The Investigation of Knowledge Management Practices Among Healthcare Practitioners in Malaysia

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The Investigation of Knowledge Management Practices Among Healthcare Practitioners in Malaysia

Completed Research Paper

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Abstract

Healthcare is regarded as one of the fundamental rights of every human. Healthcare organizations (HCO) are making great efforts to provide to their customers the best possible healthcare services therefore HCO need to constantly view knowledge as one of the organization’s strategic asset. Knowledge in HCOs need to be discovered, created, shared and applied. However, the studies on KM implementation in HCO is deemed insufficient. The aim of this study is to investigate the perception of healthcare professionals (HCP) on KM practices in HCO in Malaysia. The investigation includes the HCPs perceived benefits, supporting factors and challenges in implementing KM in their organization. This study adopts a case study research design. Questionnaires were distributed online to HCPs of a HCO. The findings indicate that HCPs were aware of the KM but not convinced with its capabilities and the benefit it could bring to the organization.

Keywords: Knowledge management, Acceptance study, Healthcare organizations

Introduction

Healthcare is a fundamental need for every human. It is the responsibility of the governments to ensure that their citizens have access to quality healthcare services. The Malaysia National Healthcare Establishment and Workforce Statistics (NHEWS) 2012-2013 reported that there were 351 acute curative hospitals in the country in 2013 where 40.3% (141/345) were public hospitals, while 59.7% (210/345) were private hospitals. Statistics from Malaysia Public Sector Open Data Portal indicated there are 531 Malaysia clinics, 934 government clinics and 1916 rural clinics. The Malaysian healthcare workforce is acceptable. The NHEWS statistics reported in 2013, there were 19,927 doctors working in acute curative hospitals. 80% of these doctors were working in the public hospitals and the remaining 20% were working in the private hospitals. There were 68,121 staff nurses working in acute curative hospitals in 2013. 74% of the nurses were working in public hospitals and the remaining 26% were private hospitals nurses.

In the 11th Malaysia Plan 2016-2020, six strategic thrusts have been defined to guide Malaysia in facing the challenges and embrace opportunities in the global political landscape challenges. One of the strategic thrusts that healthcare could fall under is Thrust 2: Improve Well Being. Within Thrust 2, Focus Area A concerns with achieving universal access to quality healthcare. One of the strategies for this focus area is to improve system delivery for better health outcomes. In order to execute this strategy, the public hospitals are expected to adopt lean management practices to enhance the effectiveness and efficiency of public hospitals business processes. The expected impact of this strategy is that patients will be more satisfied the outcome of the patient improved. Thus, knowledge that resides in the HCOs need to be leveraged, shared and accessed to ensure that HCOs can improve on its service delivery thus able to provide quality healthcare to its customers. In this new economy, knowledge and expertise of employees need to be seen as a critical strategic resource (Bender et al. 2000; Drucker 1992) and organizations need to explore ways in retaining them (Joe et al. 2006).
Healthcare organizations (HCO) are knowledge-intensive organization that processes huge amounts of data such as medical records, clinical data, patient and hospital records (Metaxiotis 2011). Health care practitioners are important in providing primary health care services to patients. According to Medline Plus medical dictionary, health care practitioner is defined as a person who practices a medical profession. The human resource department of University of California Berkeley define health care practitioner a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, or a clinical social worker who is authorized to practice by the State and performing within the scope of their practice as defined by State law (University of California).

Health care practitioners such as doctors and nurses are regarded as knowledge workers because their primary work involves assessment, monitor and decision making (El-Farr 2009). HCOs such as hospitals depends on the knowledge of these practitioners to provide better services to their customers (El Morr et al. 2010). KM is needed to HCOs because the healthcare industry itself consists of wide range of networks that connects hospitals, clinics, health authorities, pharmacies and patients that constitute a knowledge community of healthcare practitioners, suppliers, patients and pharmacies. Thus, the implementation of knowledge management (KM) initiatives in HCO is crucial to ensure that quality healthcare is effective delivered to its patients.

While HCOs generates huge amount of data that comes from various sources, these data are used for operational purposes rather strategically (Abidi 2001). This could be attributed to the lack of understanding on the contributions that KM can give to the healthcare industry. Dwivedi et al. (2006) also stated that there is insufficient research, empirical research that has been conducted from the academic and organizational perspective on the adoption of KM in healthcare that could be used to guide stakeholders on KM implementation. From a practical standpoint, the level of exchange and sharing of knowledge within and across HCO is still poor (Abidi 2008).

Haughom (2014) further stated that while there are many organizations from various industries have dedicated resources to initiate KM programs, only a few healthcare organizations have a KM strategy or resources to support KM process. Without a proper KM strategy, HCO will not have the capabilities to share, collaborate and develop expertise knowledge base thus making HCO to be able to provide the best quality of medical care (Goddard et al. 2004). The impact of not managing knowledge effectively would cause HCOs to lose its competitiveness particularly among the private HCOs. Ali et al. (2013) stated that competitions are intense among private HCOs mainly because private HCOs focuses on providing quality healthcare services and satisfying their customer. Customer’s satisfaction will make it easier to for the private HCOs to establish and maintain customer relationship. This, ultimately, leads to profit.

Nonetheless, there seems to be insufficient studies that investigates the perception of healthcare practitioners (HCP) towards knowledge management practices in their HCO. The aim of this study is to explore the perception of knowledge management practices among HCP in an HCO in Malaysia. The investigation includes the healthcare practitioners perceived benefits, supporting factors and challenges in implementing KM in their organization. The research questions of this study are:

1. What are the perception of the HCP of a HCO regarding KM practices in their organization?
2. What do HCP perceive the benefits of KM practices in their organization?
3. What are the factors that support KM practices in HCO?
4. What are the perceived challenges in implementing KM in HCO?

The findings of the study will give insights for healthcare authorities, HCO management and the healthcare industry in general to make informed decisions on the implementation of KM in their respective organizations. This paper is organized as follows: In Section 'Existing Studies on Knowledge Management Perception', several studies on KM perception in various domains were described. This includes the elements of perception that the authors used such as barriers, factors, motivations and the findings of the study. The section 'Knowledge in Healthcare Organizations' provides the definition of knowledge and the types and examples of knowledge that resides in HCO. The section ‘Knowledge Management in Healthcare Organizations’ presents the implementation of KM in HCOs. This includes the KM system implementation initiatives and the examples of KM systems for HCOs and its benefits. The ‘Research Methods’ section presents how this study is being conducted. The ‘Findings’ and ‘Discussion’ section presents the results and discussion of the study and finally the ‘Conclusion’ section concludes the paper.
Existing Studies on Knowledge Management Perception

The investigation of KM has been conducted in various domains which includes information and communication technology and libraries. Mason et al. (2003) investigated the middle manager’s perception of KM implementation in New Zealand organizations. The authors considered barriers and drivers of KM implementation. Their findings indicate that the main barrier of KM is culture while the main driver of KM is competition from competitors. Domain. Omar et al. (2010) conducted an exploratory study to investigate the perception of KM in a Malaysian payphone company. The authors studied the perception of KM practices, the perception and barrier of culture in influencing KM practices and the challenges that is faced by the managers in implementing KM. The authors discovered in their case organization, there is a poor sharing of knowledge among the employees and lack of participation among the employees in company’s activities is a barrier to KM. The major hurdle that the organization needs to tackle is to change the mindset of the employees from being a knowledge keeper to knowledge sharer. Chmielewska-Muciek et al. (2014) studied the perception of KM among managers and experts in IT enterprises in Poland. The authors investigate KM by obtaining respondent’s opinion on KM systems, tools and processes, KM implementation and its barriers. The opinions between the managers and the experts were then compared and analyzed. The results showed that there are differences in opinions among the managers and experts on KM. Nonetheless, when an overall score has been calculated both groups tend to agree that the KM concept will prevail in the organization but fail to see KM as a tool to implement the business strategy.

KM perception have also been studied in libraries. Nazim et al. (2013) conducted a study to examine librarians’ perception of KM in Indian academic libraries. The purpose of this paper is to examine librarians’ perceptions of knowledge management, including its concept, potential applications, benefits and major challenges of its applications in Indian academic libraries. The results indicated that librarians performed basic KM activities but still do not understand the concept of KM and the benefits that it brings to the organization. Ali et al. (2015) studied the perception of KM in academic libraries in North India. With a response rate of 64%, the authors could obtain insights on the librarian’s understanding of KM and the librarian’s overall perception of KM. The authors’ study was focusing on understanding of KM and its benefits. Their results showed that librarians are understand what KM is and aware of the benefit that it brings to libraries. Koloniari et al. (2017) studied the perception of KM in academic libraries by library and information science professionals. From the authors findings, the librarians are aware of the benefits of KM to their career and organization. Some KM initiatives have been practiced but there are still lack of understanding on fundamental KM issues among the respondents.

From the related studies, it is interesting to see how KM are perceived by people from various domains. From all the studies on the perception of KM in organizations, the studies are viewed as contextual. The area of investigation on KM perception focus on understanding, barriers and drivers of KM. From these studies, it is evident that while employees see the benefit of KM to their careers and organizations, KM initiatives have not been implemented from at the organizational level. The findings of these studies are not surprising as most respondents do not understand the basic concepts of KM and how it can be successfully implemented in the organization.

Knowledge in Healthcare Organizations

Knowledge is critical to any organizations. Drucker (1994) stated that the performance and survival of an organization is determined by the quality of knowledge and the productivity of knowledge. Knowledge is defined as justified beliefs about relationships among concepts relevant to an area which increases an individual’s capacity to take effective action (Alavi et al. 1999). Examples of knowledge in organizations are manuals, handbooks, blueprints and the experiences of the employees through stories, anecdotes, insights or rules of thumb (Wong et al. 2000). Knowledge must include human addition of context, culture and interpretation for it to have value. There are two major forms of knowledge namely tacit knowledge and explicit knowledge. Tacit knowledge is knowledge a person possess. This type of knowledge is stored in a person’s head and it is accumulated through studies and experience of the person. Therefore, tacit knowledge is difficult to record, formalize and articulate as it includes subjective insights, intuition and conjectures. Explicit knowledge however is a formal knowledge that is packaged as information. Explicit knowledge can be found in an organization through reports, articles, manuals, images and software. Explicit knowledge can be generally is classified as the intellectual asset of an organization.

Chen (2013) categorize the knowledge in healthcare organizations as provider, patient and organizational knowledge. Provider knowledge is the knowledge of the practitioners. The source of the
knowledge is the doctors themselves. Examples of this type of knowledge are standard medical information and procedure and also the experiences that the doctors possess in practicing medicine. Patient knowledge is the tacit knowledge of the patients. Examples of this type are the knowledge about the patient's health status and prior medical conditions, diagnoses and conditions. Organizational knowledge is the knowledge that resides within the healthcare organizations for the patients, doctors and employees to access such as medical system manuals, hospitals policies, insurances and other text-based materials.

It is crucial for HCO to be able to access to knowledge so that they can make decisions effectively to ensure that healthcare delivery to the people are its optimum. Furthermore, HCO are currently facing challenges such as increase cost, financial constraints, the need for more accountability and transparency and others in this 21st century. One of the strategy that the HCO can take to face these challenges is adopt knowledge management (Rodrigo 2012). In today's ever changing environment it is important for healthcare organizations to effectively manage both their internal knowledge and external generated knowledge to provide the best healthcare and operational excellence. The implementation of KM initiatives in HCOs can address this issue. KM contributes in reducing medical errors and consequently it reduces medical cost which in some cases could have an error reduction as high as 55% (Abidi 2001) thus helping in improving quality of care as well as in cooperate innovation and cooperation in HCO (El Morr et al. 2010).

**Knowledge Management in Healthcare Organizations**

Knowledge management is a term given to a set of systematic actions that an organization takes to achieve maximum value of the knowledge gained KM is defined as the exploitation and development of the knowledge assets of an organization with a view to furthering the organization's objectives (Davenport et al. 1998). The knowledge to be managed includes both explicit, documented knowledge, and tacit, subjective knowledge (Metaxiotis et al. 2005). KM involves the people, process, activities and technology and the broader environment that enables the identification, creation, communication or sharing, and use of organizational and individual knowledge. It is about the process that governs the creation, dissemination and utilization of knowledge to attain organizational objective. It requires a mix of business awareness, creative attitudes and practices, systems, tools, policies, procedures designed to release the power of information and ideas (Lehaney 2004). The common KM process is capture, creation, extraction, transformation, disseminate, transfer and storage. From the list of KM definition, terms such as experience and people's capabilities were used to depict knowledge. The purpose of KM includes to enhance organization's capabilities, promote innovation, make informed decisions and create value in the organization.

KM special interest subgroup of the Healthcare Information & Management Systems Society defined knowledge management in health care as the optimization of information, collaboration, expertise and experience by aligning all aspects such as people processes, data and technologies in order to drive organizational performance and growth (Guptill 2005). Guptill further elaborated that there five major components of knowledge management in which is relevant to healthcare. The five components comprise of communities of practice, content management, knowledge and capability transfer, performance results tracking and technology and support infrastructure. All of these five areas have been the subject of studies in KM healthcare. Boateng (2007) studied the use of KM in among health care decision makers within a regional health authority. The author found out that regional health authority adopted a codification KM strategy because it uses more explicit knowledge than tacit such as professional reports. Sumen et al. (2012) conducted a study on the implementation of KM within the hemodialysis unit in a hospital of Bangkok. The authors discovered that KM is an effective tool to improve the service quality in the hemodialysis unit. Some of the impacts of KM to the hemodialysis unit are the increase in staff job satisfaction and patient satisfaction and also the improvements on the patient's quality of life. The complications per hemodialysis per episode had also been reduced. Stroetmann et al. (2012) described the Siemens Healthcare Sector is one of the world’s largest suppliers to the healthcare industry that manufactures healthcare products in in medical imaging and therapy, laboratory diagnostics, medical information technology (IT), and hearing aids. The authors presented a systematic KM approach of Siemens Healthcare.

There are also empirical studies that have been conducted to investigate the use of KM in healthcare. Borousan et al. (2012) investigate the issues affecting the implementation of a KMS system in a healthcare organization. The issues that the authors identified includes perceived usefulness, perceived ease of use, incentives for KMS users, concerns of data security and confidentiality and organizational support. Chen et al. (2011) investigate key factors that affect healthcare professionals to adopt KM in the infection control departments in Taiwan hospitals using discriminant analysis method. The authors identify three key factors that could impact healthcare professionals in adopting KM. Those key factors are hospital resource support, colleague's attitude and user's participation. Asemahagn (2014)
conducted an institutional based cross-sectional study to evaluate knowledge sharing practices and determinants among healthcare professionals in Addis Ababa, Ethiopia. The findings of the author’s work indicate that healthcare professionals in Ethiopia regards that knowledge sharing is important and willing to share knowledge with others but management activities, resource allocation and access to health information records need to improve before knowledge sharing can be practiced effectively.

Healthcare informatics use information and communication technology to improve the quality of the healthcare delivery to patients. The advancement of healthcare informatics opens the door to knowledge management. Like any other organizations that implement knowledge management systems (KMS), HCOs have been implementing KMS content management tools such as medical knowledge base repositories, lessons learned and learning management systems (Chen 2013). Chen further stated that HCOs can extend its electronic medical record and personal healthcare records into a healthcare decision support systems by integrating existing healthcare informatics applications with codified tacit knowledge and explicit knowledge that resides in the HCOs. With the massive amounts of knowledge-related data, data mining techniques in healthcare decision support systems enable healthcare practitioners to make informed decisions regarding a patient's diagnostics and treatments and forecasting diseases (Abidi 2001). KM technologies enable a patient medical history to be uploaded and new knowledge pertaining to the patient to be shared among various HCOs. Dixon et al. (2013) conducted a pilot study that assess the use of a web-based clinical decision support services that creates and manages clinical knowledge using the cloud. A HCP that receives patient is able to access not only information but also assessment, recommended action and explanation of the patient medical history from the cloud. The implementation of KM systems in hospitals have several benefits. Borousan et al. (2012) conducted a case study of implementing KM system in healthcare in Malaysia found out that there was a positive attitude and perception on KM system in HCOs. With KM system, HCOs is able to store knowledge for future use in similar cases. Expert system that uses rule-based or case-based reasoning is suitable for such applications in HCOs. Other KM system that can be implemented for the use of HCPs is best practices database. HCPs can use the database to refer to the best practices in their field and apply them to their daily work. Nonetheless, there are issues that HCOs need to address when implementing KM system such as usefulness, ease of use (Borousan et al. 2012; Dixon et al. 2013), incentives for the users, data security (Borousan et al. 2012), system performance, governance, semantic interoperability, monitoring (Dixon et al. 2013).

**Research Methods**

This study is a quantitative study that investigates the perception of KM in healthcare industry. This study adopts a case study research design. Case study research can be defined as a research strategy which focuses on understanding the dynamics present within single settings (Eisenhardt 1989) (Eisenhardt, 1989). A case study is an empirical enquiry that investigates a contemporary phenomenon within its real-life context especially when the boundaries between phenomenon and context are not clear (Yin 2013). The questionnaire was design and developed based on previous studies on KM perception by Mason et al. (2003), Omar et al. (2010) and Koloniari et al. (2017) and technology acceptance studies. The aim of the questionnaire is to obtain healthcare practitioners’ perception on the organization’s KM practices, perceived benefits, supporting factors and challenges of KM in their organization.

The questionnaire consists of 5 different sections with clear instructions and guidelines. Section I requires respondent to fill in their background information. Section II consists of items that relates to overall assessment of respondent’s perception towards current knowledge management practices. In this section, the respondent’s perception on knowledge sharing and their understanding and acceptance of knowledge management in their organization are obtained. Section III consists of items that relates to the usefulness of KM. In this section, respondents were being asked about the benefits that KM could possibly bring to their organization. Section IV consists of items that relates to the perceived factors that could support the implementation of KM in their organization. In this section, the respondents were asked about the factors that could motivate them to participate in any KM initiatives in their organization. The last section, Section V, consist of items that relates to the perceived barriers of KM in their organization. In this section, the respondents were asked about their perception on the unsupportive factors that could be an obstacle to the implementation of KM initiative in their organization. The questions are measured on five-point Likert scale with 1 signifying Strongly Disagree and 5 signifying Strongly Agree.

The chosen case organization is a one of the biggest private hospital in Ipoh city center. The hospital which is known in this study as HCO Ipoh has 206 bed hospitals with 70 consultant specialists. The
hospital is operated by a parent company that owns a chain of HCOs. HCO Ipoh is one of the 14 hospitals operated by the parent company. The questionnaire was distributed to the HCP of HCO Ipoh using Google Form and the link of the form was send randomly to the HCP of the hospital. The main criterion of the participants is that the person provides healthcare services to patients. Example of HCP are general practitioners, specialist and nurses that provides routine and urgent medical care and services such as immunizations.

From the 70 potential respondents who received the link via email, only 34 of them responded and returned within the frame of two weeks which gives a response rate of 48.6%. The data was analyzed using basic descriptive statistics. The low response rate could be attributed to the short time frame of research work. Healthcare practitioners such as doctors are known for their demanding schedule in which they need to give their undivided attention and focus to their patients. The invitation to participate in this study is send through email. It could be that the doctors do not check their emails regularly. This factor could also be the be cause to the low response rate.

**Findings**

A total of 34 participants responded to the survey. Majority of the participants were female (n = 20, 59%) with a majority of less than 40 years old (n=26, 77%). Majority of the participants have less than 3 years of experience (n=24, 71%). Table 1 shows the demographic information of the participants

<table>
<thead>
<tr>
<th>Variables</th>
<th>Number (n)</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>59</td>
</tr>
<tr>
<td>Female</td>
<td>14</td>
<td>41</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>12</td>
<td>35</td>
</tr>
<tr>
<td>30-39</td>
<td>14</td>
<td>41</td>
</tr>
<tr>
<td>40 and above</td>
<td>8</td>
<td>24</td>
</tr>
<tr>
<td>Working Experience (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 3</td>
<td>24</td>
<td>71</td>
</tr>
<tr>
<td>&gt;= 3</td>
<td>10</td>
<td>29</td>
</tr>
</tbody>
</table>

**Perception of KM Practices in the Organization**

The findings indicate that 65% of the participants understands KM. They seem to know what KM is however, 24% are not sure whether KM principles are being practiced in the organization. 88% of the responded support the idea of KM to be implemented in the organization. Nearly all the participants (n=30, 88%) are willing to share knowledge which suggests that the knowledge sharing culture is already embedded in the organization. Table 2 shows the methods and tools that support KM in the organization.

<table>
<thead>
<tr>
<th>KM Methods/Tools</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge Portal</td>
<td>26</td>
<td>81</td>
</tr>
<tr>
<td>Knowledge database/repository</td>
<td>22</td>
<td>65</td>
</tr>
<tr>
<td>Telemedicine/web</td>
<td>12</td>
<td>35</td>
</tr>
</tbody>
</table>
Majority of the participants (n=26, 81%) were aware that the organization has implemented a knowledge portal and a knowledge database. The visibility of the hospital knowledge portal among the employees is expected because a knowledge portal is an organization-wide initiative and resides on the intranet of the organization. This different from communities of practice, training programs and telemedicine/web conferencing in which these tools are used by certain groups of staff.

**Perceived Benefits of KM Practices**

The participants were asked about their perception towards the usefulness of KM in their organization. From the findings, 65% of the participants agree that the implementation of KM will benefit the organization. However, 29% are not sure about its benefits and 6% of the participants believe that KM implementation will not bring any benefits to the organization. The participants were asked further about the type of benefits of KM implementation. The result of this is shown in Figure 1.

![Figure 1. Perceived Benefits of KM Practices in the Organization](image)

From Figure 1, the results show that 69% of the participants believe that KM would improve efficiency and productivity as a group, and 63% as individuals. 56% of the participants also believe that KM is able to preserve and manages corporate memory and 50% perceived that KM is able to improve their skills and competencies. From the findings, these four benefits mentioned are agreed by more than 50% of the participants. This is attributed to their perception that this is what KM can do to an organization. Benefits that are more individualistic is less agreeable. For example, the participants are not convinced that KM could improve their job satisfaction or motivation. The findings also imply that the participants are still not familiar with the capabilities that KM can offer to the organization.

**Perception of Supportive Factors of KM Practices**

The perceived factors that drives the adoption of KM includes a better time management, an effective communication channel, improved work process, promotion, recognition and monetary. Figure 2 shows the percentage of these perceived supportive factors.
From the findings of the survey, if the organization intends to encourage their employees to be involved in the organization’s KM initiative, an improved work processes should be in place. 75% agreed that an improved work processes is required before KM initiatives can be implemented. This also indicates that in order to make KM work, it should be a part of their business processes. An effective communication channel is vital in supporting knowledge to be shared from one party to another with 56% of the participants agree that communication channel within the organization needs to be effective to support KM. Nonetheless, factors such as monetary reward and promotion opportunity with each obtained an 18.8% were seen as rather not an important factor in motivating and encouraging the use of KM. This could be attributed to their lack of understanding about the tangible impacts of knowledge assets. Participants also showed more concern in the intangible rewards of KM.

### Perception of Challenges of KM Practices

It is important for KM personnel in organizations to understand the challenges that organization will face in implementing KM initiatives. Figure 3 shows the percentage of these perceived challenges.

From Figure 3, issues such as lack of knowledge about IT systems, lack of teamwork and lack of training are the main challenges in the HCO. Participants perceived that the main challenge in implementing KM is lack of knowledge on IT systems among employees that could facilitate knowledge sharing with 75% of the participants agree to this. This could either be that the employees have not been properly introduced and have not been given the opportunity to use such systems or the lack of encouragement by the management to use such systems. On another note, 50% of the participants felt that employees have not been given enough training to use such system which might contributed to the lack of knowledge about IT systems.

### Discussion

HCO Ipoh view knowledge as an important asset to the organization. Example of explicit knowledge in this organization are treatment methods, surgery procedures, hospitals policies and guidelines and research and publications whereas the example of tacit knowledge in HCO Ipoh are the support staff experience in handling patients and the doctor’s intuition, judgement and beliefs. This abundance of
knowledge requires it to be managed effectively. Through the adoption of knowledge management this can be made possible as knowledge management techniques are capable in gathering and capturing expert knowledge as well in enhancing the quality of care.

The hospital management serve as the most important pillar in supporting KM in HCO Ipoh. This is aligned with other KM investigation studies that indicates top management commitment as one of the pillars of KM (Nazim et al., 2013). Generally, the management of HCO Ipoh has initiated several initiatives that could be consider as following KM principles. The development of a KM portal for the hospital is an example of such initiatives. HCO Ipoh KM portal is the most visible KM imitative partly because it is an organization-wide effort. However, the portal should be easy to use so that staff are motivated and could be encourage to use it. This is similar to the issues highlighted by Borousan et al. (2012) and Dixon et al. (2013). A KM system is not only easy to use but the knowledge within the system is updated constantly so that there is not lack or outdated information.

The efforts to promote and to strengthen the sharing of knowledge need to be intensified by the management. From the findings, it can be seen that the employees are not convinced on the capability of KM to deliver results. The initiatives do exist but it needs to be effectively propagated to the other employees. This calls for more efforts to be involved in promoting educational programs to enhance employees’ familiarity with and acceptance of KM. The results of this finding is align with literature. Kamal Nasir et al. (2010) conducted a literature survey on healthcare KM and they found out there are seven factors in a successful KM implementation. Those factors are the importance of good and reliable leadership, understanding the importance of differences in culture and process, the importance of communications, flexibility and accountability, good education and user training, the establishment of community of practice, the reliability and integrity of libraries of healthcare information and knowledge and the availability of technology.

From this study, it was found that teamwork and technical understanding as the fundamental elements of a successful KM implementation in the organization. These findings indicate that the staff view knowledge management as a system and that knowledge is an object that can be accessed, stored and manipulated. Thus, it is recommended that HCO Ipoh to change the perception that knowledge management is a system and knowledge is an object. Bordoloi et al. (2012) who studied KM adoption in HCO in Thailand, stated that for KM practices to be implemented in the hospitals, an appropriate training, particularly, on IT systems should be given to physicians. The findings of this study is also supported by the findings of Bordoloi et al. (2012) in which they stated that the adoption of KM practices in healthcare delivery is clearly dependent of the leadership, IT infrastructure and human resource supporting policies. Rewards should also be given to physicians who adopts KM practices in their work. While ICT is seen as an enabler to KM, medical staff should not ignore socializing with other medical staff in exchanging knowledge.

Conclusion

In conclusion, KM provides the necessary tools and technique to manage knowledge in HCO so that knowledge can be retained despite medical staff leaving the organization. This study is a descriptive study that investigates the perception of knowledge management practices in a healthcare organization. The purpose is to understand the issues so that interventions can be taken and strategies can be planned to ensure that KM initiatives can be implemented successfully. Questionnaires were distributed to the staff of a HCO in Ipoh. The results of the survey indicate the HCPs were aware of the KM concept but are not convinced with its capabilities and the benefit it could bring to the organization. The case organization chosen for this study is a private HCO in Ipoh, Perak. The findings of the study have seen that the HCO has indeed implemented a few KM initiatives such as the KM portal and knowledge database. Staff are aware of the portal but have limited knowledge of it. Thus, it is the role of the management to instill the culture of KM in the organization and encourage its staff to contribute and participate in the knowledge portal. This can be achieved by rewarding the staff for their contribution to the portal. Most importantly, staff needs to have knowledge on the portal thus training needs to be given to them on how to use the portal. The limitation of this study is that only one HCO is selected as the case organization. Future research could involve the investigation of KM practices in other HCOs and comparative analysis can be made between the HCOs thus providing more understanding on the perception of KM among healthcare practitioners.
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