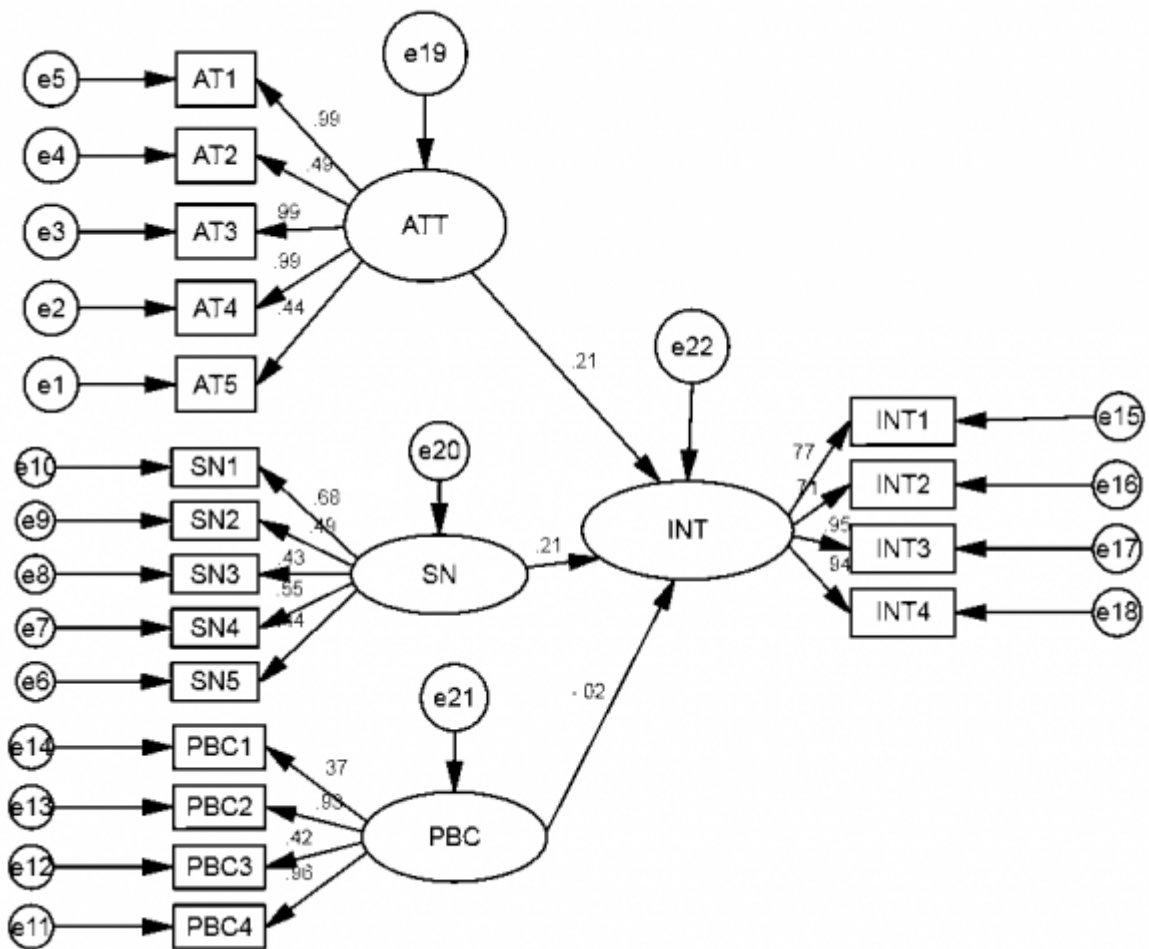

Figure 1:

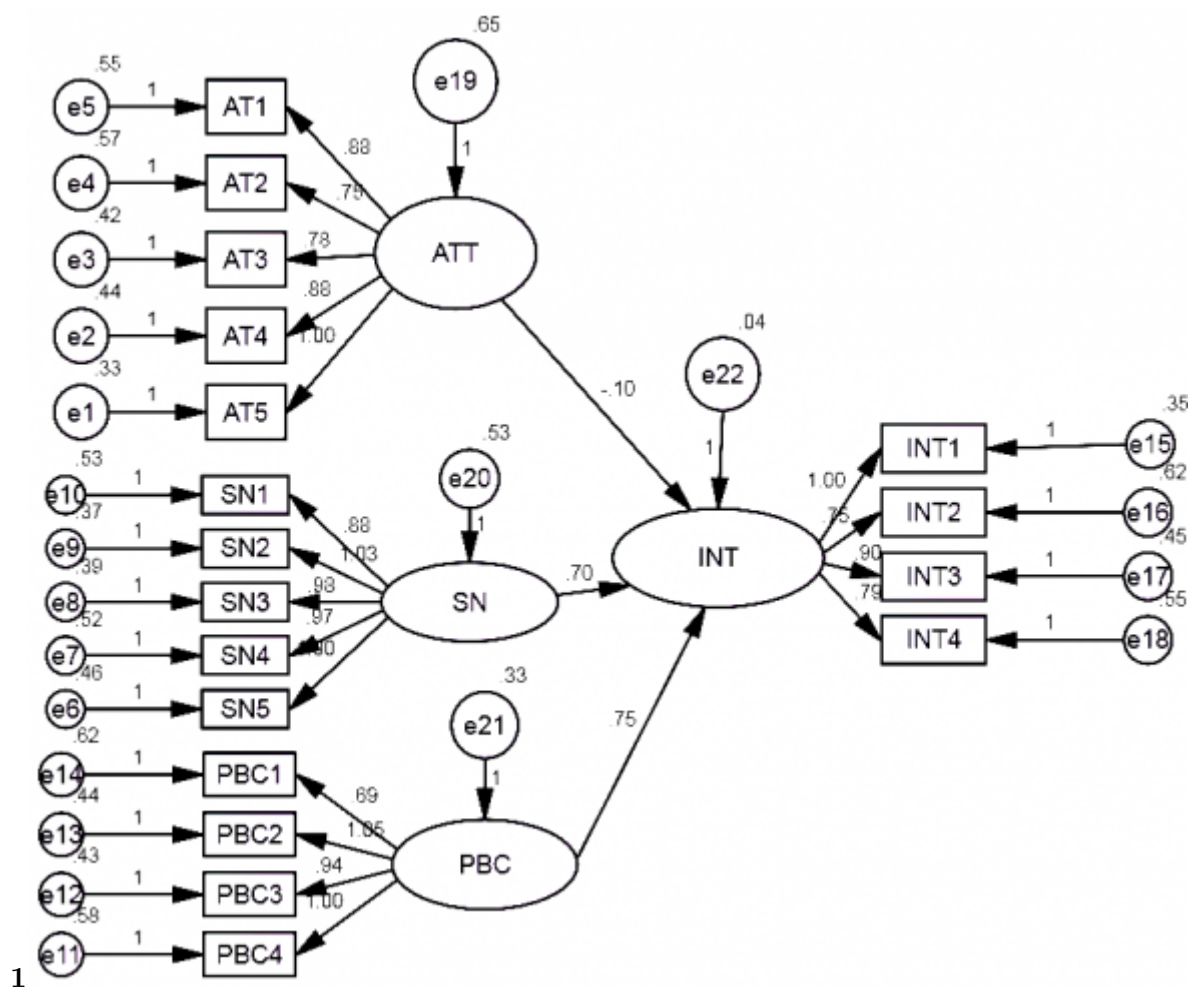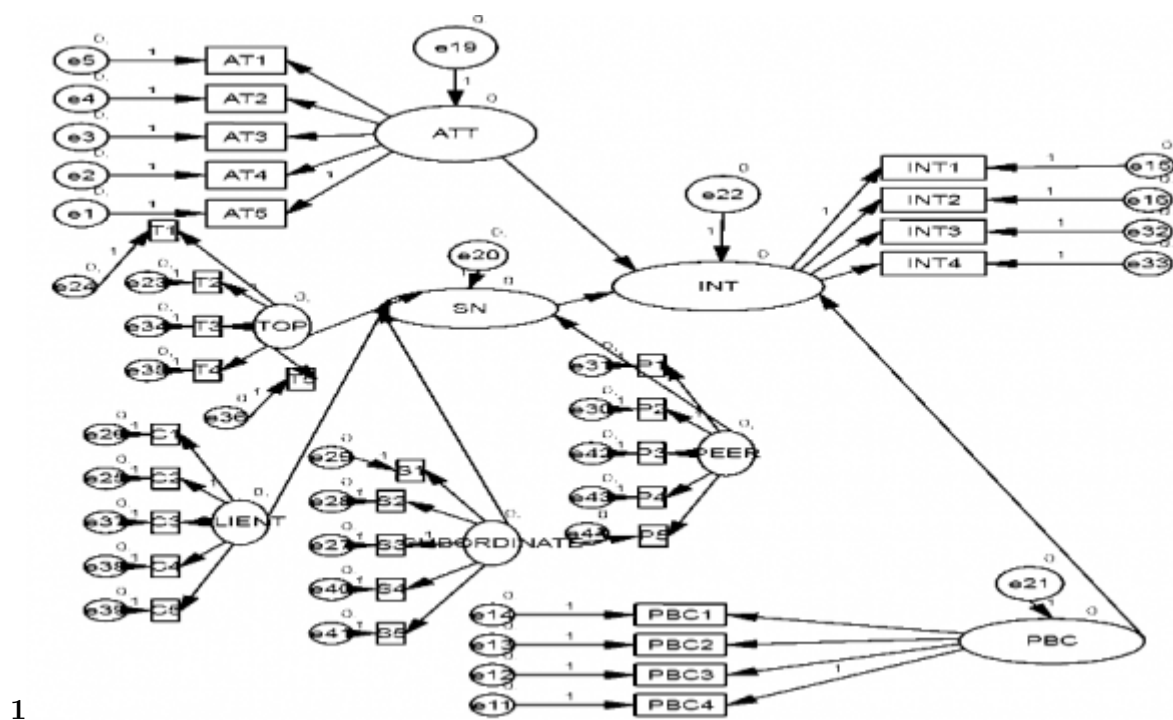Figure 2:

Figure 3: S 1 K

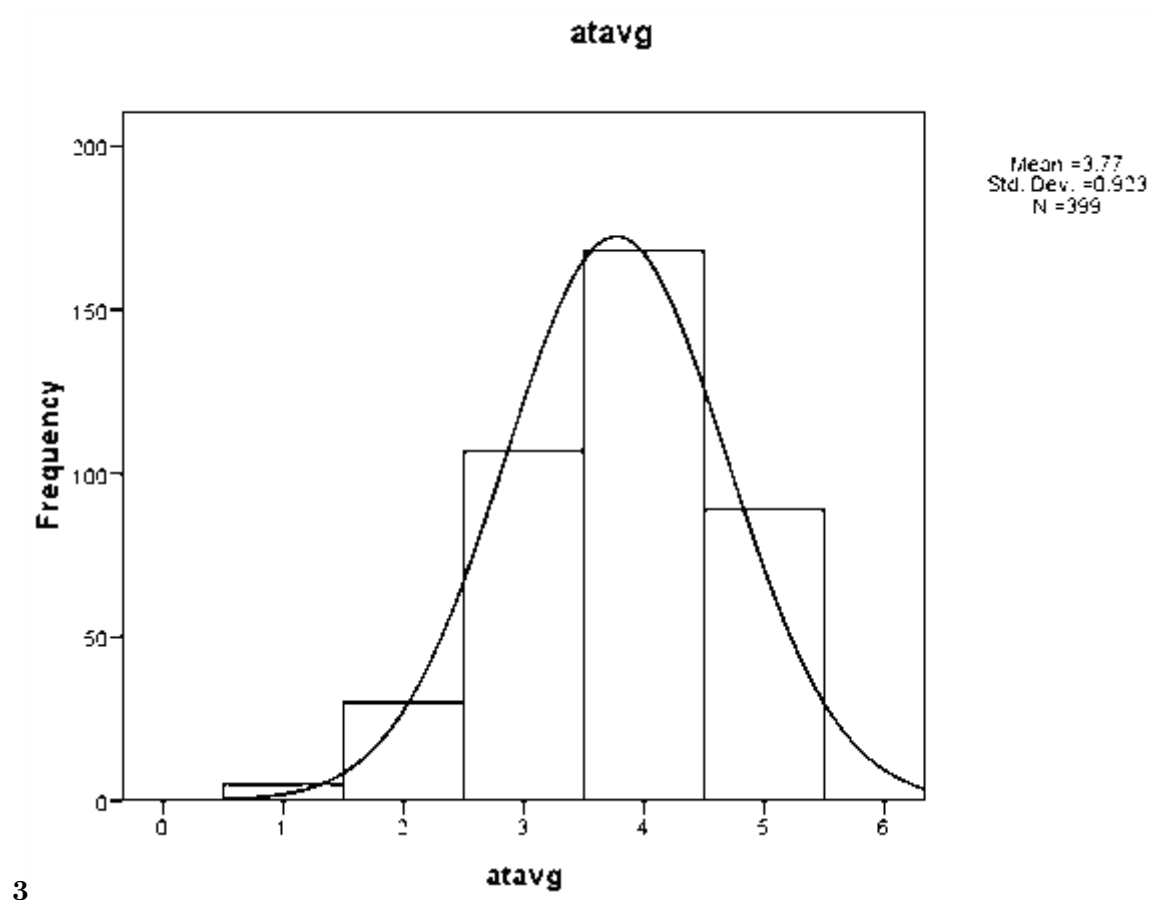Figure 4: Figure 1 :

atavg

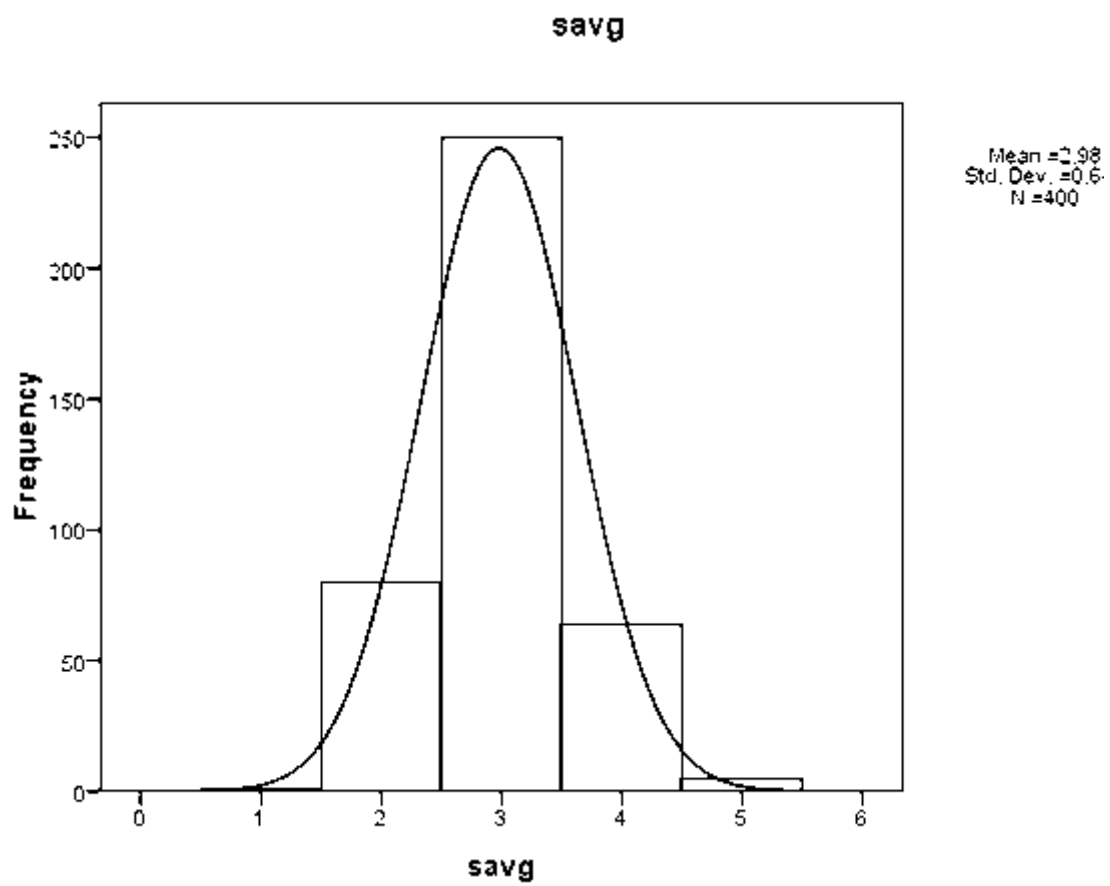Mean =3.77
Std. Dev. =0.923
N =399

3

Figure 5: Figure 3 :
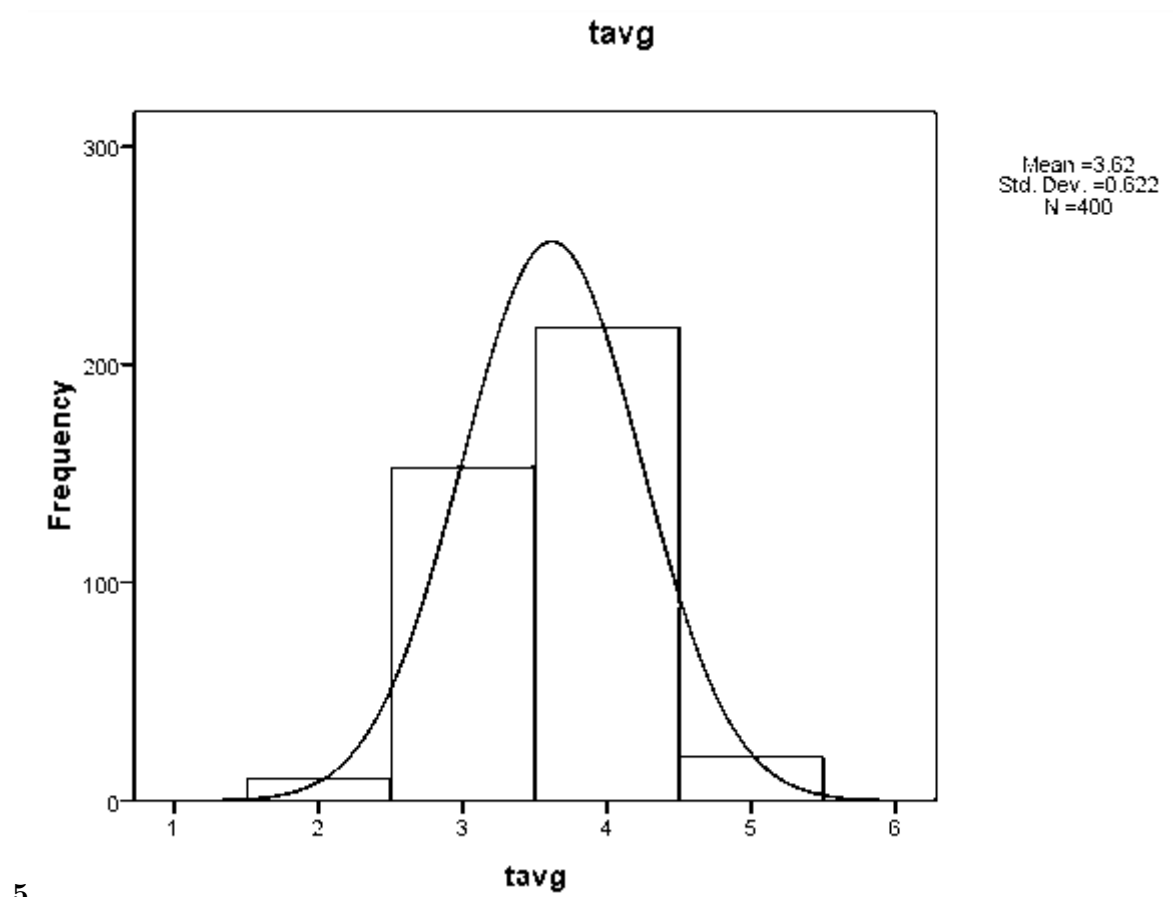
4

Figure 6: Figure 4 :

5
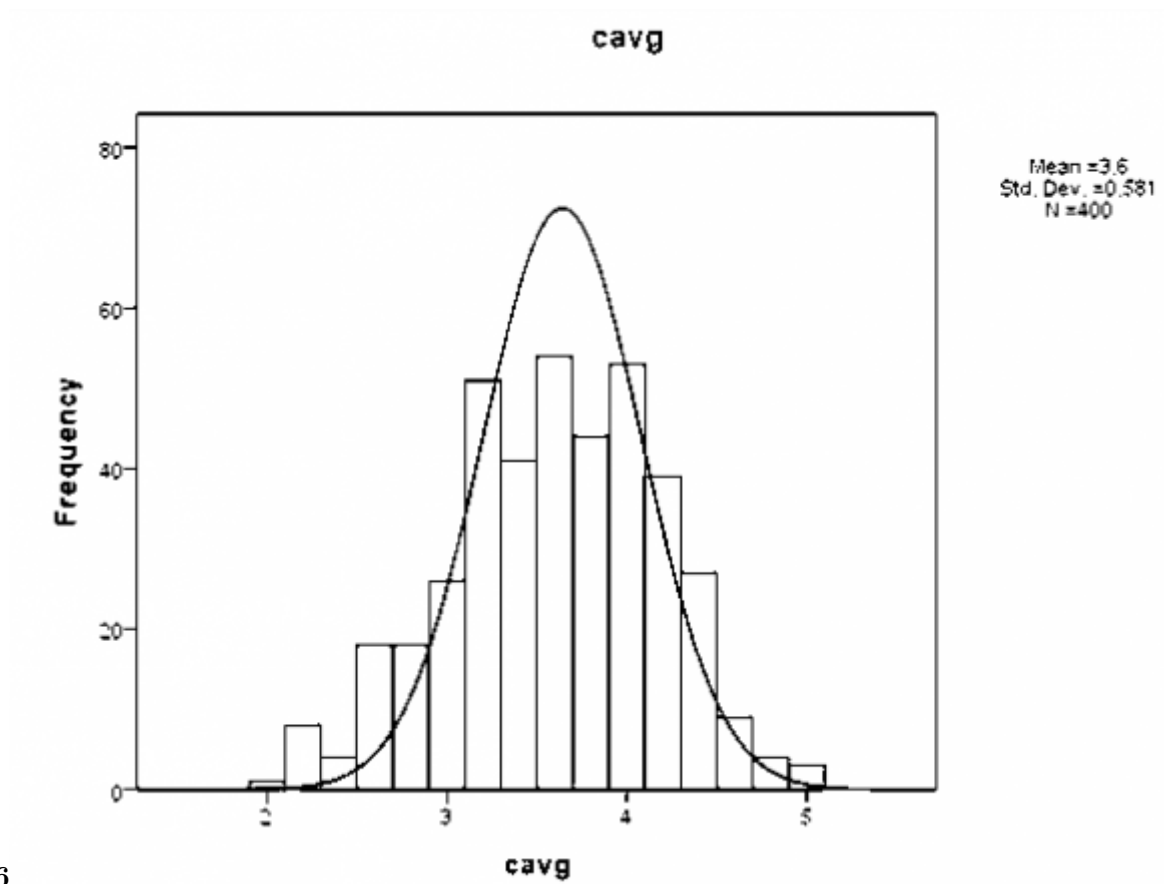
Figure 7: Figure 5 :

6

Figure 8: Figure 6 :
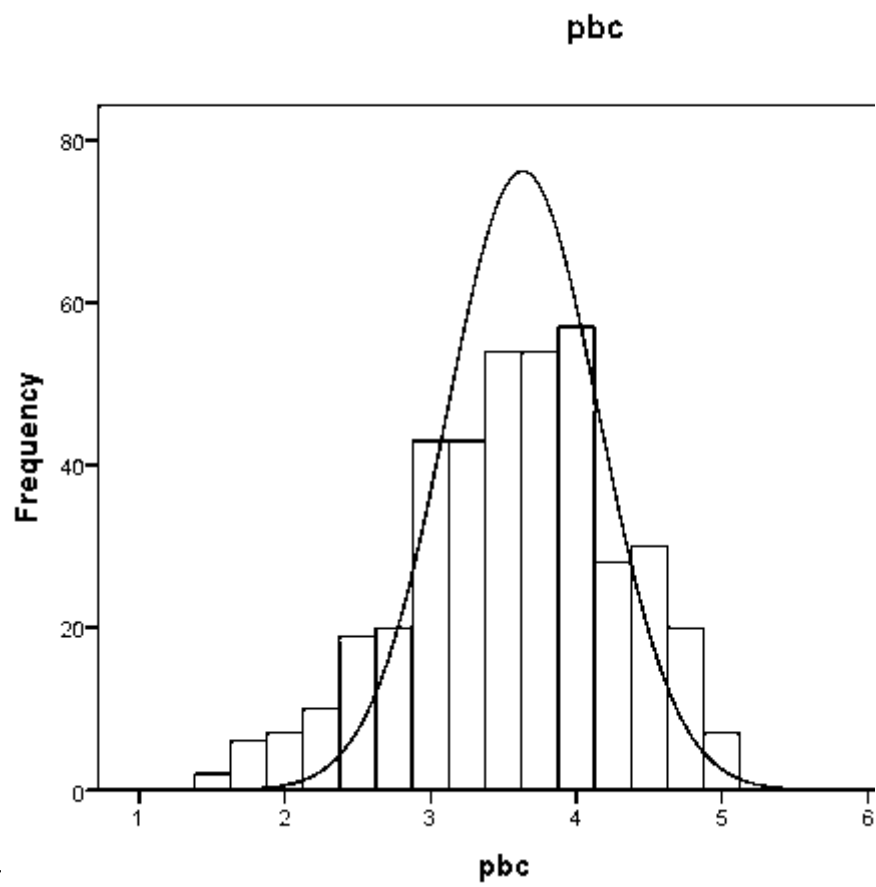
7

Figure 9: Figure 7 :
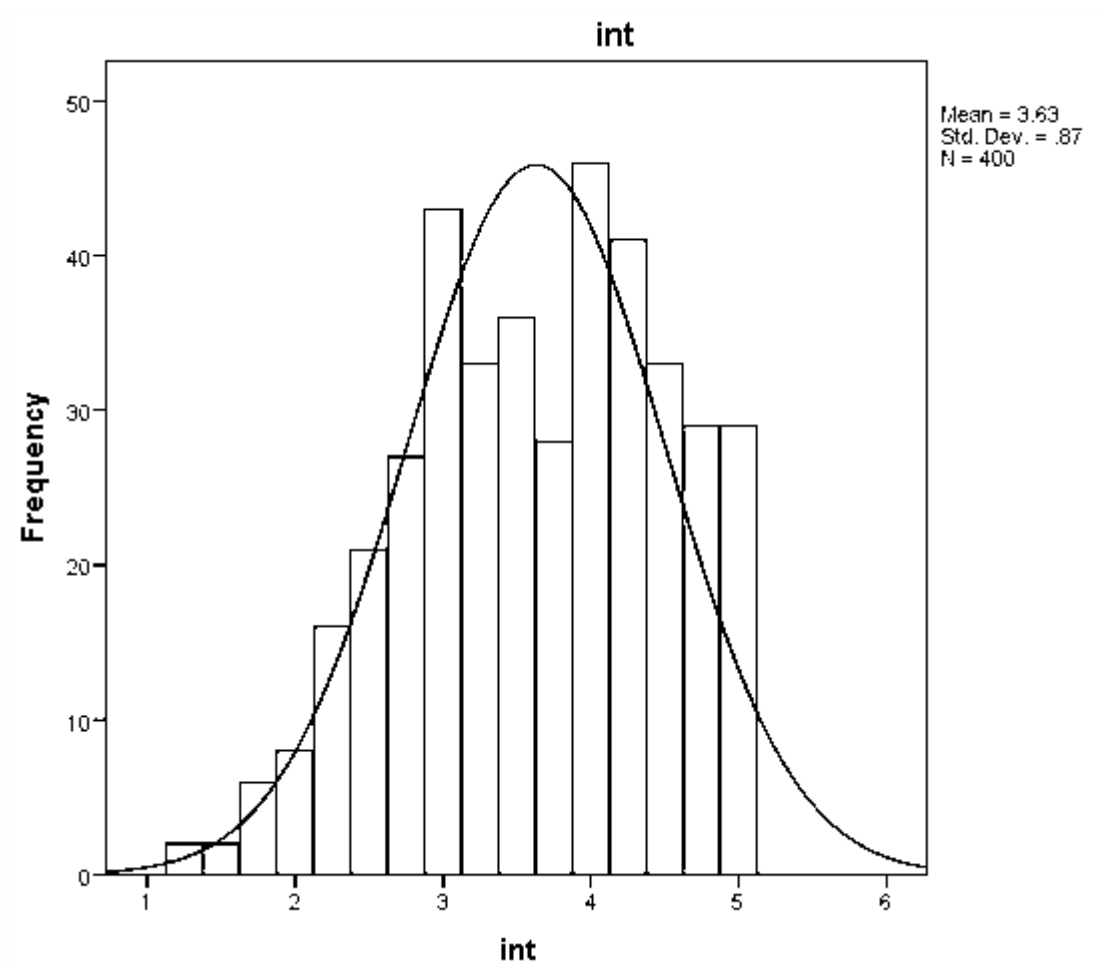
Figure 10: K

1

	Before	After
AT1	99	88
AT2	49	75
AT3	99	78
AT4	99	88
AT5	44	1
SN1	68	88
SN2	49	1.03
SN3	43	98
SN4	55	97
SN5	44	60
PBC1	37	69
PBC2	93	1.05
PBC3	42	94
PBC4	96	1
INT1	77	1
INT2	71	75
INT3	95	90
INT4	94	79

Figure 11: Table 1 :

1

Top Management
Subordinate
Peer
Client

	SUBJECTIVE NORMS			
TOP MANAGEMENT	SUBORDINATE		PEER	CLIENT
	III. Model Fit Summary			
Model	NPAR	CMIN DF	P	CMIN/DF
Default model	57	1142.399 132	.000	8.655

[Note: KKnowledge Sharing Behavior of Physicians (Dentists) in Hospitals]

Figure 12: Table 1 :

2

Model	NFI Delta1	RFI rho1	IFI Delta 2	TLI rho 2	CFI
Default model	.859	.818	.874	.836	.873

Figure 13: Table 2 :

3

Model	PRATIO		PNFI	PCFI
Default model		.772	.663	.674

Table 4: NCP

Model	NCP	LO 90	HI 90	
Default model	1010.399	906.154	1122.091	

Table 5: FMIN

Model	FMIN	F0	LO 90	HI 90
Default model	2.147	1.899	1.703	2.109

Table 6: RMSEA

Model	RMSEA	LO 90	HI 90	PCLOSE
Default model	.120	.114	.126	.000

[Note: KKnowledge Sharing Behavior of Physicians (Dentists) in Hospitals]

Figure 14: Table 3 :

1

	t	Df	Sig. (2-tailed)	Test Value = 0 Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
AT1	72.852	399	.000	3.898	3.79	4.00
AT2	79.359	399	.000	4.100	4.00	4.20
AT3	70.286	399	.000	3.992	3.88	4.10
AT4	64.473	399	.000	3.900	3.78	4.02
AT5	39.608	399	.000	2.760	2.62	2.90
S1	44.594	399	.000	3.388	3.24	3.54
S2	39.104	399	.000	2.775	2.64	2.91
S3	42.788	399	.000	3.110	2.97	3.25
S4	91.292	399	.000	3.712	3.63	3.79
S5	102.873	399	.000	3.778	3.71	3.85
T1	53.374	399	.000	3.185	3.07	3.30
T2	58.575	399	.000	3.780	3.65	3.91
T3	64.428	399	.000	3.545	3.44	3.65
T4	55.503	399	.000	3.115	3.00	3.23
T5	124.078	399	.000	4.625	4.55	4.70
C1	63.318	399	.000	3.855	3.74	3.97
C2	57.274	399	.000	3.708	3.58	3.83
C3	30.557	399	.000	1.850	1.73	1.97
C4	44.951	399	.000	2.028	1.94	2.12
C5	91.292	399	.000	3.712	3.63	3.79
P1	52.667	399	.000	3.172	3.05	3.29
P2	52.320	399	.000	3.175	3.06	3.29
P3	94.360	399	.000	3.920	3.84	4.00
P4	92.636	399	.000	3.885	3.80	3.97
P5	91.211	399	.000	3.832	3.75	3.92
PBC1	51.186	399	.000	3.172	3.05	3.29
PBC2	41.646	399	.000	2.668	2.54	2.79
PBC3	96.514	399	.000	4.202	4.12	4.29
PBC4	95.847	399	.000	4.205	4.12	4.29
INT1	68.371	399	.000	3.472	3.37	3.57
INT2	71.904	399	.000	3.480	3.38	3.58
INT3	63.318	399	.000	3.855	3.74	3.97
INT4	57.274	399	.000	3.708	3.58	3.83

Figure 15: Table 1 :

3

Figure 16: Table 3 :

5 VI. PATH COEFFICIENTS AND CONCLUSIONS

2

	Frequency	Percent	Valid Percent	Cumulative Percent
1	1	.2	.2	.2
2	80	20.0	20.0	20.2
Valid 3 4	250 64	62.5 16.0	62.5 16.0	82.8 98.8
5	5	1.2	1.2	100.0
Total	400	100.0	100.0	

[Note: KKnowledge Sharing Behavior of Physicians (Dentists) in Hospitals]

Figure 17: Table 2 :

4

	Frequency Percent		Valid Percent	Cumulative Percent
.00	80	20.0	20.0	20.0
1.40	1	.3	.3	20.3
1.60	1	.3	.3	20.5
1.80	11	2.8	2.8	23.3
2.00	6	1.5	1.5	24.8
2.20	19	4.8	4.8	29.5
2.40	26	6.5	6.5	36.0
2.60	28	7.0	7.0	43.0
2.80	29	7.2	7.2	50.2
Valid 3.00 3.20	46 39	11.5 9.8	11.5 9.8	61.8 71.5
3.40	59	14.8	14.8	86.3
3.60	13	3.3	3.3	89.5
3.80	11	2.8	2.8	92.3
4.00	10	2.5	2.5	94.8
4.20	11	2.8	2.8	97.5
4.40	5	1.3	1.3	98.8
4.60	3	.8	.8	99.5
4.80	2	.5	.5	100.0
Total	400	100.0	100.0	

[Note: KKnowledge Sharing Behavior of Physicians (Dentists) in Hospitals]

Figure 18: Table 4 :

5

		Cavg		
	Frequency	Percent	Valid Percent	Cumulative Percent
.00	80	20.0	20.0	20.0
2.00	1	.3	.3	20.3
2.20	6	1.5	1.5	21.8
2.40	4	1.0	1.0	22.8
2.60	16	4.0	4.0	26.8
2.80	14	3.5	3.5	30.3
3.00	21	5.3	5.3	35.5
3.20	42	10.5	10.5	46.0
Valid 3.40 3.60	33 42	8.3 10.5	8.3 10.5	54.3 64.8
3.80	35	8.8	8.8	73.5
4.00	41	10.3	10.3	83.8
4.20	32	8.0	8.0	91.8
4.40	22	5.5	5.5	97.3
4.60	6	1.5	1.5	98.8
4.80	3	.8	.8	99.5
5.00	2	.5	.5	100.0
Total	400	100.0	100.0	

Figure 19: Table 5 :

6

		Pbcavg		
	Frequency	Percent	Valid Percent	Cumulative Percent
.00	80	20.0	20.0	20.0
1.50	2	.5	.5	20.5
1.75	5	1.3	1.3	21.8
2.00	7	1.8	1.8	23.5
2.25	9	2.3	2.3	25.8
2.50	14	3.5	3.5	29.3
2.75	17	4.3	4.3	33.5
3.00	35	8.8	8.8	42.3
Valid 3.25	31	7.8	7.8	50.0
3.50	43	10.8	10.8	60.8
3.75	40	10.0	10.0	70.8
4.00	48	12.0	12.0	82.8
4.25	24	6.0	6.0	88.8
4.50	24	6.0	6.0	94.8
4.75	16	4.0	4.0	98.8
5.00	5	1.3	1.3	100.0
Total	400	100.0	100.0	

Figure 20: Table 6 :

5 VI. PATH COEFFICIENTS AND CONCLUSIONS

7

	Frequency	Percent	Valid Percent	Cumulative Percent
1.25	2	.5	.5	.5
1.5	2	.5	.5	1.0
1.75	6	1.5	1.5	2.5
2	8	2.0	2.0	4.5
2.25	16	4.0	4.0	8.5
2.5	21	5.2	5.2	13.8
2.75	27	6.8	6.8	20.5
3	43	10.8	10.8	31.2
Valid 3.25	33	8.2	8.2	39.5
3.5	36	9.0	9.0	48.5
3.75	28	7.0	7.0	55.5
4	46	11.5	11.5	67.0
4.25	41	10.2	10.2	77.2
4.5	33	8.2	8.2	85.5
4.75	29	7.2	7.2	92.8
5	29	7.2	7.2	100.0
Total	400	100.0	100.0	

[Note: KKnowledge Sharing Behavior of Physicians (Dentists) in Hospitals]

Figure 21: Table 7 :

5

Path Coefficient		Model 1 (Theory of Planned Behavior)	Model 2
AT	IN	0.21	0.10
SN	IN	0.21	0.70
PBC	IN	0.2	0.75

Figure 22: Table 5 :

Most physicians who are important to me SN2: ...think that I should share knowledge with other physicians. SN3: ...share their knowledge with others physicians whose opinions I value SN4: ...would approve of my behavior to share knowledge with other physicians. SN5: ...share their knowledge with others Perceived behavioral control (PBC: 4 items) PBC1: For me to share my knowledge is possible always PBC2: If I want, I always could share knowledge PBC3: It is mostly up to me whether or not I share knowledge PBC4: I believe that there are much control I have to share my knowledge with other physicians. Most physicians who are important to me SN2: ...think that I should share knowledge with other physicians. SN3: ...share their knowledge with others physicians whose opinions I value. SN4: ...would approve of my behavior to share knowledge with other physicians. SN5: ...share their knowledge with others-this is further as

Perceived behavioral control (PBC: 4 items) PBC1: For me to share my knowledge is possible always. PBC2: If I want, I always could share knowledge. PBC3: It is mostly up to me whether or not I share knowledge. PBC4: I believe that there are much control I have to share my knowledge with other physicians. .

[O' Dell and Grayson ()] 'If only we knew what we know identification and transfer of internal best practices'. C O' Dell , C J Grayson . *California Management Review* 1998. 40 (3) p. .

[Knowledge sharing behavior of physicians in hospitals Seewon Ryua,*, Seung Hee Hob] *Knowledge sharing behavior of physicians in hospitals Seewon Ryua,*, Seung Hee Hob*, (Ingoo Hanb)

[Lipshitz and Popper ()] 'Organizational learning in a hospital'. R Lipshitz , M Popper . *The Journal of Applied Behavioral Science* 2000. 36 (3) p. .

[Perceptions of Physicians about Knowledge Sharing Barriers in Turkish Health Care System] *Perceptions of Physicians about Knowledge Sharing Barriers in Turkish Health Care System*, `http://www.willpowered.co/learn/factors-of-behavior-influence`