# Personal Factors Effect Towards Nurses Knowledge Sharing Behaviour

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**Abstract**

In this study, presenteeism and altruism factors were tested. Presenteeism in this study refer to the positive attitude to implement tasks by nurses. While altruism in this study refer to intrinsic motivation to help others without expecting any return. This study integrates belonging theory and social exchange theory. A survey were conducted on 386 nurses from Malaysia's government hospitals. Structural Equation Modeling was carried out to examine the proposed factors of the research model. Finding proved presenteeism and altruism affected nurse's knowledge sharing behavior.

*Keywords*: Presenteeism; altruism; knowledge sharing behavior

## ■1.0 INTRODUCTION

Knowledge sharing has been seriously discussed in workplaces, organizational behavior, communication (Witherspoon et al., 2013), human resources strategy (Grant, 1996) and many areas had been covered. Generally, the studies discussion and the findings were associated to practices, strategy, antecedents or enablers (Currie & Kerrin, 2003; Collin & Smith, 2006; DeLong & Fahey, 2000; Minbaeva, 2005; Nayir & Uzuncarsili; 2000; Oltra, 2005; Ruppel & Harrington, 2001). Basically, the principal of knowledge sharing is a process meant to obtain experience from others. According to (Pulakos, Dorsey & Borman, 2003), knowledge sharing refers to preparation of task information, know-how to collaborate with others to facilitate people, implement policies, problem solving, or develop new ideas. Henceforth, knowledge sharing is the practices of exchange and disseminates the idea, experience, and knowledge with the others to ensure the knowledge is continuing, sustain and retain in the organization.

In the knowledge based economy, the implications of knowledge sharing activity has remained crucial. Research suggests that knowledge sharing activity exist in a multi-facet role. Some would stressed sharing activity as a basis of recognition, reputation and credibility (Nahapiet & Ghoshal, 1998; Swan et al., 1999) others would interpret it as a manifestation of power (Davenport, Eccles & Prusak, 1992; Husted & Michailova, 2002), a threat to knowledge ownership and occupational identity (Cabrera & Cabrera, 2002). Despite of the complexity of knowledge sharing, others might looked at sharing activity in a different perspective. When knowledge is treated with a certain value, the higher the value is the sticky it became to the owner (Szulanski & Cappetta, 2003). Willingness to share becomes greater when the individual costs is reduced and benefits is increased (Cabrera & Cabrera, 2002, Kankanhalli, 2005) and as far as the value is concerned knowledge sharing is treated as trading rather than sharing (Konstantinou & Fincham, 2010). Knowledge sharing activity can also be considered as a means of transaction in the "quasi market". Like markets for goods and services, the "knowledge market" too has buyers and sellers who negotiate to reach mutually desire (Davenport & Prusak, 1998). Knowledge sharing is the most important segment and a challenge of knowledge management (Syed & Mahmood, 2013).

## ■2.0 THEORETICAL FOUNDATION OF THE STUDY

Changing the behavior of an individual is a challenge in the process of sharing knowledge (Ruggles, 1998) and rising the barriers to sharing knowledge within the organization (Riege, 2005). Reluctance to share knowledge and hide the knowledge is the natural tendency of human (Davenport & Prusak, 1998), it shows that to absorb individual knowledge into organizational knowledge is a very challenging process (Grant, 1996; Nonaka & Takeuchi, 1999; Ryu, Ho & Han, 2003; Faezeh & Danny, 2009). This highlight that it is important to understand the factors that support or influence the knowledge sharing behavior of individuals as knowledge sharing behavior can be formed within the organization (Lin, 2007).

People are only motivated to share knowledge for their own interest such as when there are rewards and tangible returns such as promotion (Hendriks, 1999). In contrast, people with moral obligations will act differently and are more willing to share. Yang (2004) observes that 'knowledge hoarding' will occur when employees do not feel that their sharing will be reciprocated. This is referred to the basic norm of reciprocity (Wasko & Faraj, 2000). It refers to how an individual offers his or her talents to the organization in exchange for the reward of organizational membership (Bock, Zmud & Kim, 2005). In nursing context, knowledge and caring are total concept for quality nursing care that focus on well-being of patients (Roziana, Norhani & Ayesha, 2015). Basic knowledge only is not sufficient without the ability to care, hence nurses are required to understand the field of nursing and the art of caring (Kitson, 2009). Von Krogh,

Ichijo & Nonaka (2000) explains that care influence on knowledge creation in the sense that care translates into real help. When nurses help patients they demonstrate action of doing for other people what they cannot do for themselves. And this help requires zero expectation of reciprocal relationship. Nurses do this all the time and are required to possess knowledge and expertise to be effective in practice care (Von Krogh, Ichijo & Nonaka, 2000), thus they need to share knowledge among them (Roziana, Norhani & Ayesha, 2015). An employee willingness is refers to actively communicate, consult with colleagues (Lin, 2011), exchange and voluntary share experience. Employees not being force or coercive to share their knowledge. From the literature analysis, the willingness create feel of enjoyment in helping others. In the context of knowledge sharing, enjoyment in share what the individual has with the other give some happiness and enjoyment to help the others to solve problem, making decision and increase their work performance at workplaces. This lead to altruistic attitude.

Nursing discipline demand its community to diffuse knowledge through communicating research and comprise innovating knowledge and expertise i.e clinical practice (Thompson, Estabrooks & Degner, 2004)). This is importance so that learning could be generated by understanding how tacit and explicit knowledge are inter-related to one another and should be given a balanced attention during sharing knowledge. At this point, we can assume that, socialization process is central to knowledge sharing, since individual sharing tacit knowledge is the product of socialization (Fernie et al., 2003). This explanation has posed interesting agenda on how the presenteeism and altruism influence KSB.

In this research we define presenteeism as either attending work when sick or working through illness (Roziana, Norhani & Ayesha, 2015). Sickness presenteeism for instance is commonly occurs within occupations that offer services to people and because of a felt responsibility towards clients or felt their absence would have negative consequences for themselves, colleagues or a third party (Fernie et al., 2003). Normally, presenteeism is seen as health-related productivity loss while at work (Roziana, Norhani & Ayesha, 2015). Presenteeism is often seen as a loss of productivity associated with health in the workplace, but (Caverley, Cunningham & MacGregor, 2007) in their study proves that factors such as job insecurity of employment, supervisor support and job satisfaction tends to cause the employee presenteeism and thus fully committed to their careers. Our proposition is based on previous discussion on caring culture that influence on knowledge creation of which 'real help' translate into knowledge donating among nurses.

In the context of KSB, altruism is seen as an individual motivator when individuals achieve goal in sharing knowledge and as a result their altruistic behavior will also increase (helping others without expecting anything in return) (Chang & Chuang, 2011). We believe that in nursing, altruism behavior is shown when nurses contribute knowledge and they gain satisfaction by helping others. For instance, when nurses diffuse knowledge during treating patients they must consider for helping other nurses by sharing knowledge and expertise so that mistakes will be minimized, level of caring will be increased and they perform task diligently and effectively (Roziana, Norhani & Ayesha, 2015). Not only helping others will strengthen their own religious faith, indeed nursing profession is attractive to them because nature of nursing is based on altruism and caring for sick people (Roziana, Norhani & Ayesha, 2015).

As discussed, tis study suggest the associations between the two antecedents which is presenteeism and altruism toward knowledge sharing behavior. The linkages can be illustrated in the framework as below:
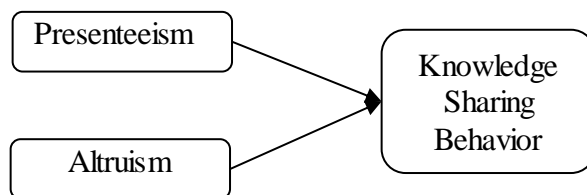


**Figure 1** Framework of nurses knowledge sharing behaviour

■**3.0  METHODOLOGY**

**Research Design**

Quantitative methods were used in order to examine the antecedents. Survey research is  most commonly used in non-experimental design and is considered most appropriate for testing the antecedents. There are many types of surveys such as oral survey, written survey, online survey and example survey. This study focuses on written surveys. According to (Hair et al., 1995), a written survey can be grouped as administered questionnaires, mail survey or drop-off survey. A drop-off survey was used in this study.

Respondents were asked to provide written consent for participation. All questionnaires were translated into the local language. Respondents were assured that their responses would remain confidential and would be used only for research purposes.

The data was analysed using the Structural equation modeling ti get the significance of the association between the variables (presenteeism, altruism, and knowledge sharing behavior).

**Research Instrument and Participants**

For presenteeism, was measured by adapted from 'The Stanford Presenteesim Scale (SPS-6; 2001 version)' from Donnell (2009). While the questionnaire used for altruism and knowledge sharing behavior was adapted from Ullah et al. (2016). The questionnaires consists of two parts, Part I requires background information on respondents' age, gender, educational qualification, experience etc. Part II contains

questions items of knowledge sharing behavior, presenteeism and altruism. The  17 question items was designed to capture three (3) constructs using Very High (VH), High (H), Moderately Low (ML), Low (L), and Very Low (VL).

In this study, the sample comprised of 386 nurses in Malaysia where 29 were male while 357 were female. 90.4 % was Malay, 3.4% was Chinese, 4.6% was Indian and 1.6% was from others ethnic. The respondents age were ranged from 29 to 59 years. The researchers were used random sampling technique  to select the nurses.


# ■4.0  RESULTS AND DISCUSSION

### Measurement Model Development

Exploratory Factor Analysis (EFA) was conducted to offer evidence of unidimensionality of the items of each measurement. The purpose of the measurement model was to determine the reliability and validity of a set of items in each latent construct. Cronbach's Alpha was conducted to assess the reliability of each factor. According to Fornell & Larcker (1981), Cronbach's Alpha score of at least 0.7 can be considered as acceptable of internal consistency. Reliability value of each factor is shown in Table 1. All reliability values those are greater than 0.7 are considered as acceptable. Based on the table 1, all factor and construct have value more than 0.7. The construct validity was examined by investigating the convergent validity and discriminant validity. Convergent validity was measured utilizing composite reliability and Average Variance Extracted (AVE) (Hair et al., 2006). A commonly used value for Composite reliability should be at least 0.7 whereas the Average Variance Extracted (AVE) should be 0.5 or higher to be considered acceptable (Bagozzii, 1992).

According to Table 1, the loading value of each factor is greater than or equal to 0.5 and also reach the significance level of $p < 0.001$. Discriminant validity measures the difference between a construct and its indicators from another construct and its indicators (Hair, 2006). It is also used to measure the extent to which a construct is really different from other constructs (Fowler, 2009).

**Table 1** Construct reliability

| Factor | Item | Factor Loading | Cronbach's Alpha | CR | AVE |
|---|---|---|---|---|---|
| Presenteeism | | | 0.845 | 0.845 | 0.524 |
| | P1 | 0.74 | | | |
| | P2 | 0.81 | | | |
| | P3 | 0.78 | | | |
| | P4 | 0.66 | | | |
| | P6 | 0.61 | | | |
| Altruism | | | 0.817 | 0.838 | 0.571 |
| | A1 | 0.83 | | | |
| | A2 | 0.86 | | | |
| | A3 | 0.75 | | | |
| | A4 | 0.54 | | | |
| Knowledge Sharing Behavior | | | 0.895 | 0.920 | 0.622 |
| | KSB1 | 0.69 | | | |
| | KSB2 | 0.69 | | | |
| | KSB3 | 0.74 | | | |
| | KSB4 | 0.80 | | | |
| | KSB5 | 0.81 | | | |
| | KSB6 | 0.87 | | | |
| | KSB7 | 0.88 | | | |

Note: CR= Composite Reliability; AVE= Average Variance Extracted

### Structural Model Evaluation

Analysis of Moment Structure (AMOS) Version 18 was employed to evaluate the goodness fit of the structural model, so as to examine the significance of hypothesized paths in the research model and also to examine the variance ($R^2$) explained by each path. The study evaluated the following six goodness of fit indices: $x^2$ -square test, the goodness-of-fit index (GFI), the comparative fit index (CFI), the Tuker-lewis Index (TLI), and root mean square error of approximation (RMSEA). For a good fit of the model, the TLI, GFI, CFI should be greater than or equal to 9.0 (Fornell & Larcker, 1981) and $x^2$ -square should be less than 5 (Zainudin, 2014). Moreover, the root mean square error of approximation (RMSEA) should be less than 0.08 (Fornell & Larcker, 1981). Common criteria for (AMOS) have been suggested earlier and the outcomes are presented in Table 2. From these outcomes, the structural model indicates adequate fit with the observed data, in comparison with the suggested fit criteria.

**Table 2** Results of the model goodness-of-fit

| Model fit Index | Criteria | Level of Index |
|---|---|---|
| RMSEA | RMSEA<0.08 | 0.078 |
| GFI | GFI>0.90 | 0.911 |
| CFI | CFI>0.90 | 0.939 |
| TLI | TLI>0.90 | 0.924 |
| Chisq/df | Chi square/df<5.0 | 3.325 |

The test produces the standardized path coefficients between model constructs, and also their statistical significance. Moreover, the test offers the squared multiple correlation ($R^2$), which indicate the variance of the dependent constructs which can be shown by independent constructs. Based the result, knowledge sharing behavior was predicted by presenteeism ($\beta = .30$, $p < 0.001$) and altruism ($\beta = .28$, $p < 0.05$). Those variables together explained 16% of the knowledge sharing behavior ($R^2 = 0.16$). Therefore, presenteeism and altruism significantly influence knowledge sharing behavior. Figure 1 shows the results of structural model.
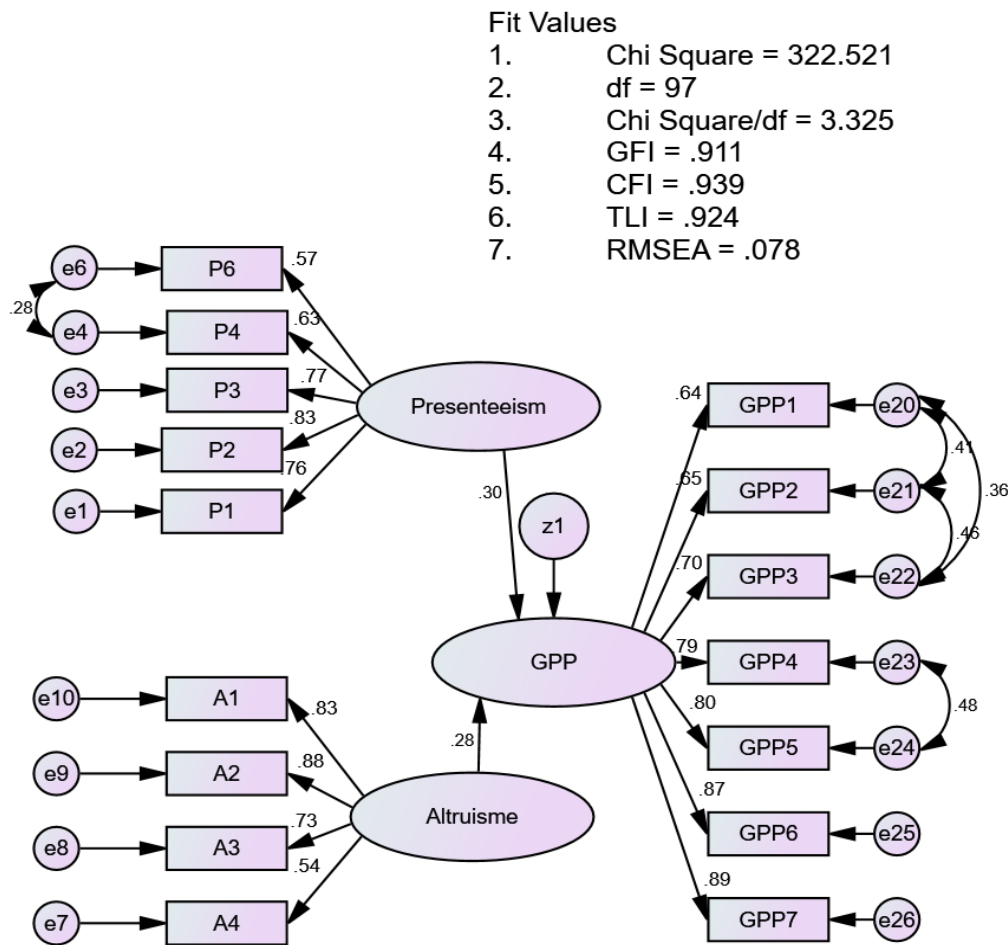


**Figure 1** The result of structural model

Normally, presenteeism is seen as health-related productivity loss while at work. However, Coverly & Berman (1999) in their study proved that because of work factors e.g. job security, supervisor support and job satisfaction, has resulted employees substituting presenteeism for absenteeism. The result in this research shows how nature and essence of nursing that practice care in their service effect on presenteeism behavior and also is connected to eagerness in expanding knowledge and expertise and thus influence intention to share knowledge among colleague.

Our result also shows that in nursing, altruism behavior is shown when nurses contribute knowledge and they gain satisfaction by helping others. For instance, when nurses diffuse knowledge during treating patients they must consider for helping others (colleague) by sharing knowledge and expertise so that mistakes will be minimized, level of caring will be increased and they perform task diligently and effectively. Nasrabadi, Emami & Yekta (2003) supports our result by sharing how registered nurses experiences of nursing felt that caring had originated from religious or spiritual feeling in helping others. Not only helping others will strengthen their own religious faith, indeed nursing profession is attractive to them because nature of nursing is based on altruism and caring for sick people.

## ■6.0 CONCLUSION

This research contributed to an understanding that personal factors such as presenteeism and altruism among nurses will give effect toward KSB. There is a controversial issue between the moral obligation to share knowledge and the reciprocity of sharing knowledge in nursing context. By providing care-orientation services require KSB to occur for public good rather than private good. Presenteeism in this study is viewed as positive factor that has substituted from absenteeism. Altruistic behavior is very important attitude that should be in nurses self and it will influence the KSB.

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