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Measurement and validity of integrated knowledge management model

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Abstract

Knowledge has been recognized as an important asset for organizations to gain competitive advantage. Increasingly capable Information and Communication Technologies (ICT) and Information Systems (IS) have been developed and employed by organizations to facilitate Knowledge Management (KM). Beside outcomes, organizations are concerned with how to motivate employees to share their knowledge in order to obtain valuable inputs (i.e. knowledge), facilitate KM processes and get the greatest benefits from the investments. This study focussed on validating the Triandis Knowledge management research model in Indian hospital context. The purpose of this study is to examine the effect of organizational trust within knowledge management context. Furthermore the influence of social factor, affect, perceived usefulness, perceived ease of use and facilitating condition on knowledge sharing behaviour of using systems is also examined. This paper aims to test and validate a comprehensive research model for studying the behaviour of using KM systems to share knowledge in a socio-technical context, and study the effect of Organizational Trust (OT) within this KM context. Literature review and survey were conducted to provide supportive results.

Keywords: Organizational knowledge management, knowledge management systems, knowledge sharing, organizational trust

Introduction

In the modern knowledge economy, organizational competitiveness mostly depends on the effective creation, sharing, and utilization of knowledge rather than on traditional physical or financial assets of an organization. Advances in digital technologies, analytics, artificial intelligence, and collaborative platforms have fundamentally transformed how organizations manage and leverage knowledge (Alavi, Leidner, & Hwang, 2024) ^[1]. Knowledge Management Systems (KMS) are no longer passive sources but dynamic socio-technical infrastructures that support continuous learning, innovation, and evidence-based decision making. In knowledge-intensive sectors such as healthcare, effective knowledge management is particularly important due to the difficulty of clinical processes, high dependence on professional expertise, and the need for timely, accurate information exchange across multidisciplinary teams (Davies, Mueller, and Moulton, 2020; Nouri Khaneghah *et al.*, 2025) ^[18, 29]. Hospitals face continuous challenges including workforce shortages, increased patient expectations, regulatory pressures, and rapid medical advancements. These challenges require systematic mechanisms for capturing tacit clinical knowledge, sharing best practices, and reducing knowledge loss resulting from employee turnover. Even though considerable investments in digital health technologies and KMS, many organizations continue to struggle with low levels of system usage and ineffective knowledge sharing behaviour (Kwahk and Park 2016) ^[26]. Past research increasingly suggests that technological capability alone is insufficient; social, psychological, and organizational factors play a vital role in shaping employees' willingness to share knowledge through systems (Razmerita, Kirchner, & Nabeth, 2014) ^[30].

Recent KM research emphasizes the importance of organizational trust, social influence, affective responses, and perceived system value in enabling sustained knowledge sharing behaviors (Hernández-Soto, *et al.*, 2025; Guo, *et al.*, 2023) ^[24, 22]. Trust, in particular, has emerged as a foundational enabler that reduces perceived risk, fosters collaboration, and strengthens positive attitudes toward digital knowledge platforms (Buvik and Rolfsen, 2015) ^[6].

Building on this point, the current study re-examines and extends the integrated knowledge management model grounded in Triandis' Theory of Interpersonal Behavior by incorporating contemporary insights from technology acceptance, organizational trust, and socio-technical systems theory. By updating and validating this integrated model within the healthcare context, the study contributes to a more accurate understanding of how social, emotional, technological, and trust-based mechanisms jointly influence knowledge sharing behavior through KMS.

Review of Literature

Knowledge sharing is defined as the intentional exchange of tacit and explicit knowledge among individuals, teams, or organizations to improve collective performance (Wang & Noe, 2010; Connelly *et al.*, 2019) ^[34, 16]. For the past years research has increasingly focused on digital platforms, social media tools, and collaborative technologies as enablers of knowledge sharing (Razmerita *et al.*, 2014; Cheng, *et al.*, 2025) ^[30, 7]. Studies consistently show that effective KMS usage enhances organizational learning, service quality, and innovation outcomes, particularly in healthcare and public-sector organizations (Davies, Mueller, & Moulton, 2020; Alsharo, Gregg, & Ramirez, 2017) ^[18, 2]. However, system success depends less on technical sophistication and more on users' perceptions, motivations, and social environment (Kwahk & Park, 2016) ^[26].

Social factors such as norms, role expectations, peer influence, and professional identity significantly influence knowledge sharing behavior (He & Wei, 2009; Choi *et al.*, 2011) ^[23, 13]. In healthcare settings, hierarchical structures and professional boundaries often shape how knowledge is exchanged across roles (Nouri Khaneghah *et al.*, 2025) ^[29]. Recent empirical studies confirm that supportive social norms and leadership encouragement positively influence employees' engagement with KMS (Anand *et al.*, 2020) ^[3]. Social influence remains one of the strongest predictors of sustained system usage in collaborative environments.

Affective responses such as enjoyment, satisfaction, anxiety, and fear of evaluation have been increasingly recognized as critical determinants of digital knowledge sharing behavior (Tarafdar *et al.*, 2019) ^[31]. Positive affect enhances intrinsic motivation, while negative emotions can inhibit participation and contribution to KMS. In healthcare organizations, emotional workload and stress further amplify the role of affect in shaping knowledge sharing intentions (Davies, Mueller & Moulton, 2020) ^[18].

The Technology Acceptance Model remains a foundational framework for explaining system usage behavior. Extensive post research confirms that perceived usefulness and perceived ease of use continue to be robust predictors of KMS adoption across sectors (Venkatesh *et al.*, 2016) ^[33].

Facilitating conditions refer to organizational and technical infrastructure that supports system use, including training, accessibility, management support, and resource availability (Venkatesh *et al.*, 2016) ^[33]. Studies indicate that continuous training and institutional support are essential for sustained KMS usage in hospitals (Kwahk & Park 2016) ^[26].

Organizational trust has gained renewed scholarly attention as a critical antecedent to knowledge sharing in digital contexts (Buvik & Rolfsen 2015; Berraies *et al.*, 2021) ^[6, 4]. Trust reduces uncertainty, encourages openness, and strengthens collaborative norms. Recent research differentiates interpersonal trust and trust in management,

both of which significantly influence employees' willingness to share knowledge and use KMS.

Theoretical concept and Hypothesis Development

The Technology Acceptance Model (TAM), introduced by Davis (1989), has been extensively used in information systems (IS) research to examine user acceptance of new technologies. TAM posits that individuals' actions are primarily influenced by their beliefs regarding the technology's performance. Specifically, the model identifies Perceived Usefulness (PU) and Perceived Ease of Use (PEOU) as two fundamental determinants of system usage. Many organizations utilize knowledge management (KM) systems to enhance communication and facilitate knowledge sharing. Since this study looks at KM system use, TAM helps explain some aspects of knowledge sharing through these systems. Still, TAM alone does not cover everything. While PU affects performance after using the system, people's enjoyment or motivation can also play a role. In addition, perceived behavioral control, often measured by PEOU, is important in the Theory of Planned Behavior (TPB). However, if PEOU does not align with the actual opportunities and resources available, it may not directly influence behavior. Additionally, TAM omits social influences such as social factors from the Triandis model (Triandis, 1980) ^[32] or subjective norm from the Theory of Reasoned Action (TRA) (Fishbein *et al.*, 1975) and TPB, which have been shown to significantly affect behavior in numerous IS studies (Cheung *et al.*, 2000) ^[8]. Since knowledge sharing and KM system usage inherently involve interactions among multiple individuals, social pressure is considered a critical determinant of behavior in this context. Among the various theoretical frameworks-TAM, TRA, TPB, and the Triandis model-the latter is regarded as more comprehensive and better suited for studying KM-related behaviors. The Triandis model distinguishes between affective and cognitive components of attitudes and incorporates both facilitating conditions (actual behavioral control) and social factors to explain actions. Consequently, this study's research model is based on a modified subset of the Triandis model. According to Triandis, in voluntary settings, behavior is determined by: (1) habit, (2) behavioral intention influenced by social factors, affect, and perceived consequences and (3) facilitating conditions. Given that most organizations have already implemented KM systems and that this is a cross-sectional study, behavioral intention was excluded in favor of examining the direct effects of social factors, affect, and perceived consequences on current behavior. Habit was also excluded since, in cross-sectional studies, the measures for habit and actual behavior are indistinguishable (Cheung *et al.*, 2000) ^[8]. The research model developed for this study was shown in Figure 1.

Hypothesis Development

Social factors

Social factors represent the extent to which individuals internalize organizational norms, role expectations, and peer influence regarding appropriate knowledge sharing behavior. In organizational settings, especially in hospitals, employees are embedded within professional communities where social norms strongly guide behavior. Recent studies demonstrate that supportive peer norms, leadership encouragement, and professional role expectations significantly enhance employees' willingness to share

knowledge through digital platforms (He & Wei, 2017) ^[23]. When knowledge sharing is perceived as a valued and expected behavior within the organization, employees are more likely to actively use KMS to disseminate their expertise. Accordingly, social influence is expected to exert a direct and positive effect on actual knowledge sharing behavior.

H1: Social factors have a significant positive effect on knowledge sharing behavior through knowledge management systems.

Affect

Affect refers to individuals' emotional responses associated with the act of sharing knowledge using digital systems. Positive emotions such as enjoyment, satisfaction, and a sense of contribution foster intrinsic motivation, whereas negative emotions such as anxiety, fear of criticism, or emotional exhaustion can inhibit participation. Post research increasingly highlights the role of affective states in shaping technology-enabled knowledge sharing behavior, particularly in high-stress environments like healthcare (Tarafdar *et al.*, 2019) ^[31]. Employees who experience positive emotions while using KMS are more likely to engage in repeated and meaningful knowledge sharing activities. Therefore, affect is expected to play a crucial role in determining actual system-based knowledge sharing behavior.

H2: Affect has a significant positive effect on knowledge sharing behavior through knowledge management systems.

Perceived usefulness

Perceived usefulness reflects the degree to which employees believe that using a KMS enhances their job performance, efficiency, and quality of work outcomes. Despite the emergence of newer acceptance models, perceived usefulness remains one of the most robust predictors of system usage behavior across organizational contexts (Dwivedi *et al.*, 2019; Alavi *et al.*, 2024) ^[19, 1]. In healthcare organizations, systems perceived as improving patient care, reducing errors, and facilitating clinical decision-making are more likely to be integrated into daily work practices (Davies, Mueller, & Moulton, 2020) ^[18]. When employees recognize tangible benefits from using KMS, they are more motivated to share their knowledge through these systems. Hence, perceived usefulness is expected to have a direct positive influence on knowledge sharing behavior.

H3: Perceived usefulness has a significant positive effect on knowledge sharing behavior through knowledge management systems.

Perceived ease of use

Perceived ease of use refers to the extent to which employees believe that using a KMS requires minimal effort and is free from complexity. Systems that are difficult to understand or operate increase cognitive load and resistance, thereby discouraging active participation. Contemporary research confirms that usability and intuitive system design significantly influence sustained engagement with knowledge platforms (Venkatesh *et al.*, 2016) ^[33]. In time-pressured healthcare environments, ease of use becomes particularly critical, as employees are unlikely to engage

with systems perceived as cumbersome. Consequently, perceived ease of use is expected to positively affect knowledge sharing behavior through KMS.

H4: Perceived ease of use has a significant positive effect on knowledge sharing behavior through knowledge management systems.

Facilitating conditions

Facilitating conditions represent the availability of organizational, technical, and infrastructural support that enables system usage. These include access to KMS, training programs, technical assistance, management support, and adequate time and resources. Recent studies consistently show that facilitating conditions directly influence actual usage behavior, particularly when system adoption is not entirely voluntary (Venkatesh *et al.*, 2016; Kwahk & Park, 2016) ^[33, 26]. In hospital settings, the absence of adequate training or technical support can significantly impede knowledge sharing initiatives. Therefore, facilitating conditions are expected to exert a direct and positive influence on knowledge sharing behavior through KMS.

H5: Facilitating conditions have a significant positive effect on knowledge sharing behavior through knowledge management systems.

Organizational trust

Organizational trust reflects employees' confidence in their colleagues and management, as well as their belief that the organization acts with integrity, fairness, and benevolence. Trust has been widely recognized as a foundational enabler of knowledge sharing, particularly in digital and collaborative contexts where knowledge contributors may feel vulnerable (Buvik & Rolfsen, 2015; Choi *et al.*, 2011) ^[6, 13]. High levels of organizational trust foster open communication, mutual respect, and shared values, which strengthen social norms and role expectations related to knowledge sharing. Accordingly, organizational trust is expected to positively influence social factors within the KM context.

Beyond shaping social norms, organizational trust also influences employees' emotional responses toward knowledge sharing. Trust reduces fear of misuse of knowledge, criticism, and opportunistic behavior, thereby fostering psychological safety and positive affective states (Edmondson & Lei, 2014) ^[20]. When employees feel emotionally secure, they are more likely to experience enjoyment and satisfaction from sharing knowledge through KMS. Hence, organizational trust is expected to positively influence affect.

Organizational trust also shapes employees' cognitive evaluations of KMS. When employees trust management and institutional intentions, they are more likely to perceive digital systems as beneficial, reliable, and aligned with organizational goals (Buvik & Rolfsen, 2015) ^[6]. Trust enhances confidence that knowledge contributions will be valued and used appropriately, thereby increasing perceived usefulness. Accordingly, organizational trust is expected to positively influence perceived usefulness of KMS.

Finally, organizational trust is expected to influence perceived ease of use. Trust in management and system providers reduces anxiety, resistance, and skepticism toward digital technologies (Choi *et al.*, 2011) ^[13]. Employees who

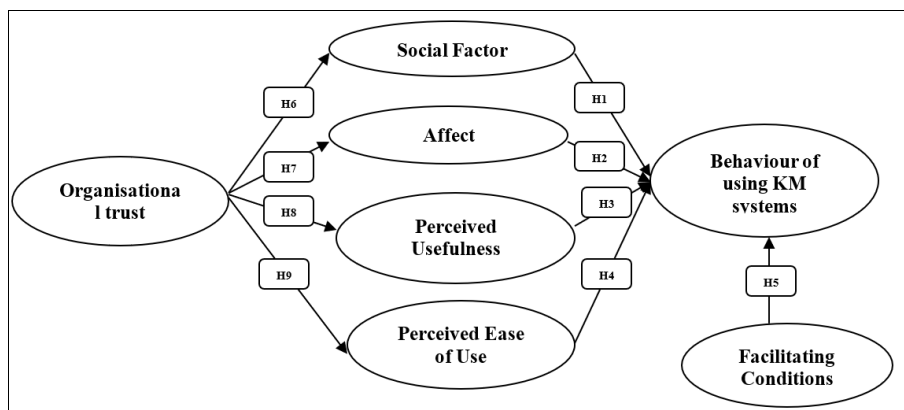
trust their organization are more willing to experiment with systems, seek help, and overcome initial usability challenges. As a result, trust indirectly simplifies system interaction by lowering psychological barriers, leading to higher perceived ease of use.

H6: Organizational trust has a significant positive effect on social factors.

H7: Organizational trust has a significant positive effect on affect.

H8: Organizational trust has a significant positive effect on perceived usefulness.

H9: Organizational trust has a significant positive effect on perceived ease of use.



(Source: Treandis Theory of Behaviour, 1980)

Fig 1: Proposed Research Model

Research Objectives

- To test and validate a comprehensive research model for studying the behavior of using KM systems to share knowledge in a socio-technical context
- To examine the effect of Organisational Trust within KM context.

Need for the study

Hospitals are an essential service. Throughout the world hospitals are facing many challenges including increased costs, per capita decreases in government funding, technology that delivers both less invasive surgery and the capacity to deal with more complex medical interventions. Shortages of nurses, doctors and some allied health professionals are national and international problems. To address these issues, it is important to organize the performance skills of employees working in the hospitals by way of coordinating their skills and energies in meaningful way by way of building knowledge management systems. Although factors affecting the use of KM systems and the behavior of knowledge sharing have been investigated and studied by a few researchers, most of the studies have focused on either social or technological factors. But very few research studies were undertaken by integrating both social and technical factors in same model. These can provide useful information and guidance to organizations on how to allocate their KM efforts and help them find out their inherent weaknesses in providing a supportive KM environment.

Research methodology

Sample

The study was conducted in private hospitals nurses having more than 200 beds. Totally four hospitals having more than 200 beds were selected and the population of nurses in hospital A, hospital B, hospital C and hospital D were 154, 210, 185, 165 respectively and total population together were 714 nurses. A pilot study was conducted among 90

respondents and the standard deviation of the items was found to be 0.342. Hence the sample size was determined to be 180*. At the end of data collection period, as a percentage of sampling population, the response rate is 28 percent. The sample for the study was selected from the population by simple random sampling method.

Measures

In order to develop better measures, literature review was conducted and constructs were carefully defined to specify the domain of the constructs and ensure content and face validity (Churchill 1979) [14]. Reliable and valid instruments for measuring social factor, Affect, Perceived Usefulness, Perceived Ease of Use, Facilitating Conditions and behaviour constructs were adopted from existing literature (Madden *et al.*, 1992; Cheung *et al.*, 2000) [27, 8]. A minimum of two indicators were selected to measure each of them (Bollen 1989) [5]. Organizational Trust has been widely studied in the field of Management and Organizational Psychology (Morrow *et al.*, 2004) [28]. Different dimensions and measures of Organizational Trust are available and validated (Clegg *et al.*, 1981; Costigan *et al.*, 1998; Morrow *et al.*, 2004) [15, 17, 28].

Data Collection

Data were collected from both the primary and secondary sources. The questionnaire consists of two parts. The part I contained 8 questions on Demographic factors of users such as Age, Gender, Education qualification, Experience, Department, Designation and Monthly Income. Second part consists of the conceptual factors such as Organisational Trust with 8 questions, Social factor with 6 Questions, Affect with 5 questions, Perceived usefulness with 2 questions, Perceived Ease of Use with 2 questions and Facilitating Condition with 3 questions and Behaviour of using System with 4 questions. The scaling values are 7- Extremely Agree; 6- Highly Agree; 5- Agree; 4- Neutral; 3- Disagree; 2- Highly Disagree 1- Extremely Disagree.

Secondary data were obtained from Journals and Web portals.

Demographic profile: Overall, about 86 per cent of the respondents were females, 85 per cent were in the age group 30 to 40 years, 52 of the respondents were undergraduates and 45 per cent of them had an annual income of Rs 60000-120000. The study indicated that about 63 per cent of the respondents were having experience between 5 to 10 years about 45 per cent of the respondents were in cadre of staff nurses and ANM nurses.

Reliability

The table 1 revealed that all the constructs exhibit adequate reliability with internal consistency values of 0.847, 0.824, 0.806, 0.617, 0.683, 0.792, and 0.753 respectively which is greater than an alpha value of 0.60 (Nunnally and Bernstein). Finally, the results of Hotelling's *T*-squared test confirmed that the mean of different Organizational Trust and Knowledge Management items under the seven dimensions was significantly different from each other at 1 per cent level. This indicates that there is no equivalence between all the items and they are different.

Table 1: Reliability and equivalence of various items in knowledge sharing dimensions

Dimensions	No of items	Cronbach alpha	Hotelling's T squared	F-value	d. f	P-value
Organisational Trust	8	0.847	21.644	3.507	(6,174)	0.003
Social factor	6	0.824	16.632	3.252	(5,175)	0.008
Affect	5	0.806	50.495	12.412	(4,176)	0.000
Perceived Usefulness	2	0.617	6.894	6.894	(1,179)	0.009
Perceived Ease of use	2	0.683	6.060	6.060	(1,179)	0.015
Facilitating Condition	3	0.792	0.886	.440	(2,178)	0.006
Behaviour of using System	4	0.753	18.944	6.244	(3,177)	0.000

Convergent Validity

Convergent validity of all the constructs was examined using the measure of Average Variance Extracted (AVE) that is the average variance shared between a construct and its items (Fornell & Larcker, 1981) [21]. A construct with an AVE of over 0.5 is expected to have adequate convergent validity. In some cases, values up to 0.40 of AVE and 0.60 of composite reliability are also considered to be acceptable if they are central to the model. (Chin 1995 and 1998, Chin *et al* 1999 & 2003) [9, 10, 11, 12]. The table 2 shows that AVE of all the constructs is greater than 0.4 and composite reliability is above 0.60 therefore, so, all the constructs have high convergent validity. Furthermore the AVE values are greater than squared correlation value which indicates that all the constructs have good discriminate validity.

Table 2: Convergent Validity

Variables	AVE value	Composite Reliability
Organisational Trust	0.59240	0.92062
Social factor	0.55687	0.88275
Affect	0.49806	0.81652
Perceived Usefulness	0.59068	0.74070
Perceived Ease of use	0.62362	0.76561
Facilitating Condition	0.53999	0.77778
Behaviour of using System	0.43862	0.75129

Validation of Model through PLS-PM

In order to test the proposed Hypothesis, Visual PLS is used to compute the constructs scores. Using these constructs scores as a base, the study explored the relationship between the variables using SPSS package. The construct correlation has been presented in the table 3.

Table 3: Construct Level Correlation of Model

Hypothesis	Independent Variables	Dependent Variables	Pearson Correlation Value	Significance (@ 1% Level)
H1	Social factor	Behavior of Using KM System	.689	0.001
H2	Affect		.708	0.001
H3	Perceived Usefulness		.556	0.001
H4	Perceived Ease of Use		.630	0.001
H5	Facilitating Conditions		.690	0.001
H6	Organisational Trust	Social Factor	.818	0.001
H7		Affect	.758	0.001
H8		Perceived Usefulness	.557	0.001
H9		Perceived Ease of Use	.653	0.001

Table 4: Bootstrap Summary of Model and Hypothesis Result

Hypothesis	Entire Sample Estimate	Mean of Subsamples	Standard Error	t-Statistics	R ² Value	Result
H1	0.1810	0.2136	0.0953	2.896	0.631	Significant
H2	0.1920	0.1765	0.0810	2.226		Significant
H3	0.1160	0.1064	0.0566	2.009		Significant
H4	0.1860	0.1932	0.0832	2.269		Significant
H5	0.2740	0.2586	0.0822	3.539		Significant
H6	0.8180	0.8215	0.0273	35.393	0.669	Significant
H7	0.7580	0.7574	0.0309	22.604	0.574	Significant
H8	0.5570	0.4330	0.0847	12.385	0.310	Significant
H9	0.6530	0.6551	0.0457	14.375	0.426	Significant

The purpose of the model was to discover the influence of organisational within KM context Using multivariate statistical tools viz PLS-PM in visual PLS software, the study identified key influences and their role in predicting

the behaviour regarding the usage of KM system. In figure 2 it is noted the nine hypothesized paths in model were found to be significant.

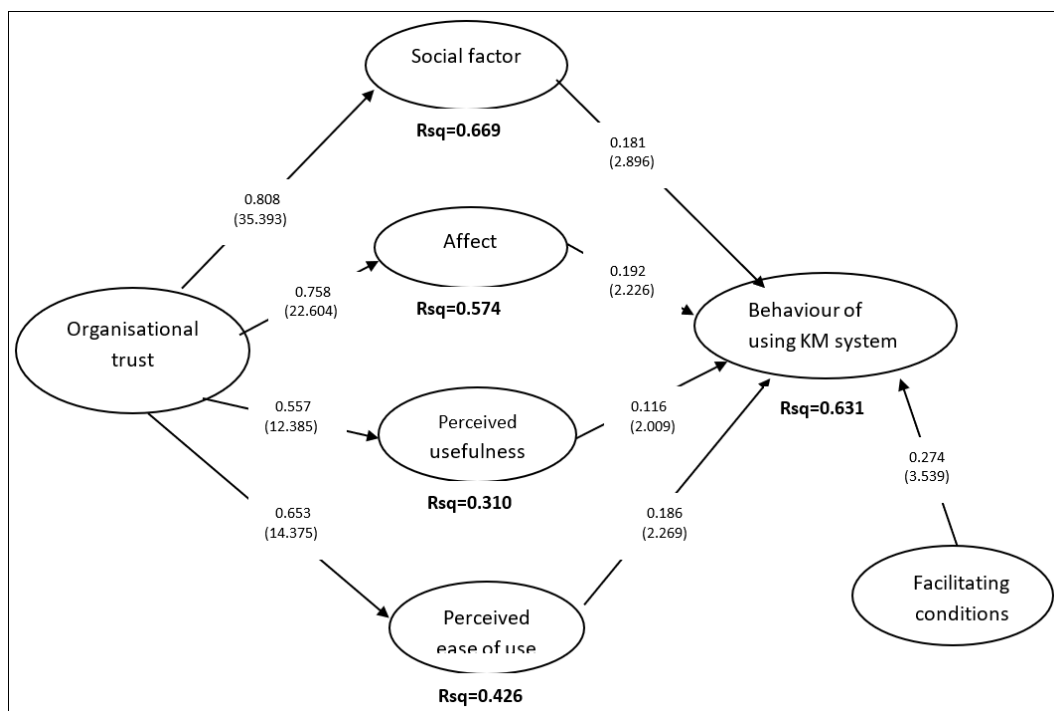


Fig 2: PLS Path Analysis

Hypothesis results

Using PLS -PM graph, the moderate R-square value of 0.631 was obtained. As presented in figure 2 and table 4, the path linking social factor to behaviour of using KM system was found to be significant at 0.05 level (beta=0.181 t= 2.896), indicating social factor has a significant effect on behaviour of using KM system. As presented in table 3, the correlation between social factor and behaviour of using KM system was 0.689 which was significant at 1 percent level. This supported for H1. The path linking affect to behaviour of using KM system was significant at 0.05 level (beta=0.192, t= 2.226), indicating affect dimension has a significant effect on behaviour of using KM system. The correlation between affect and behaviour of using of KM system was 0.708 which was very strong. This provided support for H2. The path linking perceived usefulness to behaviour of using KM system was found to be significant at 0.05 level (beta=0.116, t= 2.009), indicating perceived usefulness has a significant effect on behaviour of using KM system. The correlation between these two dimensions was 0.556. This provided support for H3. The path linking perceived ease of use to behaviour of using KM system was found to be significant at 0.05 level (beta=0.186, t= 2.269), indicating perceived ease of use has a significant effect on Social Factor. It was correlated to behaviour of using KM system by 0.630 at 1 percent level of significant. This provided support for H4. The path linking facilitating conditions to behaviour of using KM system was found to be significant at 0.05 level (beta=0.274, t= 3.539), indicating facilitating conditions has a significant effect on behaviour of using KM system. As seen in table 3, it is highly correlated to behaviour of using KM system by 0.690. This provided support for H5. The path linking

organisational trust to social factor was found to be significant at 0.05 level (beta=0.818, t= 35.393), indicating Organisational Trust has a significant effect on Social Factor. The correlation between Organisational Trust and Social Factor was 0.818, which was very strong at 1 percent level of significance. This provided support for H6. The path linking organisational trust to affect was found to be significant at 0.05 level (beta=0.758, t= 22.604), indicating Organisational Trust has a significant effect on affect and the correlation between organisational trust and affect was 0.758 at 1 percent level of significance. This provided support for H7. The path linking organisational trust to perceived usefulness was found to be significant at 0.05 level (beta=0.557, t= 12.385), indicating Organisational Trust has a significant effect on perceived usefulness. The correlation between these two dimensions was 0.556 which was significant. This provided support for H8. The path linking organisational trust to perceived ease of use was found to be significant at 0.05 level (beta=0.653, t= 14.375), indicating Organisational Trust has a significant effect on perceived ease of use. The correlated value between organisational trust and perceived ease of use was 0.653. This provided support for H9. In summary, the organisational trust explained a variation of 67 percent on social factor, 57 percent variation on affect dimension, 31 percent variation on perceived usefulness and 43 percent variation on perceived ease of use.

Discussions

Organisational Trust

Significant relationship was found between Organisational Trust (OT) and Social Factors (SF). OT reflects the qualities of referents (e.g. competence, integrity and benevolence,

etc.) and employees' willingness to rely on individuals or groups within an organization. In a working environment with low OT, employees may focus more on self-interest. Therefore, OT should be significantly related with SF. Then, there is significant relationship between Organisational Trust and Affect. OT reflects the existence of mutually supportive culture within an organization. Open and honest communications will be facilitated. It indicates that it is enjoyable for respondents to share knowledge with KM systems. Employees used to have high moral obligation and community interests. They feel good when knowledge is disseminated. Further, Organisational Trust has significant relationship with Perceived Usefulness and Perceived Ease of Use. It indicates that the effective functionality of a system depends on its usability. Employees are less worried about potential risk of using KM systems to share knowledge. They found that KM systems are easier for them to use for knowledge sharing. When usage is increased, effectiveness or usefulness of KM systems gets experienced. Therefore, the existence of OT within the organization make respondents to feel easy to use KM systems and share knowledge; and thus experience effectiveness.

Social factor

It is found that social factors are greatly influenced by organisational trust dimension. This finding will be an eye opener for management to take initiative in providing their support by way of building more trust towards knowledge sharing. Further, social factors influence the behaviour of using KM system. It indicated that individual norms, roles and self-respect affect the behaviour of using KM systems. People in an organization may think that it is useful to use the KM system to share knowledge, but an individual may still think it is useless according to his/her negative experience or personality. Most of the respondents were of view that nursing managers do not play supportive role in knowledge sharing. It is found that nurses are ready to execute their task according to management. Also, the respondents do not exhibit keen interest in such performance which is expected by their co-workers.

Affect

Affect dimension was also influenced by organisational trust dimension. Further, affect dimension positively influences the behaviour of using KM system. It indicates that using KM systems to share knowledge may evoke strong moods or emotions, either positive or negative and affect or emotional based responses also affect the system usage of knowledge management. Some of the respondents revealed that knowledge sharing do not yield good results and not wise activity. It is found that some of the nurses hate knowledge sharing. This is an important finding which will cause damage to existing knowledge sharing culture. So the hospital administrators should organise KM programmes which focus on the importance and uses of knowledge sharing. The management should also devise appropriate reward structures to foster knowledge sharing culture. This will be a motivation for those who have wrong attitude and intension towards knowledge sharing.

Perceived usefulness

Most of the respondents have strong belief that the KM system improves their work productivity and enables the hospitals to enhance their effectiveness. It seems to be

important positive findings which will motivate the hospital administrators to invest more on building such KM systems. It is found that Perceived usefulness is influenced by organisational trust dimension. In addition, the behaviour of using KM system is positively influenced by perceived usefulness. It revealed that an individual's belief about using a KM system had a great impact on its usage. This finding will necessitate hospital administrators to communicate the potential benefits and positive impact of knowledge sharing to their employees.

Perceived ease of use

It has been found that perceived ease of use of KM system influence the behaviour of using KM system and was influenced by organisational trust to some extent. It implied that though the respondents believe that KM systems improves and enhances their work performance, they had a perception that KM system is difficult to understand and use. It indicates that the nature and importance of knowledge management system was not clearly communicated and there is no awareness about the usage of such KM system. Most of nurses also believed that it is easy to get results by using such KM system.

Facilitating conditions

This dimension positively influences the behaviour of using KM system. So it is understood that technical and non-technical support such availability of KM system, ease of access to KM system, geographical barriers in environment affect the performance behaviour of KM system. Further, Majority of respondents were of view that the availability of training instructions and training assistance with respect to the usage of KM system were found to enough. It implies that nurses are interested to get instructions and to undergo training regarding how to access KM system. So hospital administrators should provide effective training and instructions by creating KM roles such as appointment of CKO and KM leader.

Behaviour of using KM system

The combination of Social and technological factors greatly affect the behaviour of using KM system. The usage behaviour of KM system differs according the gender characteristics of respondents. Most of the respondents emphasis that KM system facilitate the sharing of reports both within and outside organisation easy and convenient. Nurses also were of view that KM system facilitates experience and expertise sharing. These findings will enable the hospitals to pay more focus on employees with experience and expertise and motivate them to contribute more in development of KM system.

Conclusion

The results show that KM research models based on the Triandis approach may be more comprehensive and useful than those based on Technology Acceptance Model in enhancing our understanding of knowledge sharing behaviour in KM systems. This approach allows us to study both social and technological factors in the same model. The main objective of this research was to examine the impact of organisational trust within KM context. The influence of one dimension upon another dimension is also examined using Partial Least Square- Path Modelling. The results of this study may also inform management in their effort to

promote the use of KM systems to share knowledge. This study helps show the relative importance of the predictors in affecting the usage of KM systems to share knowledge. This can draw the attentions of organizations, make them aware of their inherent weaknesses in providing an effective KM environment and help them better allocate their resources. Besides, they should also communicate the positive impacts of knowledge sharing to organizational members and demonstrate management support as Perceived Usefulness and social influence from the top management were found to play an important role towards the behavior. Moreover, as it was found that Organizational Trust could affect those important predictors belonging to volitional/emotional control, organizations should try to create a supportive social environment in order to enhance the intention to use or actual usage behavior. Even though Organizational Trust is partially controllable, management can try to involve employees in decision making, explain its final decisions and actions to employees and state clearly its new rules in order to enhance Trust in Management and thus the usage of KM systems to share knowledge.

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