Impact of knowledge sharing on the success of crisis management strategy

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ABSTRACT

The aim of the research is to identify the impact of knowledge sharing on the success of crisis management strategy. The knowledge sharing was discussed through implicit and explicit knowledge. A conceptual model was presented to clarify the causal relationships between the variables, and the relationship was tested by calculating correlation coefficients and regression coefficients. The relationship of significant and high impact to the knowledge sharing in the crisis management strategy, and the declaration of implicit knowledge, as well as the distribution of explicit knowledge within the organization, enables it to build an effective crisis management strategy.

Keyword: *Knowledge Sharing, Tacit Knowledge Sharing, Explicit Knowledge Sharing, Crisis Management Strategy.*

1. INTRODUCTION

Knowledge is the understanding of specific discipline or a topic in a given situation or matters. Knowledge involves the theoretical and practical skills acquired from a particular discipline or specific subject (Lee, 2017). Therefore it is the transfer of the similar or information understanding to other people or departments for the achievement of set goals and objective outline (Al Mehairi, 2013). On the other hand, crisis management strategy is the summation of all activities done by the management of the hospital in anticipation of the worst-case scenario (Intezari, Taskin, & Pauleen, 2017). Crisis management involves setting guidelines attune to the possibility of worst case scenario with the aim of sharing the same knowledge or setting as alternative rules to be followed (Spillan, 2017). Crisis projected to emerge or anticipated to occur in healthcare facilities are managed with consideration of and collaboration amongst all staff (Boin, 2012).

Knowledge sharing before crisis or emergency of disasters is critical in planning and executing of crisis management strategy. According to David et al., 2017, he asserts that strategic management is the more substantial part of crisis management. Crisis management involves analyzing the current system both equipment and human resource, forecasting the possible changes from the environment and sharing the same information amongst parties involved (Scerbo, 2018). In so doing the manager can identify the potential threats in the management system and take the appropriate action to return to the course (David et al., 2017). However, the failure of the anticipated design to address the needs due to poor communication or small platforms of knowledge sharing leads to failure of the plan (Reidy et al., 2017). Designing planning without sharing with other departments leads to failures in the future. The crisis may or may not occur as anticipated or as result of readjustment of the macro-factors (Machado, 2017). For instance, adoption of evidence-based practices in the hospital and change of focus in the healthcare sector towards preventive measures helps in reduction of the possible crisis in an increase in the incidences (Callea et al., 2017). Therefore inadequate communication system or failure of the management to communicate the strategic crisis plan to the hospital staff such as nurses, doctors, and subordinate staff leads to failure in the management of the crisis (Levett et al., 2017). Therefore, this paper aims to identify the relationship between the knowledge sharing and strategic management strategy in healthcare facilities. Also, the article will explore the limitations of failure to communicate strategic crisis planning in the control of the hospital.

2. LITERATURE REVIEW

2.1. Knowledge Sharing

The knowledge and its details are revealed in a way that has the true meaning of knowledge will be known and gives results that lead to improved performance, It will see that the content is limited to the nature of the need rather than the literal meaning, (Polanyi,2015) which varies according to the nature of the need or the science that is looking for, The availability of knowledge in its general form within the organization is insufficient, but there must be a distinction between the nature of the different types of knowledge to ensure that it is used in its dedicated field, which provides the required interactive service to the organization to ensure the desired results. (Zhang, 2014) because what happens in the human brain is a general description and needs to crystallize the nature and work of the organization to be output needs to be commensurate with the context of the work to be accomplished.

2.2. Knowledge sharing types

2.2.1 Tacit Knowledge Sharing

Tacit knowledge is a kind of knowledge that is difficult to convey to another person by writing or expressing it verbally. For example, the City of London in the UK is a clear knowledge that can be written and transmitted verbally to the recipient who simply understands it (Wang & Noe,2010). The ability to speak another language or to use complex equipment is a kind of implicit knowledge that requires different kinds of knowledge not always clear enough to be expressed, even by experts, and therefore difficult or impossible to pass on to other users. (Reinholt et al.,2010)

The "implicit cognition" or "implicit knowledge" was first introduced in philosophy by Michael Polani in 1958 in the essay "Personal Knowledge." and he summed up his idea later in his book "The Implicit Dimension" with the assertion that "we can know more than we could say." He points to the existence of knowledge that cannot be interpreted or explained properly by words. He also asserted that knowledge is rooted in tacit knowledge strong .(Chen &Hung, 2010)

The tacit knowledge can be defined as the skills, ideas and experiences that are in the minds of people and thus difficult to reach because they are often difficult to codify. People do not often realize their implicit knowledge often and do not realize they have this knowledge or how it can benefit others (Holste & Fields, 2010). In general, the transfer of implicit knowledge requires the effectiveness of personal communication, regular interaction and trust. This kind of knowledge can only be shown through practice in a given context and transmitted through social networks. To a certain extent, this knowledge is discovered when a person joins a network or community (Hau et al., 2013).

The tacit knowledge is the store of accumulated experience, the mental maps, the group of skills acquired, the intuition and the wisdom of any person in the organization. It is called the implicit because it is invisible. It is inside the mind and other people cannot know what is in this box unless it is opened by the owner and authorized by Experience and knowledge (Panahi,2012). The implicit knowledge of employees as intangible assets belongs to the company and not even the most expensive assets owned by the company. The success of the company is linked to its members and the success of its members is linked to the momentum of their tacit knowledge. Given the importance of implicit knowledge, it requires encouraging knowledge workers who possess the secrets of this kind of knowledge to give it to others who need it (Hau et al.,2013). The implicit knowledge should not be monopolized. The participation of implicit knowledge is important and vital to the organization's strategic success. Secrets and successes are linked with tacit knowledge.

2.2.2. Explicit knowledge Sharing

This name can be invoked on anything tangible that is valuable. If we ask: What is the apparent knowledge of an organization? Can be said here as "policies, procedures, reports, engineering designs, IT infrastructure, tasks, objectives ... etc" that have been documented and stored somewhere in the organization (Akakura, 2012). Any knowledge is recorded and documented in a specific way so that it is easy to publish without direct contact between humans can be called the name of knowledge apparent even implicit knowledge if documented and the possibility of dissemination without human contact becomes known knowledge, It is a knowledge that is limited to content that is characterized by its external manifestations and expressed by drawing, writing and speaking and technology allows conversion and transfer. (Chen &Hung, 2010).

It is a knowledge that can be codified, and easily circulated among individuals, groups, and organizations, and takes into account the various forms such as patents, documents, scientific papers and sources.And participation in this knowledge requires less effort than the required effort in the sharing of implicit knowledge, and requires transfer in one way or another within the organization, and because of their ease can be spread through books or official papers, and be the holder of knowledge is able to manage the routine within the organization,(Stevens et al.,2010) It is also necessary for the organization, because everyday things have to go normally, otherwise there will be organizational failure. Hence, the sharing of virtual knowledge is also important.

2.3. Crisis Concept

The crisis is an old concept and it means hardship, and any sudden change to the better or worse, the term crisis is historically linked to medicine because it is a moment of fateful transition between life and death that carries a "fundamental" and sudden change. It calls for a "decisive" decision that affects the events (Drennan et al., 2014). So heart disease causes a heart attack .The crisis,

politically and militarily, is the defining moment between peace and war when relations between States are strained. The crisis arises in a state of tension, lack of confidence and instability, and accumulates and derives its causes from the conflicts of the past that withdraw to the current conflicts and the seeds of revenge in the future after they dissolve and replace after the crisis, the old alliances with new ones based on how to deal before and during the crisis (Van & Kapucu,2011).

Thus, the crisis represents an "unusual" and unpredictable situation, "extremely dangerous and rapid, with successive events, in which the results are mixed up and their causes are mixed, threatening the ability of the individual, organization or society to survive." The uncertainty, the uncertain future, the crisis does not only include the threat but also the opportunity for change (Elliott et al., 2010).

Morin (1976) described the crisis as "based on a dialectical concept that combines opportunity and threat. At the same time, the crisis is characterized by negative influences (confusion, disorganization, conflict, stress), positive influences (cooperation, adaptation to the environment, and learning by experience (Drennan et al.,2014).Thus, the concept of crisis has changed from the traditional point of view, which describes it as an event that destroys or affects the organization as a whole, to the strategic point of view, as a decisive moment and a turning point for the better or worse.

2.4. Crisis Management Strategy

The crisis industry or crisis management is the science and art of controlling others through the events of the situation and directing it to serve the goals of the crisis makers in order to subjugate them after creating organized chaos, so they are sometimes called the art of industry it helps to create a climate of anxiety, tension and uncertainty, and the management of the crisis is the science and art of controlling the situation and directing it to serve legitimate goals by managing the crisis itself in order to control its pressure, The elements of successful crisis management are based on (Trtiz, 2001)

- Quick response to the crisis.
- A continuous flow of information.
- Valid messages that are consistent content.
- Show compassion, ie, human dealings with victims.
- Focusing the official spokesman on one person and defining his job.

Lukaszewski (1999: 19) puts five key elements in crisis management:

➢ The prior mandate of the managers concerned is of great importance in making a decision to develop a crisis management strategy that is ahead of time, and hence the speed of implementation (Booth,2015).

➢ The decisive act, when crises occur at an unexpected speed and the failure of several problems, which requires that the response is effective and accumulative critical and positive, reducing the size of the crisis or its impact.

➢ The appropriate behavior of the administration before, during and after crises to quickly reconsider the reputation of the organization, by acting immediately and cautiously, and the short and important words that deserve to be heard and repeated, if there are no secrets in crisis situations (Gross & Juncos ,2010).

➢ The human side of the words, the behavior of some managers is weak, after the occurrence of crises and victims, which is a source of anger and frustration.

➢ Direct and personal dealings with victims and those who are directly affected by them and employees and customers, which reduces the strength of competitors, The irresponsibility offers the solution and the opportunity to restore the reputation of the organization.

➢ The components of the crisis strategy are two elements: - (Coombs, 1998) providing the relevant information of the crisis to the beneficiaries, along with compassion for the victims.The elements of crisis management can be reformulated as follows: (Trtiz, 2001)

- The media crisis related to communications during the crisis and related to the information aspect.
- The psychological crisis related to the human dimension of the crisis, especially that behavior leads to communication.
- Because the crisis is a function of speed, the response should be technical, media, and ecology correct, fast and exceptional from the beginning. In order to control the anger of the victims and reduce the negative feeling and reduce the need for broad media coverage, and then reduce the severity of the crisis media and psychological. These elements will be briefly addressed.

In summary, it is clear that the crisis management strategy represents the future plans, ideas and methodology that will help to confront the crisis effectively through a series of steps based on scientific foundations.

3. MATERIAL AND METHODS

3.1. Instrument

A random sample was selected in the hospital, 60 questionnaires were distributed and 55 questionnaires were collected. The number of questionnaires valid for the statistical analysis was 49, and the questionnaire was presented using the five-point scale, Cronbach's alpha coefficients were acceptable, with all proportions acceptable, as in Table (1).

Table 1 Cronbach's Alpha Coefficients

Variable	CODE	Cronbach's alpha
Tacit Knowledge Sharing,	**TK**	0.808
Explicit Knowledge Sharing	**ET**	0.817
Knowledge Sharing	**KS**	0.874
Crisis Management Strategy	**CMS**	0.902

3.2. Conceptual Framework

Figure (1) shows the conceptual framework of the variables of the study, which reflects the relationships between the variables. The correlation coefficients have been adopted to identify the nature of relationships and regression coefficients for the purpose of identifying the affective relationships. The following hypotheses were formulated:

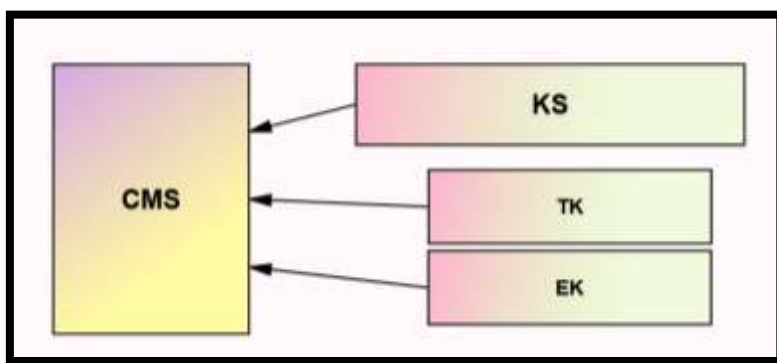H1: There is a significant correlation between KS and CMS

H11: There is a significant correlation between TK and CMS
H12: There is a significant correlation between ET and CMS

H1: There is significant impact between KS and CMS

H11: There are significant impact between TK and CMS
H12: There are significant impact on ET and CMS

Figure 1 Conceptual Framework

4. FINDING

4.1. Relationship

In order to test the correlation between the dimensions and the variables, the simple correlation test for each variable was adopted. This is reflected in the correlation matrix in Table (2), which indicates support of the hypothesis. The coefficient of correlation between the two variables (knowledge sharing, crisis management strategy) was 0.854, the correlation value (t) was more than the value of the table within the level of significance, which indicates support for the first main hypothesis in general.

At the level of sub-hypotheses, it was found that the correlation was significant between variables (tacit knowledge sharing , crisis management strategy) the correlation coefficient was (0.774), and the correlation was significant. The value of (t) was an acceptable

value greater than the value of the table within the level of significance and the degree of freedom for the sample, This indicates the first sub-hypothesis is achieved. And the second sub-hypothesis indicates that the correlation coefficient between (explicit knowledge sharing, crisis management strategies) was 0.798 and the correlation was significant. The value of (t) was an acceptable value greater than the value of the table within the level of significance and the degree of freedom for the sample, This indicates the second sub-hypothesis is achieved.

4.2. Regression

In order to test the impact of dimensions and variables, the simple regression test was adopted to identify the effect of each dimension independently.

The Second hypothesis:

From the results of Table (2) it is clear that the null hypothesis is rejected and the alternative hypothesis is accepted, since the regression model was significant , The value of (f) is more acceptable than the value of the table within the level of significance and degree of freedom of the sample, The value of the alpha parameter was 0.300 and the value of beta was 0.896 This indicates that the dependent variable changes by 0.896 when the independent variable (knowledge sharing) is changed once. The model interprets (72.9%) differences in the variable, Which indicates that the first main hypothesis has been achieved. The simple regression equation is as follows:

$$Y = \alpha + \beta \; KS$$

$$Y = 0.300 + 0.896 \; KS$$

First Sub Hypothesis:

It is clear from the analysis data in Table (2) that the null hypothesis is rejected and the alternative hypothesis is accepted. The regression model was significant. The value of f is more acceptable than the table value, The value of the alpha parameter was 0.978 and the beta value was 0.749 This indicates that the dependent variable changes by 0.749 when the independent variable (tacit knowledge sharing) is changed once. The model explains 59.8 % Of variations in the adopted variable, this indicates the first sub-hypothesis is achieved. The simple regression equation is as follows:

$$Y = \alpha + \beta 1 \; TK$$

$$Y = 0.978 + 0.749 \; TK$$

Second Sub Hypothesis:

The results of Table (2) show that the null hypothesis is rejected and the alternative hypothesis is accepted. The regression model was significant. The value of f is more acceptable than the value of the table, The value of the alpha coefficient was 0.705 and the beta value was 0.780 This indicates that the dependent variable changes by 0.780 when the independent variable (explicit knowledge sharing) is changed once. The model interprets 63.7% of the differences in the variable adopted, this indicates the second sub-hypothesis is achieved. The simple regression equation is as follows:

$$Y = \alpha + \beta 2 \; EK$$

$$Y = 0.705 + 0.780 \; EK$$

Table (2) Regression analysis of Knowledge Sharing and Crisis Management Strategy

V.	α	β	Std. Error	T	F	R	R^2	sig
TK	0.978	0.749	0.090	8.369	70.047	0.774	0.598	0.000
ET	0.705	0.780	0.086	9.080	82.451	0.798	0.637	0.000
KS	0.300	0.896	0.080	11.246	126.470	0.854	0.729	0.000

5. CONCLUSION AND DISCUSSION

The relationship between knowledge sharing and crisis management strategy can be observed from the perspective of crisis management strategy being achieved with the use of the knowledge sharing. According to Costa et al., 2013, implementation of crisis management plan calls for the use of knowledge sharing. Designing a well-forecasted planned in the management department of the hospital without sharing with other staff members such as doctors and nurses lead to direct failure of the plan in the event of a crisis (Callea et al., 2017). Subsequently, any design in the management should be shared with all relevant departments preferable to all staff of the healthcare facility (Kerzner, & Kerzner, 2017). Knowledge sharing forms the basis of success in the facility and the current implementation of the evidenced-based practices is based on knowledge sharing and knowledge advancement.

Any facility especially hospital have strategic planning for the short-term crisis that could arise in accordance with the prevailing healthy policy (Gopee, & Galloway, 2017). Therefore, a dilemma that could face the hospital management is an outbreak of epidemic diseases especially when the hospital is the last resort of the region or the entire country (Sahi et al., 2018,). Another possible crisis is inadequate labor, change in technology and market threats as result of the entry of other for-profit health care facilities. Subsequently in preparation for such crisis managers of the facilities design a plan with worse case scenario in their development of the strategy (Oliveira, 2010). If the same procedure is not communicated to other members of the healthcare facility in the event of an increase in the number of patients will lead to complaints from staff and failure to the compact crisis.

Hospital is mainly faced with a short-term crisis such as emergency at odd hours or absolute increase in a number of patients as result of the outbreak of specific disease such as cholera. Consequently, crisis management in health care facility is dependent on the plans and guidelines (Kahan & Goodstadt, 2016). The management team of the hospital is tasked with the role of predicting the possibility of worst-case scenario through analysis of the situation both internally and externally (Owen, 2017). Also, management depends on the information from the government scientist for decision making for the achievement of the greater good of all people (Drahos, & Braithwaite, 2017). Therefore, government plays the role of researching and delivering vital information such as the possible medical problem that could arise both for short-term basis and long-term basis. The shortage of nurses in as result of aging population and increase in the nursing homes was long predicted, but failure to communicate similar information to universities and high school students lead to the crisis in and scarcity of nurses. Therefore communication of plans not only helps in reduction of the crisis but also helps evasion of entire turmoil especially when the crisis projected is a long-term crisis, Therefore knowledge sharing takes center stage in crisis management strategy. Sharing of knowledge helps elicit opinions that help in polishing the plan from other experts and workers. In the modern society where democracy is the basis of governance, the management should present the plan to the people expected to prepare and adapt before for crisis itself. Therefore for ethical leadership and management of the hospital having crisis management strategy communicate to the individual staff in a well-organized platform where feedback can be received is imperative in preparing the hospital for any changes that could arise.

Knowledge sharing between managers and medical staff of a healthcare facility is critical in overall goal achievement and minimization of constraints. In a healthcare facility, the possibility of a crisis emerging in the shortest term is relatively high as compared to other institutions. Therefore, sharing of knowledge in matters of handling the similar problem in all facets of professionals in the facility helps in brainstorming and designing of the better crisis management strategy that is well optimized. Therefore, the available understanding and symmetry of the knowledge across all departments in the healthcare facility is a significant contribution towards the management of the possible arising problems in the future. Among the methods available for are through posters, education and training of the staff. However, the same techniques suffer from limitations that are inherent in the healthcare facilities. With the pressure of evidence-based practices implantation in all facilities with a shift in the overall healthcare management from treatment focus to preventive focus, the sharing of knowledge in consideration of the crisis management is significantly influenced. Healthcare management aims at developing plans for compacting crisis or disasters through various methods such as the expansion of the facility, forecasting and increasing the number of the personnel. In relating crisis management, there is a limitation in how the knowledge is shared in the system. Therefore, for a system to have better management of arising crisis sharing of the data is imperative. so, organization needs the knowledge sharing in order to face the crisis by formulating an affective crisis management strategy.

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