



RESEARCH PAPER

The most Important Considerations of Medical Professionals for Sharing Knowledge

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ABSTRACT

This research was conducted in the healthcare sector to investigate the most important knowledge-sharing considerations among doctors, nurses and other paramedic staff. The role of knowledge sharing for achieving a sustainable competitive edge is recognized worldwide in several contexts and cultures. Hence, identification, collection, creation, and application of knowledge are among organizations' top priorities nowadays. This research is conducted through qualitative research design. 75 semi-structured qualitative interviews were conducted in three case organizations and data was analyzed through thematic analysis. It was revealed that interpersonal trust, credibility and authenticity of the shared knowledge, professional relationship, organizational duty, personality dimensions of the knowledge sharer are some of the key considerations for knowledge sharing within healthcare organizations. The managers and practitioners in healthcare sector can develop their understanding how to promote knowledge sharing in hospitals in the light of this research. Organizations need to cultivate an organizational culture of mutual trust and facilitation for knowledge sharing.

KEYWORDS Credibility, Culture, Knowledge Sharing, Organizational Duty, Personality, Trust

Introduction

The supreme impact of knowledge sharing has been documented in several organizational performance-related outcomes including improving performance (Darmawan et al., 2023); identifying best practices (Singh et al., 2021); solving complex organizational problems (Qhal & Mohammed, 2022); saving organizational resources from wastage (Poleacovschi et al., 2017); innovation (Migdadi, 2021); job commitment (Faeq, 2022); job satisfaction (Kavalić et al., 2023); achieving competitive advantage (Gupta et al., 2022) inter-organizational collaboration (Chen, Lin & Yen, 2014); cross-cultural cohesiveness (Hutchings & Michailova, 2004) and many more. Knowing the all-embracing role of knowledge sharing for organizations' success and achievement of goals, firms are spending heavy financial budgets to implement state-of-the-art knowledge management systems and other relevant technologies to facilitate interpersonal communications and knowledge exchange (Pais et al., 2023). On the other side, knowledge sharing is tricky, and employees are not always found enthusiastic and motivated to share their knowledge, due to several factors (Binsaheed, 23). These factors sometimes relate to organizational constraints (Sulehri, 2024), individual behavioural (Mustika, 2022), or attitudinal factors (Bock et al., 2005). On the other side, individual employees consider several factors and aspects including cultural (Toufighi, 24),

organizational and individual personality-related factors for deciding to share the knowledge or receive the same from someone (Rohman, 2020). Huysman and Wulf (2006) established that due to these factors, organizational members do not always donate their knowledge under any circumstances nor will they be willing to exchange their expertise to the extent their organizations expect from them. Researchers believe that individuals also vary in terms of their natural inclination towards sharing knowledge; some seem to be more enthusiastic and others seem to be reluctant when it comes to sharing one's knowledge (Wasko & Faraj, 2005). Hence, identifying the underlying motivations, beliefs, thoughts, perceptions and priorities of individuals regarding their knowledge-sharing behaviours can guide both researchers and managers to receive insights as to why individuals do or do not donate their knowledge.

This paper is important mainly from three points of view. First, this research is conducted in the South Asian context which is an under-researched context in the domain of knowledge sharing and second, this research is conducted in the medical profession which is also an under-researched area in the field of knowledge management especially keeping in view the constructs like knowledge sharing and the most important considerations for knowledge sharing. Third, previous research studies have mainly focused on antecedents to knowledge sharing; but this research is aimed at studying the most important considerations of the actors of the process of knowledge sharing. Hence, this paper can open new vistas of thinking, planning and implementation regarding making knowledge sharing a success within organizations. The sequence of this paper is as follows: the next section contains the theoretical background; section three presents the research methodology employed in this research, section four presents findings, section five includes discussions and the last section discusses implications and conclusion.

Literature Review

Researchers believe that since organizational members tend to be the initiators of knowledge creation, therefore sharing of knowledge among them could result in the creation of new knowledge at a holistic level (Salehi & Sadeq Alanbari, 2023). According to Senge (1990), knowledge within organizations tends to be created through interpersonal communication among individual co-workers. In a similar vein, Nahapiet and Ghoshal (1998) suggested that the exchange of ideas among organizational members gives birth to new knowledge. However, this process of sharing of knowledge is not simple (Darmawan, 23) due to several situational, cultural, individual and organizational factors. This is why numerous researchers have shared their apprehensions and concerns regarding the sharing of knowledge within organizations and have presumed that actual knowledge sharing may not occur within organizations (Peng, 2024). Many studies reveal that despite heavy emphasis, practically, knowledge is not being effectively shared within organizations (e.g., Shirani & Nor, 2012) and this has led several researchers to build a new knowledge management theory to provide a more rigorous and comprehensive understanding of the factors that impact KS within organizations (Bock et al., 2005). Thus, considering the critical role of knowledge sharing, researchers and practitioners should be obsessed with recognizing the tools, factors and behaviours that facilitate knowledge exchange within the firms (Rohman et al., 2020). "Social capital theory" (SCT) and "Transaction Cost Economics Theory" (TCE) are generally used to explain the knowledge sharing within organizations (e.g., Kankanhalli et al., 2005; Shin, 2004).

Researchers and scholars have identified several factors that play a moderating role in intra-organizational knowledge sharing (Toufighi et al., 24). These factors include

nature and characteristics of knowledge exchanged (Collins & Hitt, 2006), individual motivation (Cabrera & Cabrera, 2002) knowledge sharing beliefs and attitudes (Bock et al., 2005) individual personality factors (Matzler et al., 2008) organizational culture (McDermott & O'Dell, 2001) and national culture (Husted & Michailova, 2002). Uncertainty is one of the factors since it involves bigger transaction costs and owing to this, it discourages knowledge-sharing behaviours (Shin, 2004). Another important factor according to Staples & Webster (2008) is that within organizations, knowledge sharing mostly tends to be a voluntary activity carrying no explicit guarantee of reciprocal benefits in return, and this demotivates the sharers from sharing the knowledge. This uncertainty factor can also result in some risks and adverse outcomes. These risks include loss of organizational power position or status (Szulanski, 1996), unauthorised use and distribution of knowledge may also discourage the individuals from sharing their knowledge with others (e.g. Kankanhalli et al., 2005), whereas according to Hoslste & Field (2010), individuals must expect certain positive paybacks from sharing the knowledge. Hence, people tend to be very selective while deciding whether to share the knowledge or not. The authenticity of the shared knowledge and the credibility of the source is also an important factor, especially in the medical profession which is directly linked with the health and wellbeing of patients. The factors like credibility, reliability and dependability of the sharer of knowledge are also critical. Personality-related factors of the people involved in the process of knowledge sharing are also significant (Szulanski, 1996). The willingness of an individual to accept the knowledge tends to be largely dependent upon his or her perception of the exactness and cogency of shared knowledge (Szulanski, 1996). Persuasion and influence-related studies suggest that the recipients of knowledge tend to be highly impressed by the factors of trustworthiness and expertise of the sharer of knowledge (Perloff, 1993) and the lack of the credibility and reliability of the source of knowledge may discourage the acceptance of the shared knowledge (Jacobson and Goering, 2006).

Social value orientation is also an important personality-oriented factor affecting individual knowledge-sharing behaviour (Lee & Song, 2020). Altruistic and prosocial individuals perceive joint benefits and collective outcomes as more important than individual benefits and under the influence of this particular personality trait they always feel enthusiastic about helping others by sharing their knowledge regardless of considering the reciprocal benefits or losing their power position in the organization as a result of sharing their knowledge with their colleagues (Jadin et al., 2013). Extant research posits attributes like stability, agreeableness and conscientiousness as indicators of a positive attitude toward knowledge sharing (Matzler et al., 2008). Personality-related factors can be like, the personality image of the person, organizational position, educational background, qualification, age, experience, and the depth and breadth of his or her knowledge. Numerous studies have identified that knowledge sharers must have a solid and credible image among their colleagues before sharing the knowledge within organizations (Foos et al., 2006). These studies emphasize that individuals need to be relatively sure that the shared knowledge is correct and worthwhile and will deliver what is expected from that knowledge by offering all the sought information (Holste & Fields, 2010). Due to above-mentioned factors, favourable or unfavourable attitude of an individual towards knowledge sharing counts a lot (Ajzen, 2001).

Material and Methods

This research is conducted through qualitative research methodology and the choice is based on the endorsements of distinguished gurus of the field of social research (e.g. Wang & Noe 2010) who maintain that quantitative methodology might not be appropriate and reasonable selection for the investigation of the socially-driven

constructs like knowledge sharing. Therefore, the qualitative approach is a suitable and logical choice for this research. Multiple case study research strategy has been adopted in this study. The choice is made on the basis that it is one of the most widely used strategies in the domain of qualitative research (Yin 1994). And according to (Eisenhardt, 1989), to analyze a few selective situations/ cases and generate rich data through knowledge and in-depth analysis of a particular contemporary phenomenon of interest, the case study method is the most appropriate choice. To arrive more detailed and comparative analysis of the topic under study, instead of one, three case organizations were selected. For data collection, semi-structured interviews were conducted which tend to be the most commonly adopted tool for conducting a qualitative research study (Patton, 1990). Seventy-five semi-structured interviews were conducted. Keeping in view the type and nature of the study, purposive convenience sampling was adopted to achieve the objectives of both purpose-serving and practicality. The interviewees consisted of both male and female, doctors and nurses and paramedic staff with the same proportion from all three case organizations. The interviews lasted an average of more than 40 minutes. All the interviews were recorded and then transcribed. Data was analyzed through "thematic analysis", keeping in view its vast applicability, relevance and appropriateness for the analysis of qualitative data (Braun and Clarke, 2006). The interview questions were mainly regarding the sharing of knowledge within the case organizations and the main considerations for knowledge sharing and the reasons and logic behind considering them critical for knowledge sharing. A few "pilot interviews" were conducted to decide the type, nature and number of relevant research questions. Findings were compiled in the light of the generated codes, themes, categories and patterns from the interview transcripts based on the guidelines suggested by Braun and Clarke (2006). The data analysis process was monitored and guided by two senior PhD professors.

Results and Discussion

The purpose of this study was to understand the most important considerations of the doctors and nurses and other medical staff about sharing knowledge while performing their duties within their respective organizations. On inquiry, the respondents replied that they considered multiple factors to be important for knowledge sharing, such as *trust, organizational duty, professional relationship, credibility of the shared knowledge and its source, personality factors of the sharer (including, personality image, credibility education, depth and breadth of knowledge, attitude towards knowledge sharing and friendship, etc.* Actually knowledge sharing is an interactive process that includes two parties: sharer and receiver of knowledge, and there is a third factor also that is the context or environment where the knowledge is being shared. Based on this idea, various elements can play their role and multiple factors can be considered by the respondents in the sharing of knowledge. Some factors might be related to the sharer and others might be related to the receiver and still some other factors might be related to the context or environment where the knowledge sharing takes place. That is why respondents emphasized *multiple factors being critical for the process of knowledge sharing*. For example, the Female Nursing Superintendent illustrates this by saying, "*For knowledge sharing, you cannot just consider only one or two factors multiple factors should be considered. For example, you can consider trust, because trust is very important. You can consider the knowledge and personality of the person. Sometimes you consider organizational duty and professional relationships etc. Simply I think you cannot say that you will consider one or two factors for knowledge sharing*"(R, 42). The principal of the Nursing College within the case organization one also mentioned the consideration of multiple factors about sharing knowledge: "*I consider trust as the most important factor while sharing knowledge with anyone. After trust, I consider the reputation of the person. I also consider my relationship, the nature of*

my relationship and the length of time of my relationship with that person. Additionally, I use my judgment. I have been judging the people about my relationship with them for many years, so when I receive any knowledge from those whom I trust, then I accept it easily and comfortably because I know, that they are trustworthy and that they will not hurt my confidence.” (R, 66).

Trust

Trust was the most important and frequently reported consideration from the respondents belonging to all three case organizations. In the view of interviewees, trust is the most important consideration for knowledge sharing with co-workers in the organization. The participants of this study were of the view that trust was highly needed for any meaningful and sincere relationship both in professional as well as individual lives. A vast majority of participants reported that they couldn't continue their duties in the medical profession without the factor of trust because in the medical profession, they needed to have a credible and trustworthy background. According to participants, trust is a central consideration for smooth communication and meaningful interchange; because in the view of participants, if trust goes away then the whole communication process breaks and the same halts the undergoing sharing of knowledge. This can be seen from the extract of the male nursing superintendent: *“Without trust, there is no possibility of knowledge sharing because trust is needed for any sincere and meaningful relationship in life and in the same way trust is needed for effective knowledge sharing. Trust is important not only for knowledge sharing but even for your personality development and career development because people will trust you if you trust them and that will help you in career development” (R, 64).* A considerable number of interviewees perceive trust as a very important consideration for KS, and view it as a professional requirement. According to both doctors and nurses, they perform their duties in teams and since trust is a prerequisite for effective functioning of teams hence, it is a fundamental consideration for knowledge sharing in any professional working environment like medical profession. For example, in the view of a male nurse: *“Knowledge sharing is not possible without trust, knowledge sharing cannot be possible; because for any good and truthful relationship, trust is very important and in the same way it is needed in knowledge sharing” (R, 18).*

Credibility or Authenticity of the Shared Knowledge

Since the medical profession is directly linked with the health and well-being of the people, therefore, the *authenticity and credibility* of the knowledge and its source a critical factor in the field of medical science. That is why the respondents placed a huge emphasis on the factor of *credibility and authenticity of the shared knowledge* while sharing their opinions about the most important factors for sharing of knowledge with their colleagues and also patients. Respondents emphasized the factor of credibility and authenticity of the shared knowledge or the source. In the view of respondents, a way to test the authenticity and credibility of the shared knowledge is to check the authenticity of the source of the knowledge i.e. the sharer, his or her education, degree, experience, caliber, perception among colleagues, reference of the book, the writer and the publishing agency, etc. That is why the respondents highlighted *“crosschecking the source or reference of the shared knowledge*. Some doctors reported that *“We are taught not to accept any knowledge without verifying the authenticity and credibility of the knowledge”*. The respondents frequently used words like *“verification of the source” “cross-examination and reference checking”* while pointing the issues of *authenticity and credibility* of the source of the knowledge being shared. For example, a PG male doctor pointed out: *“We are in the medical profession; we are entrusted with the job of saving human lives. Therefore, it lays a great responsibility on our shoulders and based on that it is very much important for us to assess the authenticity of the shared knowledge and credibility of the source of that knowledge” (R, 23)* and

the Deputy Registrar stated: *“For knowledge sharing, the sharer is important. If the sharer is a senior and credible person then you will feel more inclined to accept his or her knowledge and if the sharer is junior or less experienced, then you will feel less inclined to accept any knowledge from that person or you will try to reconfirm his or her knowledge through some other sources.”* (R, 30).

A Sense of Organizational Duty

Organizational commitment (Curado and Vieira, 2019) has been a very frequently mentioned factor in the process of knowledge sharing in the findings of this research. They reported that they considered the factor of organizational duty for sharing knowledge. Some respondents felt it was their *professional duty* and they said *“We are bound to share knowledge since without sharing it, a hospital will not be able to run”*. Others felt *“It is our moral duty to help our colleagues by sharing knowledge”* (e.g., Lin & Joe, 2012). In the words of a dispenser, *“if they ask me ten times I will answer them”*. For example, the deputy registrar stated: *In the medical profession, the most important factor in knowledge sharing is organizational duty because we have to give best services to patients. Getting the latest knowledge and sharing it with patients and my staff is my organizational duty.”* (R, 30). Some respondents including both nurses and doctors linked the sharing of knowledge with their duty to provide the best care to their patients and others linked it with their professional conduct. Hence, they reported that they didn't consider ethnicity or any other factor, but they considered the fulfillment of their organizational duty. Others related it to the ethical or moral considerations. To them, morality and humanity is above all. For example, a female nurse states: *“We consider professional duty in knowledge sharing. Professionally we are bound to share knowledge. Although everyone tends to hold a soft spot for people of his community, other than that, we are taught that humanity is above all. Therefore, we don't consider ethnicity or friendship, but we consider only professional duty and humanity as the most important factors while sharing knowledge”* (R, 31). Another male PG also shared a similar kind of thought by reporting: *“It is our moral and professional duty and we are bound to share knowledge with everyone, patient, doctor or nurse, because without that these hospitals will not be able to run. Male GP (R, 35).*

Professional Relationship

The doctors and nurses viewed *professional relationships* as one of the most significant considerations for knowledge sharing. Both doctors and nurses tend to be connected through a professional network of relationships. According to Marshall (1998), the main motivation for GPs and senior consultants to maintain good professional relationships and to support and facilitate each other, apart from traditional professional protocol, is a desire to preserve potentially a long-term relationship between them, keeping in view the perceived benefits for patient care based on a relationship of trust and self-respect. In the words of a junior doctor, *“I have to maintain good relationships with my seniors because in the event of some difficult patient case, I have to consult a senior doctor”*. This is how professional relationships seem important in the process of knowledge sharing in the medical field, as mentioned by a senior doctor: *“Professional relationships are the most important factor for doctors in the context of knowledge sharing because we doctors generally remain in our doctor community and our conversation revolves around our profession. Therefore, professional relationships are natural and the key factor in sharing knowledge (R, 43).* According to five respondents (8%), the need for considering *professional relationships* also emanates from the fact that while sharing knowledge, *“they need to consider the nature of the professional relationship. One might see the position, rank or status as a colleague, junior or senior”*; because it will directly affect the whole process of communication and knowledge sharing. For example, in the view of the respondents, *‘some people may be*

pleased to share with only seniors to learn from them and may not welcome juniors' perceiving it as a waste of time; whereas another person may be opposite to that individual. Another person "may feel shy in sharing with seniors and may feel enthusiastic in sharing with juniors"(R, 5).

Personality Factors

The respondents emphasized *personality factors*, such as *attitude, caliber of the person education, experience, depth and breadth of knowledge, personality image or repute of the person, intellectual capability, hierarchical position or nature of the organizational relationship, being a senior or junior, way of communication, information needs of the person, etc.*, as important for the sharing of knowledge. Personality factors, as mentioned by the respondents, also included *eligibility, thinking, character, temperament, decency and level of tolerance, etc.*, since, according to the interviewees, all of the above factors affect the way of communication among the two parties involved in knowledge sharing. According to the participants, personality factors also include the *understanding level* of the other party. Some interviewees mentioned the importance of understanding the other party involved in the process of knowledge sharing. The understanding level has two connotations: one, *what is the capability power of understanding of that person* and the second relates to *the level of understanding between the sharer and receiver of knowledge*. For instance, a senior consultant lady doctor while commenting on the personality-related aspects of the person involved in the process of knowledge sharing commented: *"Personality of the person with whom you share knowledge is important. Personality includes the education and experience of the person, the authenticity and relevance of his or her knowledge, communication skills, the breadth and depth of knowledge and overall behavior which counts her or his friendliness, tolerance and attitude towards knowledge sharing. I judge the personality of the person on these parameters and that decides my participation in knowledge sharing" (R, 43).*

Several participants shared that they consider the level, depth and breadth of the knowledge sharer and to know the level of understanding of the sharer of knowledge, some respondents remarked that *they used their judgment about the sharer of knowledge in terms of pre-judgment, concurrent judgment and post-judgment* in the process of knowledge sharing. For example, based on their pre-judgment, they may *decide to share their knowledge with that individual or not*. During the concurrent judgment, they can decide to *continue or discontinue their knowledge sharing* and with post-judgment, they may decide whether to *accept, retain and promote that knowledge*. This extract from the interview of a male nurse throws light on this factor: *"I consider the knowledge of the person and the way of delivery of that knowledge. Concerning knowledge, I consider the subject and ongoing discussion and the arguments and ideas of the person. If I feel a positive and meaningful connection between the ideas of the person and the subject matter, then I feel interest in sharing the knowledge and secondly I closely observe the body language of the knowledge sharer. The body language of the person tells you a lot about whether the person is knowledgeable or not. So basically, I consider these two factors as most important for knowledge sharing" (R, 68).*

Some interviewees shared that they consider their own personality factors also in the process of knowledge sharing, such as how much knowledge they possess on a given subject and what kind of relationship they keep with the sharer of the knowledge. For example, a junior doctor commented: *I consider the seniority and experience of the person who shares the knowledge with me and when I share the knowledge with someone, I will consider the information, the need of the person and my knowledge. Sometimes I practically demonstrate also but I don't give the impression that my knowledge is perfect and final. If I think that I can make him or her understand, then I guide him, otherwise, I refer him to some senior (R, 40).*

Discussions

This study was conducted with the aim to investigate the most important considerations of the medical staff about their approach and attitude towards knowledge sharing in their professional lives. This research empirically endorses the supposition that interpersonal trust is one of the top considerations of both doctors and nurses for knowledge sharing. Hence, this research once again corroborates the findings of the existing studies (e.g., Dahinine et al., 2023; Hsu & Chang, 2014; Staples & Webster, 2008) that trust is one of the top priorities of medical staff concerning their choices and decisions of sharing knowledge with their colleagues in the professionalized context. For instance, Hsu & Chang, (2014) posit that "Trust is, after all, the single most important precondition for knowledge exchange" (p.239). The importance of trust for knowledge sharing refers to several factors. For example, trust decreases the feeling of ambiguity among the knowledge shares in social relationships whereas literature tells that uncertainty and ambiguity tend to be one of the most commonly observed reasons for withholding knowledge sharing (Staples and Webster, 2008).

Ensuring the authenticity and accuracy of the shared knowledge has been another important consideration of the respondents of this study since several participants have highlighted the importance of the same by emphasizing that they always considered the factor of the authenticity and accuracy of the shared knowledge. In the view of the respondents, the credibility factor has three dimensions. First, the correctness of the shared knowledge, second the source or reference of the knowledge and third the credibility and reliability of the person who shared that knowledge. The findings of the current research corroborate the findings of the existing research studies regarding the fears and concerns of the receivers of knowledge regarding the authenticity and accuracy of the shared knowledge (Szulanski, 1996). The authenticity of the shared knowledge and the credibility of the sharer or the source has been a critical factor in sharing knowledge source credibility relates to the degree to which a recipient of knowledge believes a source of knowledge as an expert and trustworthy (Jacobson & Goering, 2006).

Personality factors of the other party in the process of knowledge sharing that might be the sharer or receiver are also critical in the respondents' view of this research. Personality factors might include a big list ranging from the education and experience of the person to his or her cultural background and temperament, including attitude, communication skills, absorptive capacity people skills, motivation for sharing knowledge and reputation etc. (Keshavarz, 2022). In their study, Matzler et al. (2008) empirically tested that the stable attributes of the individuals, i.e., openness, agreeableness and conscientiousness impact knowledge sharing. Personal repute and the personality image of the sharer of knowledge are very important. Reputation according to Matzler et al. (2008) refers to attributes of a person based on second-hand information about him or her. The reputation of a person can be an important trust-building factor and so it applies to KS. Reputation is a "general estimate of a person concerning the character or other qualities and organization about some aspect of its activities" (Matzler et al., 2008). In the existing literature on trust, reputation has been perceived as a trust-building factor especially when it applies to professionals like doctors and nurses. Depth and breadth of the knowledge and experience of the person are also some of the personality factors highlighted by the respondents in this study. Findings of Constant et al. (1996) validate the outcome of this study. They proposed that people with higher degrees of expertise are more expected to give beneficial advice; and less expected to donate knowledge when they reflect their expertise to be insufficient (Wasko & Faraj, 2005). Being consistent with existing research findings on communities of practice the

research findings of Wasco and Faraj (2005) empirically proved that individuals' professional experience was an important predictor of KS.

Sense of organizational duty has also been an important consideration of the respondents of this study for knowledge sharing. Most of the doctors and nurses in the interviews reported that they mostly remained overburdened in their organizational duties, and according to them, if they still preferred to share knowledge, then it could be significantly credited to their organizational commitment. Affect-based organizational commitment according to Wasco and Faraj (2005), tends to be directly linked to workers' eagerness to put extra efforts into their work which can motivate them to share knowledge. This is because knowledge sharing is commonly observed to be a voluntary kind of activity. Plentiful studies (e.g., Ribeiro et al., 2022) suggest organizational commitment as an acute feature in elucidating knowledge exchange. In their empirical study, Van den Hooff & Van Weenen (2004) have evidenced a strong positive connection between KS and organizational commitment; whereas Wasco and Faraj (2005) have evidenced a fragile correlation of commitment and information sharing.

The influence of professional relationships on KS among doctors and nurses is highly significant. Since doctors and nurses work together as teams and depend upon each other, therefore, it is foreseeable that social and psychological developments might influence KS among professionals; since the organizational duties and the members of groups and teams perform activities collectively. Psychosocial progressions tend to incorporate strong interpersonal relationships, connections and linkages, social interconnection and cooperative values. It includes the notions of affiliation, fairness and innovativeness further note that knowledge sharing best occurs through the values of teamwork, strong interpersonal relations, cohesiveness and cooperative norms. Interconnected groups have already been linked with higher degrees of trust and higher levels of group performance (Levin and Cross, 2004).

Conclusion

In today's knowledge-based economies management and sharing of information has been counted as a critical factor for achieving organizational goals of superior operational performance and competitive edge. In the light of the findings of this study, the researchers and practitioners need to understand how to promote knowledge sharing in professional organizations. Organizations need to cultivate an organizational culture of mutual trust and facilitation for knowledge sharing. The management must try to link the selection of the medical professionals with their aptitude and attitude toward knowledge sharing. They may provide training also to their staff to modify their trends and behaviors toward knowledge sharing to avail the fruits of knowledge management.

Recommendations

This study offers some key contributions in the existing literature by building theory in the domain of knowledge management and offers some key recommendations for practitioners. First, trust is a very critical and crucial factor for knowledge sharing, especially in the professional field like medicine. Managers must understand that KS can only take place when organizational members are eager to share their knowledge. Trust helps disregard barriers to KS. Without the presence of trust, the collaboration required for effective KS might not occur. Therefore, while deciding to promote KS, managers need to develop proper mechanisms and procedures that may beautify the nature and level of interpersonal relationships among organizational members and create a culture of mutual trustworthiness built on strong social interaction ties and a shared vision for

shared knowledge. Furthermore, HR managers can cultivate better trust-based ties among the organizational members by promoting the norms and values of reciprocity, coordination, teamwork and dialogue etc. Moreover, the organizational culture needs to be conducive and encouraging to provide a motivating atmosphere that significantly contributes towards the acceptance and sharing of new knowledge. As reflected by the interviewees, it is part of human nature that knowledge sharing produces fear about the use of the same, therefore, they asked for a secure and supportive environment to drive out the fear of sharing knowledge and encourage the employees to accept higher risks in new adventures or making innovative decisions.

Second, firms could foster KS through employee screening. According to Matzler et al. (2008), the selection and retention of employees is a critical function of management and the same are recommendations in the light of the findings of this research. Moreover, the personality traits of the employees should be properly monitored (e.g., Barrick, Mount, & Judge, 2001). The existing research suggests that the individuals who score high on openness, agreeableness and conscientiousness, generally tend to be more inclined to share knowledge (Matzler et al., 2008). The managers need to identify the employees who show reluctance in KS, since this can influence KS within and across teams. HR managers need to have a deep understanding of the individual characteristics of organizational members that encourage or discourage them towards KS. Based on the findings of this research, these factors include attitude and intentions towards KS, sense of organizational duty, sense of professional relationship, a passion to help colleagues and personality factors including education, experience, image and depth and breadth of an individual's knowledge are some of the personality related factors that are critical for KS.

Third, a sense of organizational duty or organizational commitment is a significant element of KS. Considering the peculiar nature and sensitivity of the healthcare profession, especially about knowledge sharing, it is not hard to understand the impact and role of organizational commitment to knowledge exchange. HR managers need to increase the level of organizational commitment among the organizational members. Previous studies maintain that the state and extent of individual conduct are highly affected by the extent of the profoundness of his or her commitment toward the organization (O'Reilly & Chatman, 1986). An individual with a relatively higher amount of obligation toward an organization is expected to have more faith in his co-workers and can be more likely to donate his or her knowledge. Fourth, keeping in view, the sense of professional relationship as highlighted by the respondents of this study, a sense of teamwork, collaboration and cooperation needs to be further strengthened among the organizational members, since cooperation and team orientation is one of the most notable pre-requisites for improved organizational performance and sharing of knowledge. A fundamental standpoint on team orientation is that teamwork is much better than individual working. The cooperative learning theory of Ashman & Gillies (2003) suggests that group performance will be improved if the group members maintain mutuality of objectives, combine responsibility for the outcome, facilitate and guide the teammates about needed skills for discharging their duties and keep on evaluating the contribution and overall group performance time by time. Castelfranchi and Falcone (2002) posit that social ties and the exchange of knowledge are generally observed to be positively associated. For example, this is seen that individuals tied with solid social bonds, tend to be generous and willing to exchange information with the consideration that they are bound in a mutually cooperation-based social network to support colleagues who need help, by donating their knowledge (Castelfranchi & Falcone, 2002).

Finally, HR managers may reshape and refine employees' perceptions and sensitivities regarding knowledge sharing. Many individuals don't share the knowledge presuming knowledge as a source of position and status in the organizations. Hence, it is mandatory to identify the factors and techniques that can trigger the knowledge-sharing motivations of individual employees (Wang and Noe, 2010). For example, extant research emphasizes the need to enhance individuals' self-confidence and self-efficacy in sharing their knowledge with their colleagues (Cabrera et al., 2006). Managers and practitioners need to kindle the self-efficacy of organizational members and gain insights regarding the program and practices that augment employees' self-efficacy. Individuals with a higher degree of self-efficacy can be attained by consideration of their higher score on self-esteem, intrinsic motivation and cognitive aptitude self-efficacy and later on it can be further developed through training and development (Ajzen, 2001). Moreover, managers can also enhance the level of self-efficacy of the staff by highlighting their donated knowledge results in a meaningful contribution to the firm (Lin, 2004).

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