

UNIVERSITI TEKNOLOGI MARA

**MODELLING KNOWLEDGE
TRANSFER OF NURSING STUDENTS
DURING CLINICAL PLACEMENT**

NOR AZAIRIAH FATIMAH BINTI OTHMAN

Thesis submitted in fulfillment
of the requirements for the degree of
Doctor of Philosophy

Faculty of Business and Management

December 2016

ABSTRACT

The current study explored factors affecting behavioral of knowledge transfer and the antecedents predicting this within the Theory of Planned Behavior (TPB) framework. This study made an attempt to incorporate knowledge transfer-related variables (articulability of knowledge, credibility of knowledge source, gap of theory-practice, embedded knowledge and environmental uncertainty) into the framework. The premise of the model is to provide guideline of necessary conditions that are influential to knowledge transfer behavior in the clinical placement. It is hoped that by holistically understanding and paying closer attention to these predictors, a more comprehensive strategy can be devise beforehand to alleviate any problems that might negatively hinder activities of acquiring and applying new knowledge at the point of clinical placement, which subsequently maximize required clinical experience and in turn increase the levels of clinical competence. The posited model was validated quantitatively using field surveys to one of key stakeholders of clinical placement; the nursing students. The influence of the variables selected for this study was tested on two distinct samples of Lower Semester Group, LSG (semester 1- 3) and Higher Semester Group, HSG (semester 4-6) separately. A total of 2880 questionnaires were distributed to nursing students from all government-affiliated nursing institutions throughout the country. A total of 2779 (96.5%) was returned and only 2638 were usable for analysis. Data analysis statistical technique of Partial Least Square (PLS) was conducted to analyze the hypothesized relationships and to test adequacy of the proposed model. For LSG, eight (8) of ten (10) hypotheses were supported. For HSG, with excerption to three (3), all of the hypothesized paths are in the direction hypothesized. The Model show reasonably good fit supported by the acceptable level of the *GoF* indices of 0.389 (LSG) and 0.383 (HSG). The finding of this study which is solely focuses on knowledge transfer from the recipient of the knowledge perspective, is contributing to the existing TPB framework and knowledge transfer literature with new measures, constructs and structural paths added in rarely tested context; clinical placement. The study could provide direction for nursing authority in directing appropriate resources that are conducive to knowledge transfer at clinical placement when developing nursing curriculum structures in the future.

ACKNOWLEDGEMENT

IN THE NAME OF ALLAH MOST GRACIOUS AND MOST MERCIFUL

First and foremost, praise and thank you to ALLAH Almighty for giving me the perseverance to endure this long and challenging journey. I would like to thank foremost, my principal supervisor, Assoc. Prof. Dr. Rabiah bt Abd. Wahab for never stop believing me. She withheld no effort that could never be repaid. Thanks to Dr. Nurol'ain bt. Mustapha for her intellectual guidance during this long journey.

Special thanks to my mother, _____ for her endless support. Thank you as well to my late dad, Haji Othman bin Ibrahim who did not live to see this great accomplishment. I would like to thank my husband, Hafizul Ariff for patiently await me to the end of this study. Heartiest thanks to my beautiful children, Maisarah, Humairah and Muadz. Each of them sacrificed more than anyone. Mama is truly sorry for all those twists, turns, ups and downs. To my siblings, thank you for your endless sacrifice. To in laws, thank you for your never-ending encouragement.

I would like to thank UiTM who gave me scholarship support for my doctorate study. Words are not enough to express my gratitude to Dean of BUSINESS MANAGEMENT, Assoc. Prof Dr. Siti Halijjah Shariff and ex Dean, Prof. Dr. Zaini bin Abdullah.

I wish to express my sincere appreciation to MINISTRY OF HEALTH (MOH) for their consent, professional advice and information made available to me, which I considered as most valuable contribution to this study. My sincere appreciation goes to all officers from Training Management Division, MOH namely En. Roslee bin Anuar, En. Saudagar Singh A/L Kernail Singh, En. Tan Kim Huat, Miss Ong Lee Hwa and Miss Ainun Nadia binti Ismail

I would like to thank Pn. Rashidah Shahrudin from Nursing Program, FACULTY OF HEALTH SCIENCE, UiTM for her advice on nursing-related issues in this study.

My sincere thanks also go to Matron Norhizan bt Abdullah, HOSPITAL PERMAI for her excellent comments and valuable suggestions that helped improve this dissertation.

Special thanks to Prof. Ramayah Thurasamy, UNIVERSITI SAINS MALAYSIA for his personal and special guidance on the application of the Partial Least Square statistical tools to analyze the data from the survey.

I would also thankful to all myriad of wonderful souls that are kind and thoughtful that without their generous support, I would have been unable to complete this study. Lots of thank to Dr. Norashikin, Dr. Khalil, Dr. Azimah, Dr. Nizam, Dr. Affiainie, Dr. Husna, Dr. Mona, Ainie Harianie, Nurul Salizawatee, Nusrah, Rusalbiah, Jalilah, Mazlina, Azura and Zarina.

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CHAPTER ONE

INTRODUCTION

1.1 INTRODUCTION

In this chapter, the overall structure of the study is presented. Section 1.2 presents the backgrounds of this study. Section 1.3 explains the statement of problem. Section 1.4 presents the research questions of this study. Section 1.5 presents the research objectives of this study. Section 1.6 describes the study scope of this study. Section 1.7 explains the significant contributions of this study. Section 1.8 exhibits the definition of key terms used in the study structure and 1.9 presents the overview of dissertation.

1.2 BACKGROUND OF THE STUDY

This sub-section explains matters regarding nursing education in relation to the preparedness to practice, the clinical experience and the stickiness of knowledge transfer at the point of clinical placement.

1.2.1 The Preparedness to Practice

Workers in the health care sector around the world have been experiencing great challenges of globalization, technological advancement, cost hike, patient safety variance, poor patient care quality and patient demographic changes (De Jonge, 2000; Heller, Oros & Durney-Crowley, 2000; Detmer, 2003). The demand for health care and nurses is growing due to “ageing populations, increased consumer activism and rapid evolution of medical technologies” (Simoens, Villeneuve & Hurst, 2005), “growing population and the associated liability of disease” (Barnett, Namasivayam & Narudin, 2010) and increasing burden associated with chronic disease management (Tower, Cooke, Watson, Buys & Wilson, 2015). Other than expansion in technology, decreased length of stay in hospitals and ageing of the population, changes of “increasing complexity of modern healthcare, technology prolonging an individual